



PATIENT PRESENTING CLINICAL SIGNS

Gypsy Howard

Mild elevation ALT (345) noted in 12/2020. Elevated ALT (344), AST (148), and TBili (1.5) at recheck in 9/2021. Patient was prescribed Denamarin, but ALT still elevated one month later (670). Ultrasound and Bile Acids testing recommended but not pursued until today. Bile Acids results are pending.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: See notes above. Persistent and increasing ALT levels. PE - Brachycephalic conformation. Pinnal marginal crusting with complete pinnal alopecia (r/o: vasculitis vs seborrheic dermatosis). Latest Liver Panel drawn 4/28/2022 - ALT 283U/L, AST 100U/L. GGT/TBili WRI.

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

2 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.45 cm. The left kidney measured 5.06 cm.

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.61 x 0.44 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 2.28 x 0.5 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside AC

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** was mildly subnormal in size. The portal vein to vena cava ratio was normal at 1:1. There was no evidence of extrahepatic shunting. The portal vein measured 0.65 cm. The vena cava measured 0.7 cm. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

5/12/22



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Gastrointestinal

SPECIES

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

SEX

Intact female

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

Mild microhepatica, yet intrahepatic vascular volume appeared normal.

WEIGHT

16 lbs

No evidence of intrahepatic or extrahepatic shunting given the patient's history.

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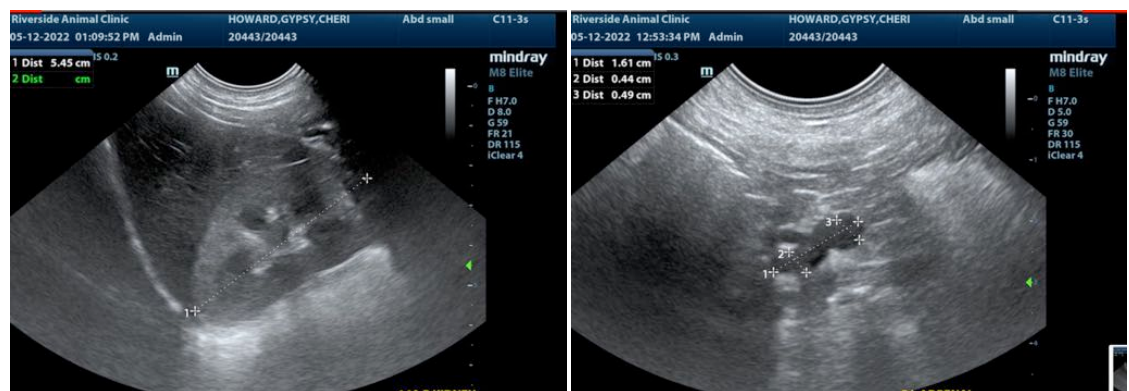
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has non-specific inflammatory hepatopathy or reactive hepatopathy. Supportive care should prove fruitful.

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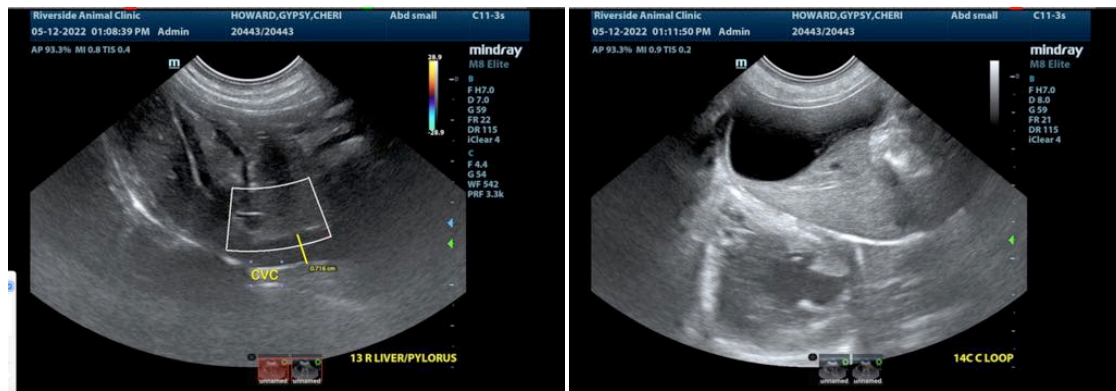
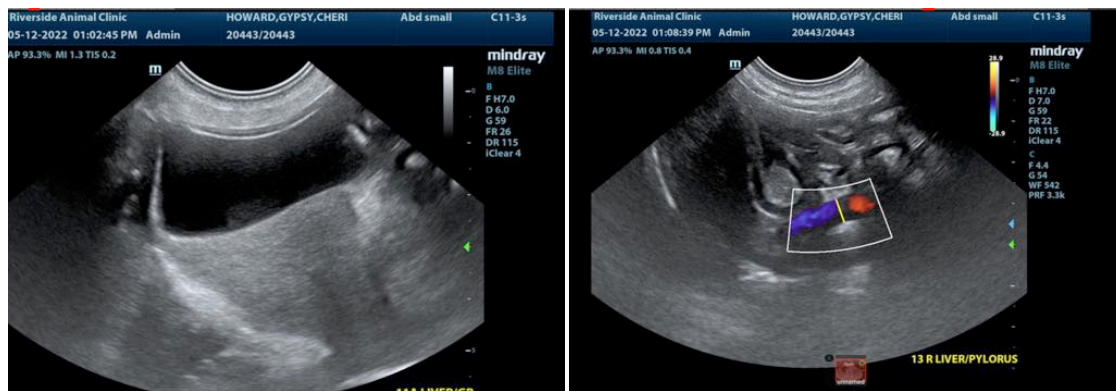
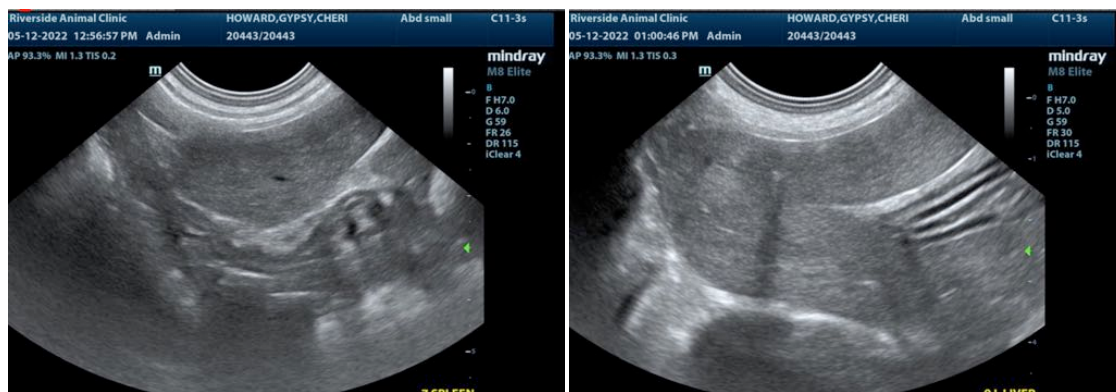
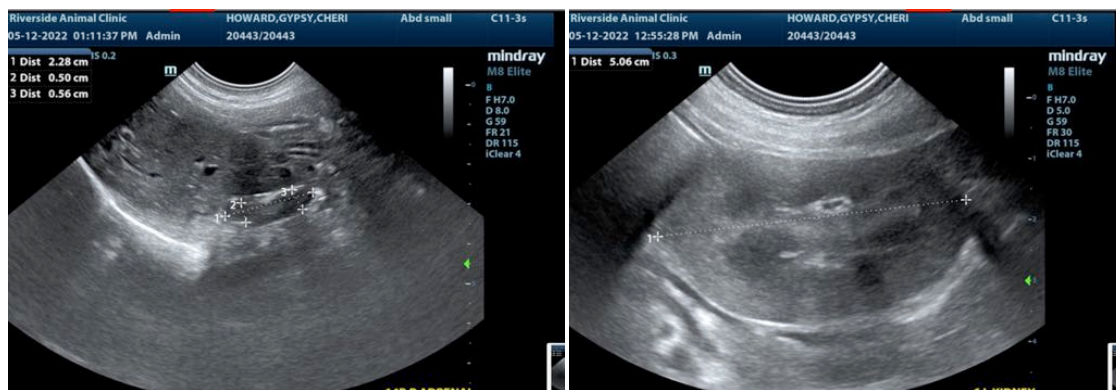
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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