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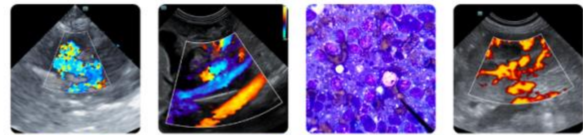


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tika Fotinos

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2.6 Years

WEIGHT

20.1 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM, D, ABVP-CFP

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Aquino

INVOICE

15923

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Obese , needs dental so pre-anesthetic labs showed ^ liver enzymes so advised Aus prior to dental

PE: Obese, BCS 8/9, moderate tartaar sPM $s have some recession CHEM- ALT 159, ALP 230, alb 4.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal.

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. Slight pinpoint mineralizations were noted. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.06 cm in length. The right kidney measured 4.28 cm in length.

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 1.18 cm x 0.41 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland measured 1.6 cm x 0.43 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

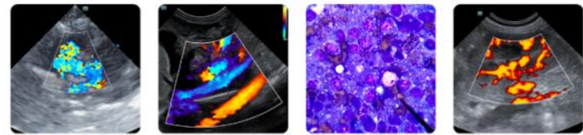
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. No visible gallbladder in this patient. The common bile duct and portal hilus were unremarkable. The portal vein / vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Slight epigastric lymph node enlargement was noted at 0.47 cm.

Pancreas

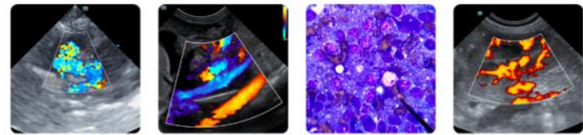
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific inflammatory hepatopathy- possible reactive hepatopathy.
- Gallbladder agenesis likely.
- Slight renal mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAMe, Actigall…), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.



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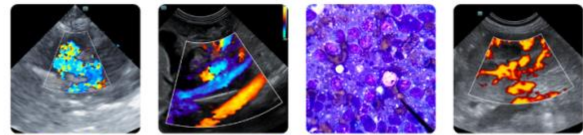

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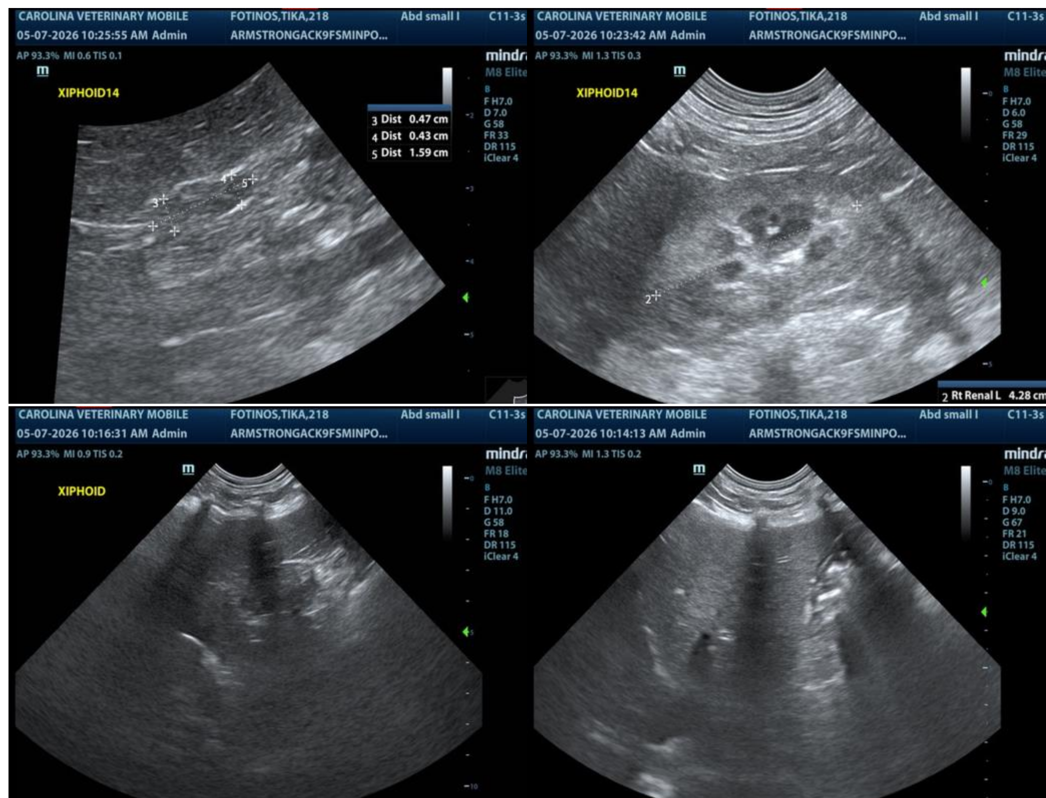

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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