



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Chrzanowski	History: Hx elevated LE's. Presented elsewhere with vomiting and diarrhea which has largely resolved.
SPECIES Canine	Abnormal PE/Chem/CBC/UA Results: PE: BCS 9/9 (morbidly obese). Stiff stilted gait, limping LH with medial buttress L stifle. Multiple miliary skin tags on dependent areas Labs: Globulins 4.6 (2.5-4.5), ALT 175 (10-100), ALP 312 (23-212), GGT 34 (0-10)
BREED American Pit Bull	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN <i>Urinary System</i> 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.
SEX Neutered male	
AGE 9 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 7.44 cm. The left kidney measured 7.29 cm.
WEIGHT 52 kg	
INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS	<i>Adrenal Glands</i> 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 1.9 x 0.67 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 1.52 x 0.65 cm at the cranial pole and 0.76 cm at the caudal pole.
IMAGING PERFORMED BY Dr. Turner	<i>Spleen</i> 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.
HOSPITAL NAME Pennsauken	
REFERRING VET Dr. Turner	<i>Liver</i> The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,
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PATIENT	infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.
Cooper Chrzanowski	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach revealed a minor amount of fluid filled lumen and minor, echogenic mucosal remodeling. Assessment of the patient's history is recommended for any GI signs as this may be playing a role in the reactive hepatopathy. The small intestines and colon were unremarkable.
BREED	<i>Pancreas</i>
American Pit Bull	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.
SEX	
Neutered male	
AGE	ULTRASONOGRAPHIC FINDINGS
9 years	Underlying, low-grade gastritis.
WEIGHT	Benign hepatopathy, likely reactive hepatopathy.
52 kg	There was no evidence of significant disease.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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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PATIENT

Cooper Chrzanowski

SPECIES

Canine

BREED

American Pit Bull

SEX

Neutered male

AGE

9 years

WEIGHT

52 kg

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Eric Lindquist, DMV
DABVP, Cert. IVUS

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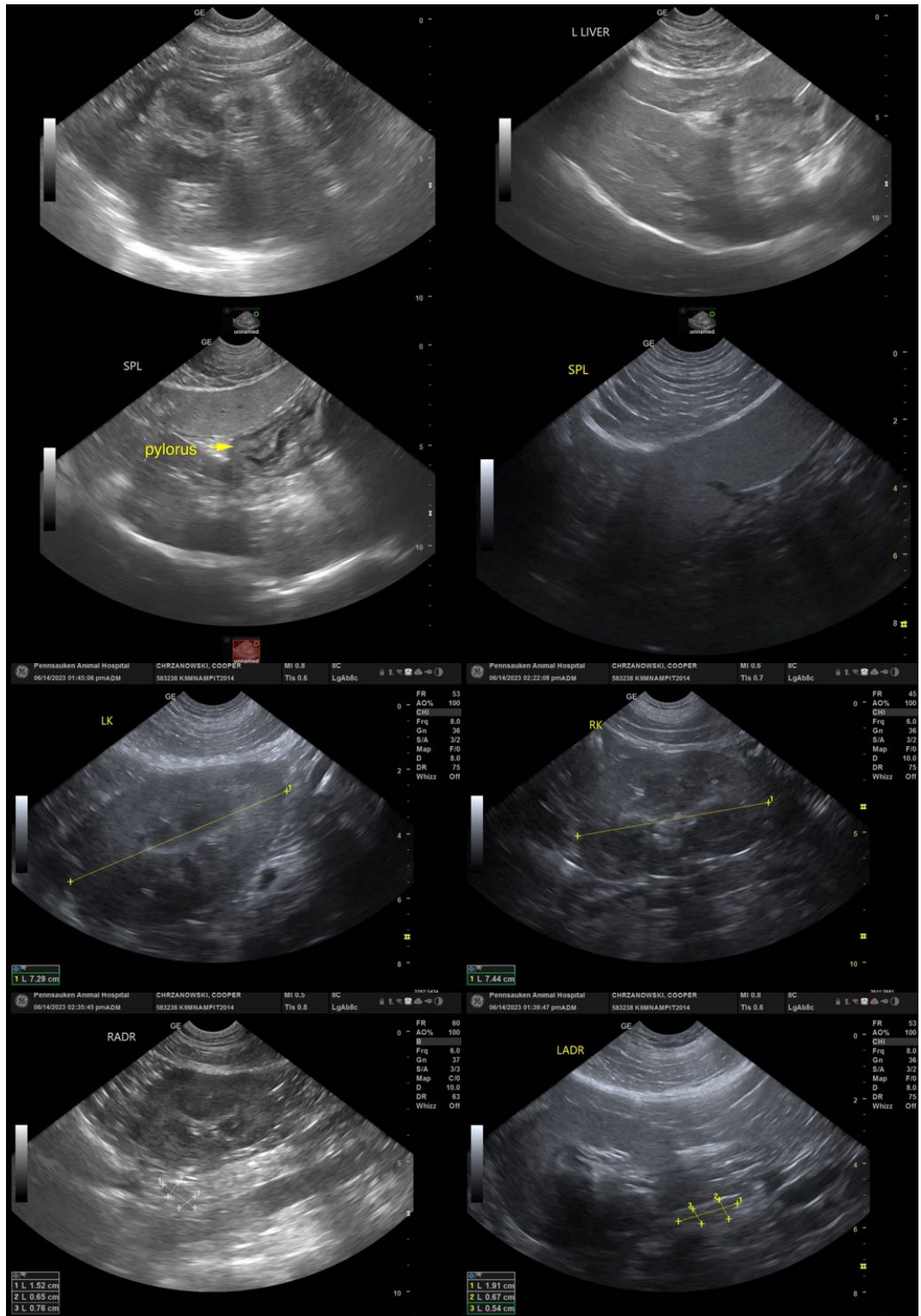
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PATIENT

Cooper Chrzanowski

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.

SPECIES

Canine

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.

BREED

American Pit Bull

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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SEX

Neutered male

AGE

9 years

WEIGHT

52 kg

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