



PATIENT

Max Jelalian

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

10 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Dan Eisenberg

INVOICE

38304

DATE

6/2/22

PRESENTING CLINICAL SIGNS

Patient with consistently elevated liver values presents for abdominal ultrasound and FNAs of the liver. Bile acids (WNL), all kinds of liver protectants tried, yet values continue to be high with no improvement.

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 residual prostate was uniform at 0.69 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.1 cm. Slight cortical cysts noted in both kidneys.

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 0.60 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was subnormal in size with increased portal markings. The portal vein was mildly enlarged at 0.81 cm with normal branching. The vena cava measured 0.57 cm. The gallbladder and common bile duct were unremarkable. Some irregular contour noted to the liver. No evidence of intrahepatic or extrahepatic shunting. However, the prominent portal vein with diffuse hepatic remodeling would suggest emerging portal hypertension. No ascites or secondary shunting noted at this point.

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 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

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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.

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ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

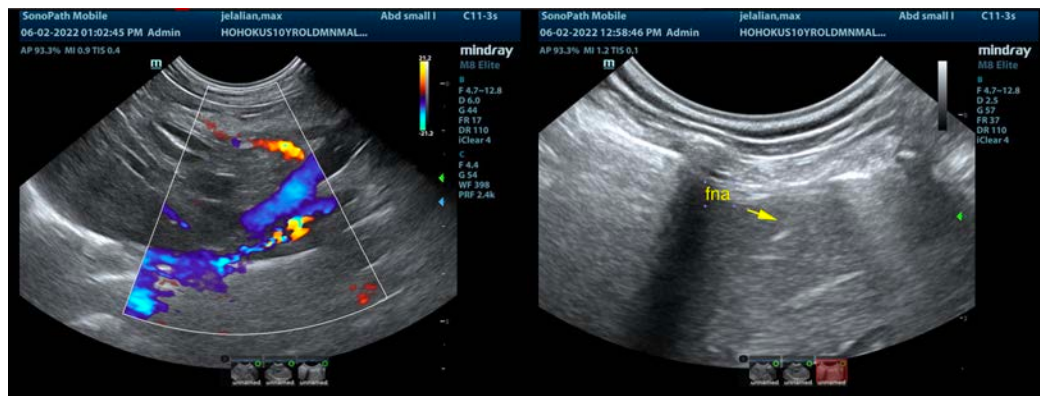
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Ultrasound guided FNA performed without complication. Structural evaluation with core biopsy or laparoscopy guided or surgically guided biopsies would be appropriate. Periodic bile acid evaluation recommended, especially if any clinical signs such as anorexia or upper GI signs occur. Leptospirosis titers indicated. Inciting cause of chronic inflammatory hepatopathy/cholangiohepatitis is rarely found specifically. No evidence of neoplasia. The vena cava subjectively appears subnormal in size. Hydration status should be evaluated in this patient. The subnormal vena cava size is likely contributing to the excessive portal vein to vena cava ratio, as well as suspicion for emerging portal hypertension.

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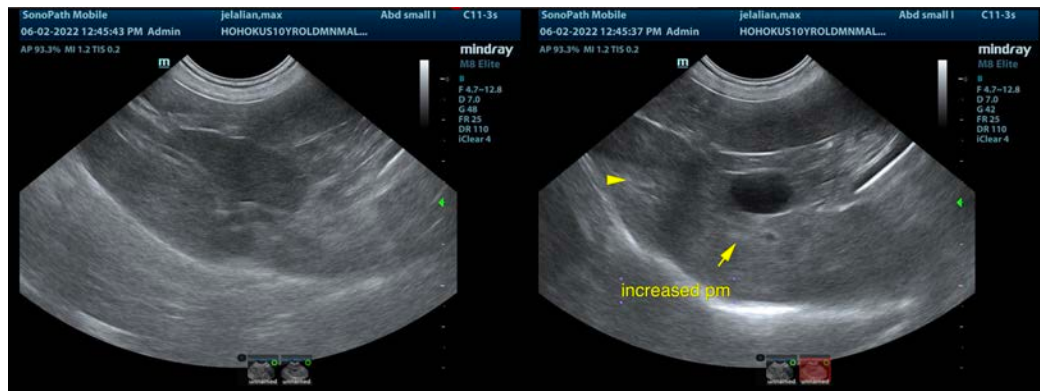
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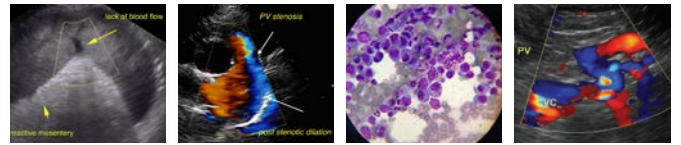
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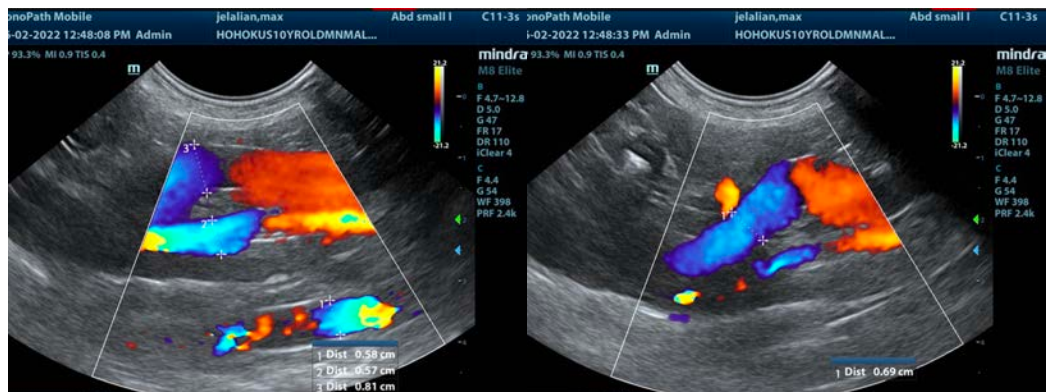
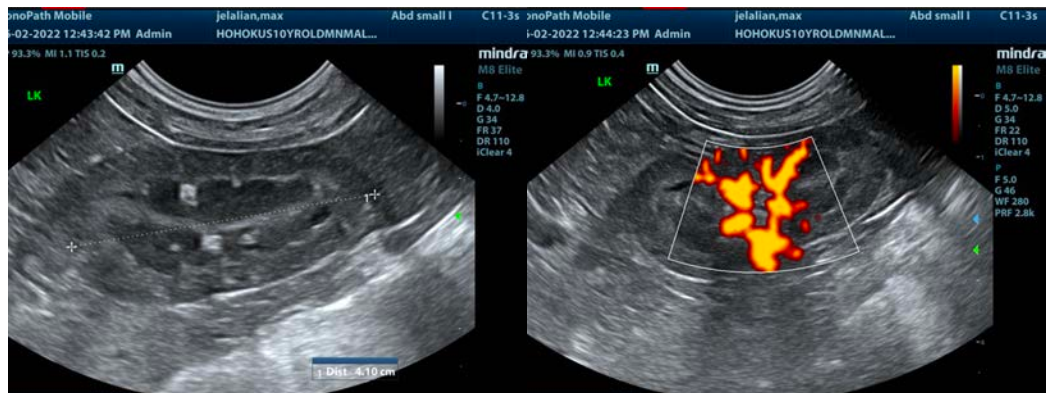
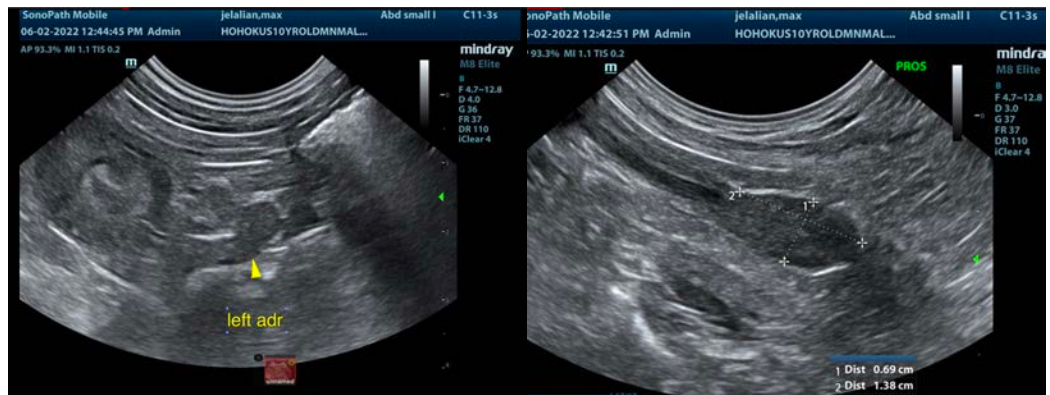
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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