



**PATIENT**

Holly Lawrence

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

46 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Melissa Rosen

**HOSPITAL NAME**

South Bellmore VG

**REFERRING VET**

Dr. Melissa Rosen

**INVOICE**

15883

**DATE**

6/3/22

**PRESENTING CLINICAL SIGNS**

History: persistently elevated ALT, normal 7/2020, 414 on 8/2021, 1 month recheck after denamarin 230, has not been current on denamarin nonclinical for elevation needs knee surgery, on/off rimadyl very sparingly 1-2 time a month for a day or so for past few years for back/tail pain and now CCL

Abnormal PE/Chem/CBC/UA Results: elevated ALT, persistent chronic

**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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were imaged. No obvious pathology.

**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** revealed slight increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24-hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

**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**

- Nonspecific inflammatory hepatopathy, low-grade

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No contraindication to anesthetic procedure if necessary. FNA recommended. Likely reactive hepatopathy.

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This presentation is subjectively benign. The most common form of liver enzyme elevations is reactive hepatopathy/antigen surveillance deriving from gut inflammation. FNA of the liver could be considered for further definition to assess inflammatory cell type. Empirically, a trial of the following could be considered:

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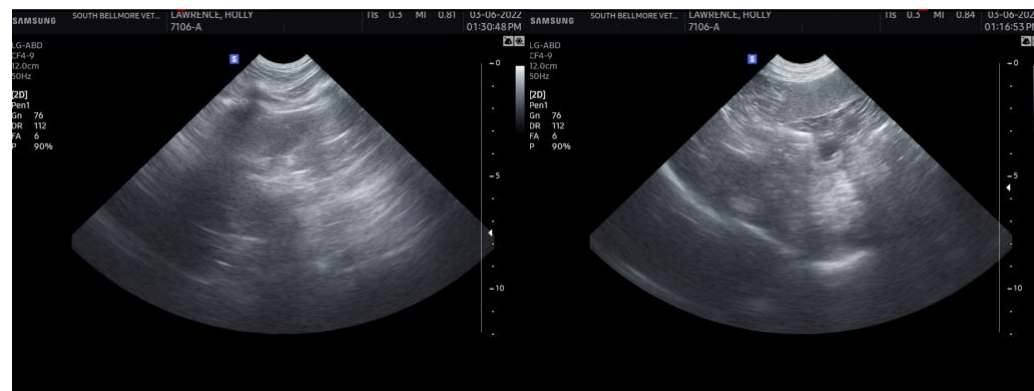
6-week trial of hydrolyzed diet and reassessment of the clinical parameters recommended. Zithromax/Metronidazole recommended over a 5–10-day period. This empirical trial would be better supported by cytology that would usually demonstrate a mixed lymphoplasmacytic low-grade inflammatory pattern derived from ultrasound guided FNA.

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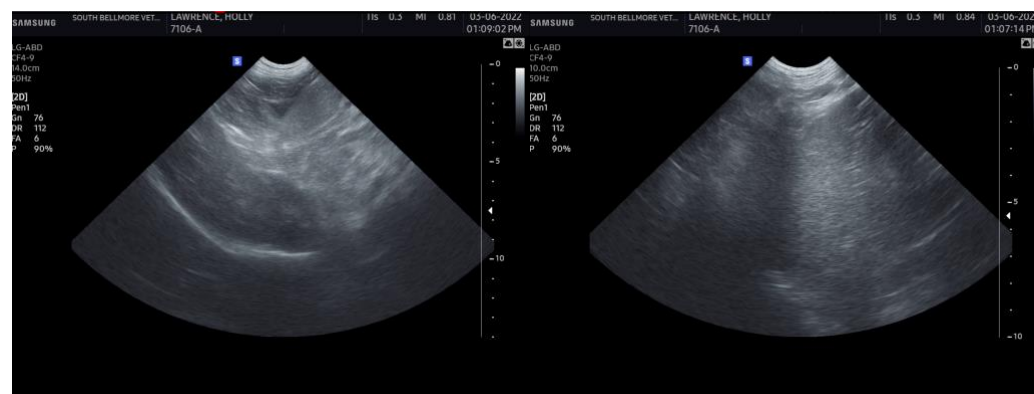


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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