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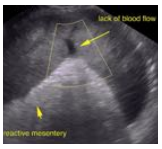
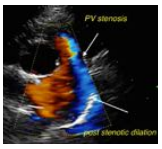
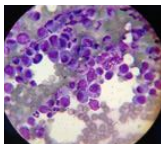
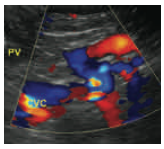

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1-800-838-4268 info@sonopath.com

PATIENT
Rylee Schwab

SPECIES
Canine

BREED
Beagle Cross

SEX
Spayed Female

AGE
7 years

WEIGHT
38.6 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Pilon

HOSPITAL NAME
O'Sullivan AH

REFERRING VET
Dr. Pilon

INVOICE
91188

DATE
8/12/21

PRESENTING CLINICAL SIGNS

History: Persistent elevation in ALT and ALKP. Recommendation was to perform Abdominal US and liver biopsy. No clinical signs. Abdominal US revealed possible irregular contour to the liver and odd vessel in the retroperitoneal space near the Left kidney. Prior to performing any biopsy we would like a specialist to evaluate the US.

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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The right kidney measured 5.0 cm. The left kidney measured 5.0 cm.

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 right adrenal gland measured 1.77 x 0.68 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 2.03 x 0.47 cm at the cranial pole and 0.62 cm at the caudal pole.

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 was noted.

Liver

The **liver** revealed increased portal markings and isoechoic nodules. Irregular lobar swelling was noted in the liver with macro and micronodular changes. The right lobes were subnormal in size. An abnormal vessel was noted in the caudal abdomen potentially related to an extrahepatic portosystemic shunt, but not likely a clinical issue. The gallbladder and common bile duct were unremarkable.

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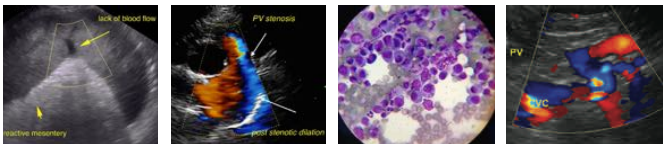

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Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia, chronic inflammatory hepatopathy liver pattern. Potential for underlying portal hypoplasia/microvascular dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and core liver biopsy would be ideal. There is no suspicion of neoplasia. Abnormal extrahepatic vessel in the region of the iliac trifurcation, possible primary shunt. Further imaging is necessary to define; however, I am most concerned about the liver parenchyma in this patient. Core biopsy is indicated for further definition.

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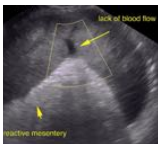

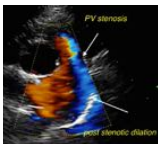

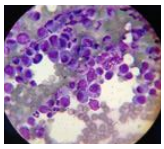
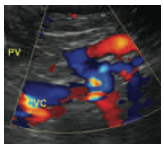

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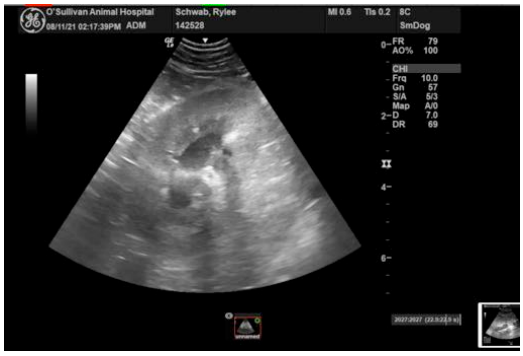
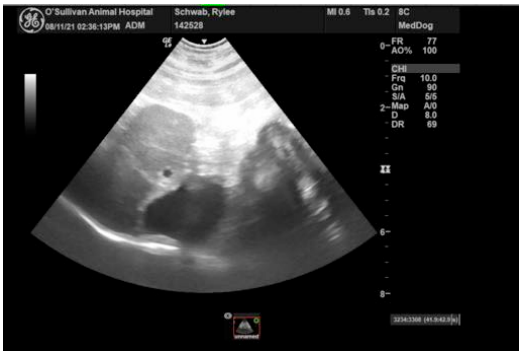
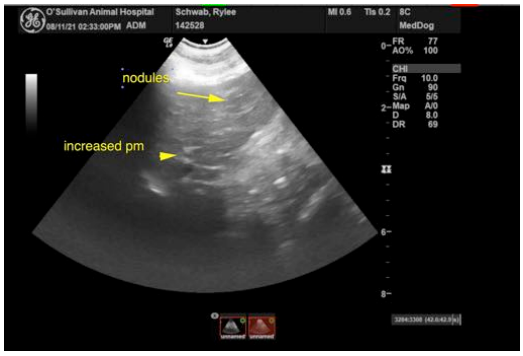

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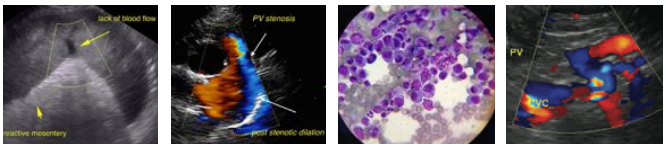

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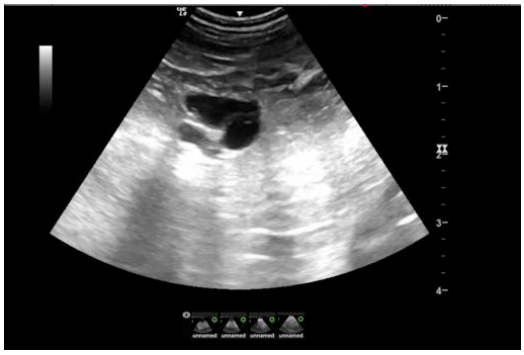

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com