



PATIENT

Loki Patel

SPECIES

Canine

BREED

Jackapoo

SEX

Intact Male

AGE

9 Months

WEIGHT

6.82 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

12744

DATE

8/25/21

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes. Sam-e LQ 100.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT and AST. USG 1.051.

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 prostate was uniform, measuring 1.46 cm in width.

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 3.14 cm. The left kidney measured 3.14 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 0.77 cm x 0.31 cm at the caudal pole and 0.32 cm at the cranial pole. The left adrenal gland measured 1.34 cm x 0.39 cm at the caudal pole and 0.42 cm 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** was slightly subnormal in size; however, vascularity and structure were normal. The portal vein/vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

Hyperperistalsis noted in the **stomach** with edematous wall, consistent with gastric irritation. The small intestine and colon were unremarkable.

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.

Free Abdomen



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The mesenteric **lymph node** (1.98 cm x 0.72 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Low grade inflammatory hepatopathy or reactive hepatopathy
- Reactive mesenteric lymph node
- Hyperperistalsis in the stomach with edematous wall, consistent with gastric irritation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

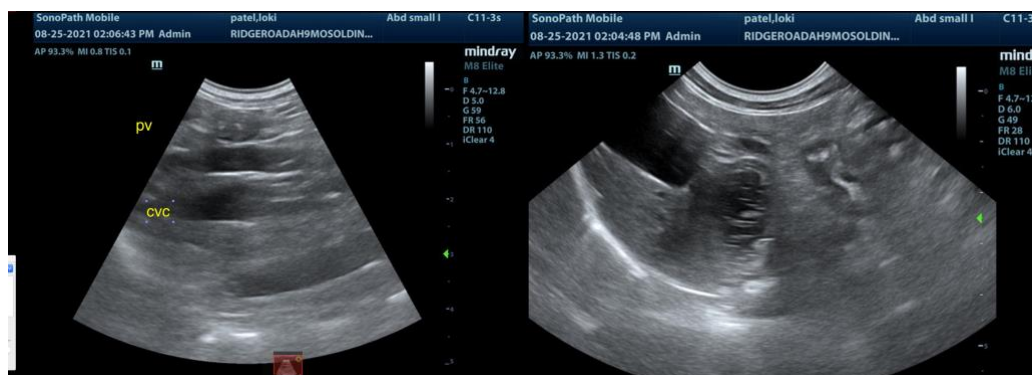
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Minor microhepatica. No macroscopic shunting, however, portohypoplasia/microvascular dysplasia is possible. Amoxicillin, metronidazole, hydrolyzed diet trial and reassessment of the liver values could be considered to treat for reactive hepatopathy. Otherwise, ultrasound guided FNA warranted. Bile acid profile would be appropriate to assess for potential portal hypoplasia/microvascular dysplasia given the mild microhepatica.

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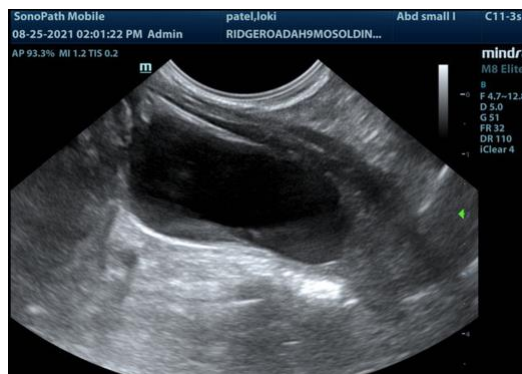
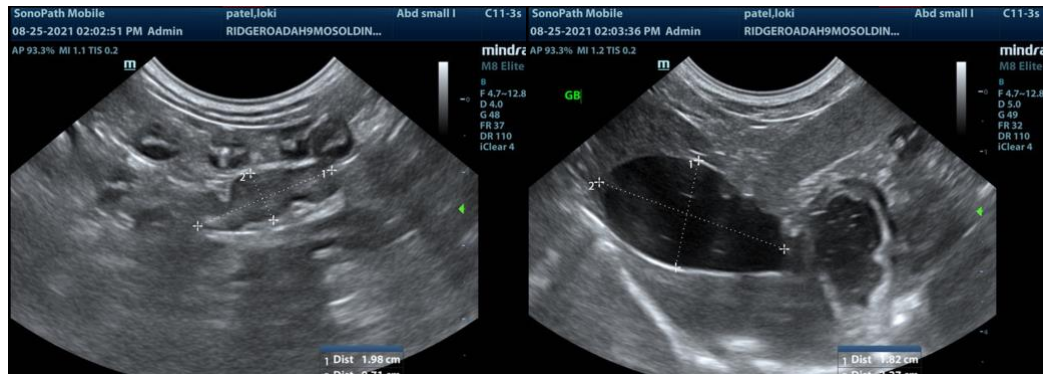
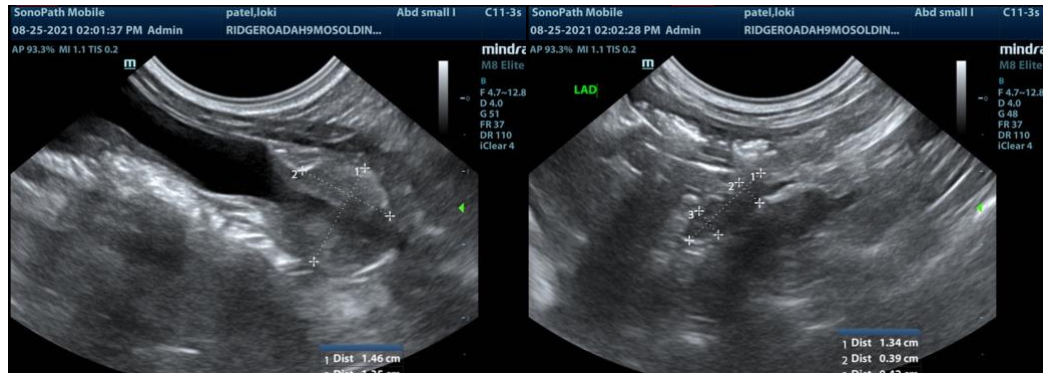
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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