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Clinical Sonography & Telecytology
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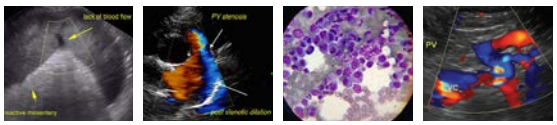


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Heidi Doerr

SPECIES
Canine

BREED
Labrador X

SEX
Spayed Female

AGE
18 Months

WEIGHT
37.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Eugene AH

REFERRING VET
Dr. Larsen

INVOICE
41605

DATE
9/23/22

PRESENTING CLINICAL SIGNS

Mildly elevated ALT (162) found on routine wellness BW on 7/18/22. Dewormed with Drontal Plus. Similarly elevated ALT (174) on recheck chemistry on 8/20/22. Eating and drinking normally with no vomiting, diarrhea, or lethargy noted. Current Medications Simparica Trio

Abnormal PE/Chem/CBC/UA Results: : 7/18/22: ALT 162, ALB 4.6, GLOB 1.9. 8/20/22: ALT 174

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 right kidney measured 6.26 cm. The left kidney measured 6.36 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 left adrenal gland measured 2.59 cm x 0.37 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 1.58 cm x 1.13 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

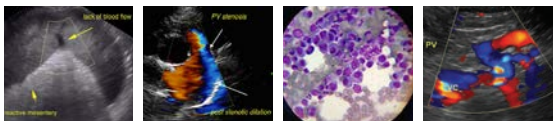
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented mild coarse architecture. Only slight increased portal markings noted, suggestive for history of inflammation. The gallbladder and common bile duct were unremarkable. Portal vein to vena cava ratio was 1:1 at 8.0 mm each. Intrahepatic and extrahepatic vascularity was normal. Branching of the portal vein was complete. Hepatic vein in-flow to the vena cava was normal.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

The **pancreas** presented minor coarse architecture in the left limb with slight irregular contour.

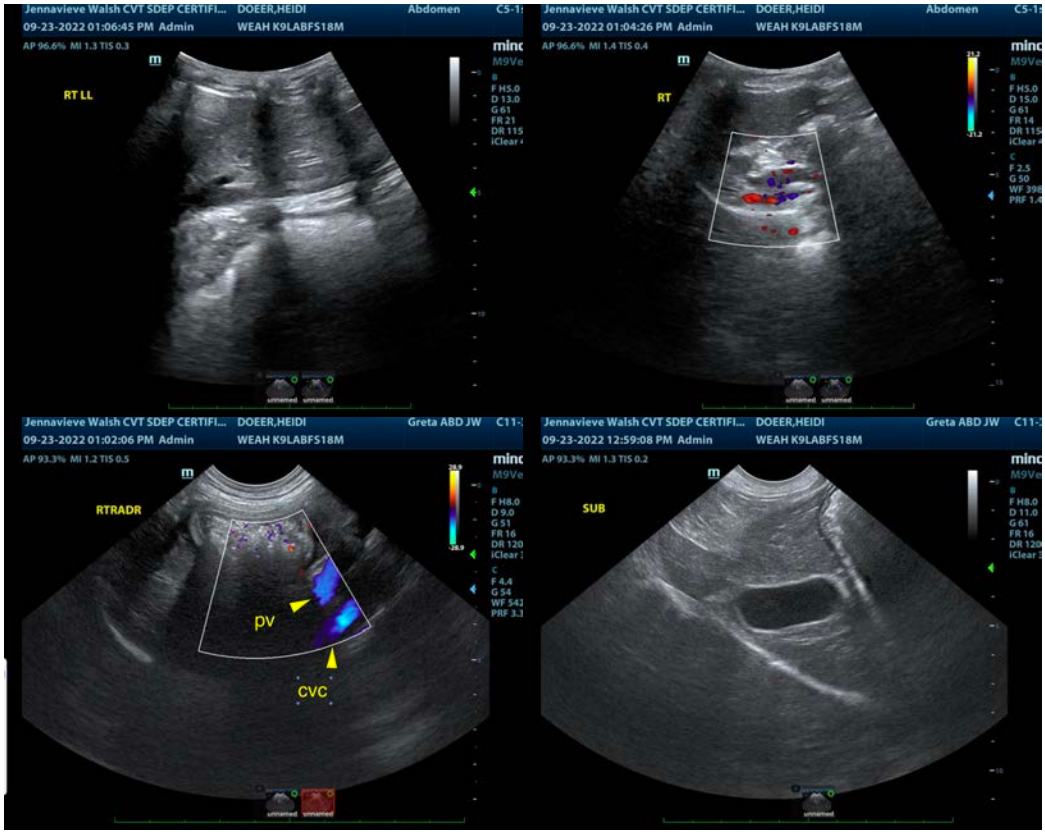
ULTRASONOGRAPHIC FINDINGS

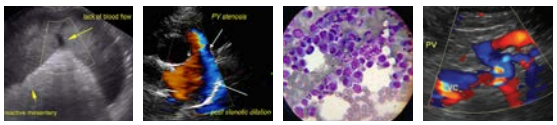
- Non-specific inflammatory hepatopathy – likely reactive hepatopathy. Copper storage cannot be completely ruled out, which would necessitate core biopsy, especially if bile acids are elevated, yet no evidence of portosystemic shunting or neoplasia.

- Slight irregular contour to the pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the age of the patient, core liver biopsy would be ideal with copper assessment. Screening FNA to assess inflammatory cell type could also be considered. No evidence of portosystemic shunting.





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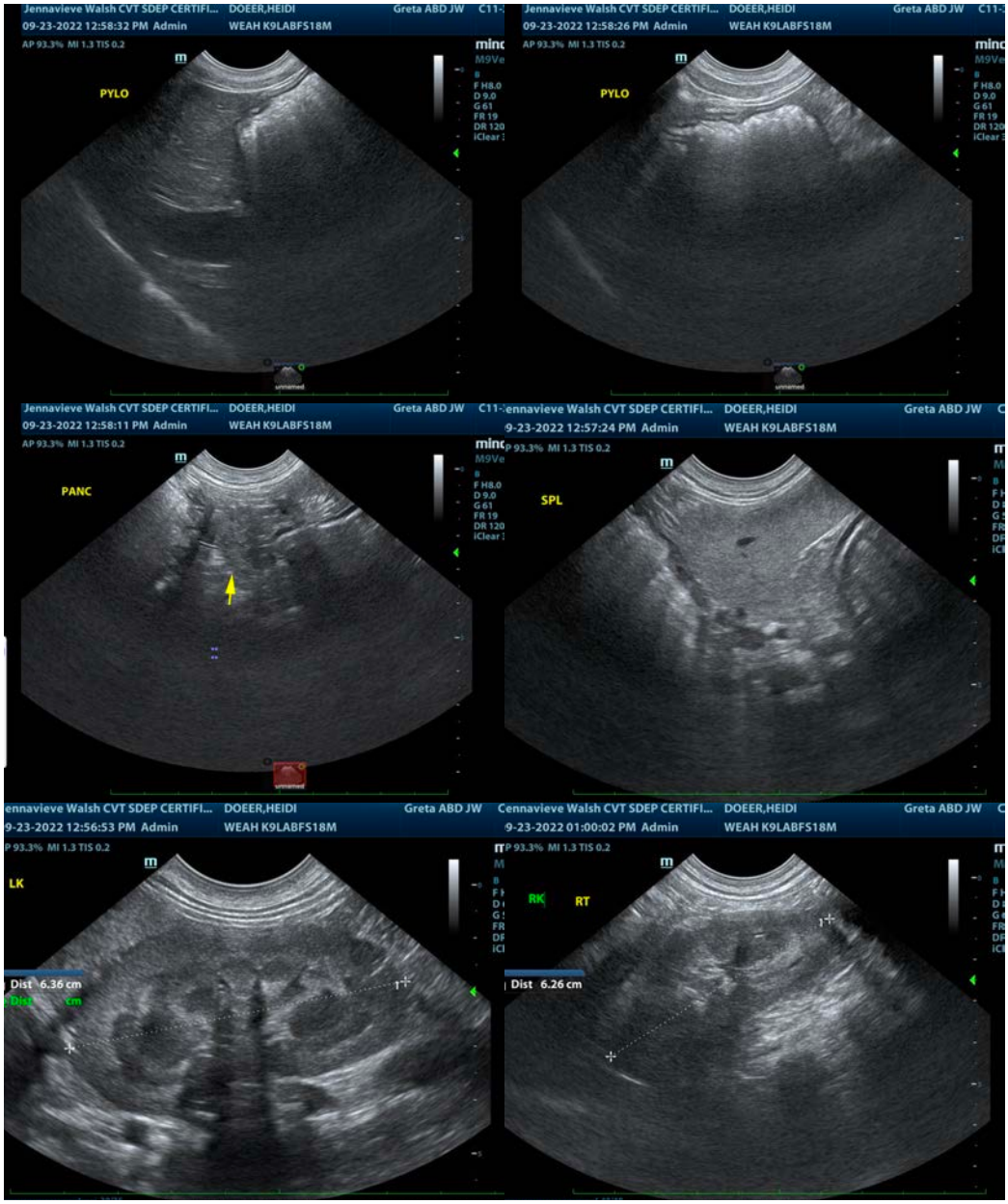

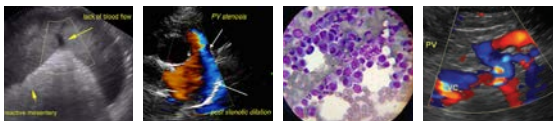

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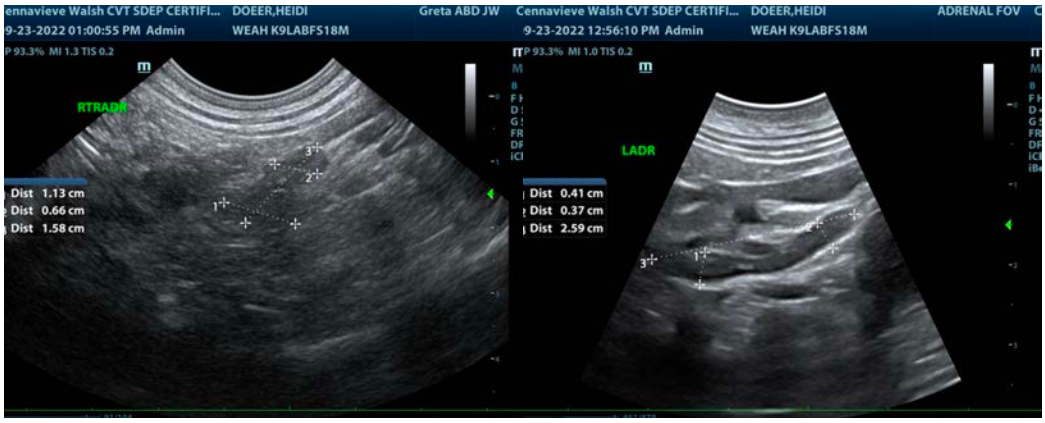

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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