



## PATIENT

Barry Guimont

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered male

## AGE

6 years

## WEIGHT

50.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

BPH South Eugene

## REFERRING VET

Dr. Bright

## DATE

8/25/21

**Invoice**  
91501

## PRESENTING CLINICAL SIGNS

History: BCS 6/9, exam wnl except for weight, mild/moderate tartar, dental attrition of carnassial teeth in particular and mild gingivitis. Clinically normal at home - no concerns per O Current Medications trazodone PO this AM. torb/dexmedetomidine prior to AUS Primary Question/Differential to Be Answered in This Exam looking for any clues regarding chronic progressive ALT and mildly elevated pre-prandial bile acids.

Abnormal PE/Chem/CBC/UA Results: Chronic progressive ALT elevation over the past few years - 426 U/L on 8/23/2021 (210-250 previously). Bile acids ~1yr ago was WNL. Denamarin trial performed earlier this year. Today pre-prandial bile acids elevated 26.8 umol/L, post-prandial 3.5 umol/L.

## 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 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 5.3 cm. The right kidney measured 5.63 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 2.34 x 0.94 cm at the cranial pole and 0.29 cm at the caudal pole. The left adrenal gland measured 2.23 x 0.43 cm at the cranial pole and 0.58 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 was noted.



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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Slightly increased portal markings were noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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. 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.

**ULTRASONOGRAPHIC FINDINGS**

Minor, low-grade inflammatory hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver could be considered for further definition of inflammatory cell type. There was no evidence of neoplasia or biliary disease. Subacute insult such as Leptospirosis should be considered in this patient. There is no evidence of intrahepatic or extrahepatic shunting. The liver size is normal. Therefore, portal hypoplasia/microvascular dysplasia is possible, yet less likely. The bile acid elevation may be spurious. A clinical trial of Amoxicillin and Metronidazole over a 10 day period, liver oriented diet and reassessment of the bile acids can be considered from an empirical standpoint. Exposure to hepatic toxins should also be investigated.



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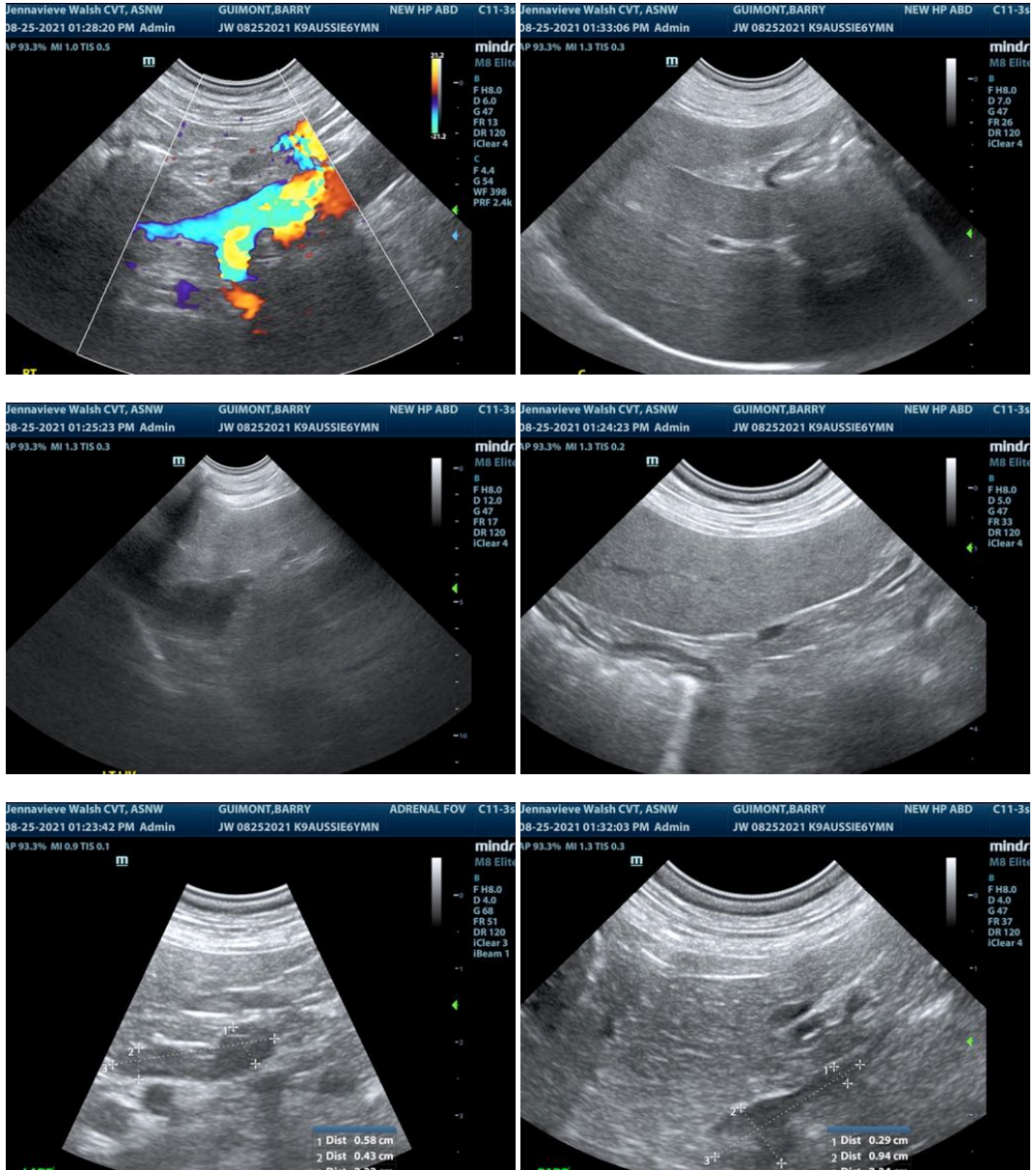
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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