

PATIENT

Leo Lee

SPECIES

Canine

BREED

Bichon Cross

SEX

Intact male

AGE

9 months

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Galbraith

INVOICE

42063

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: Presented Nov 30, 2022 for Neuter. Pre-anesthetic BW showed ALT elevated. We postponed surgery, O used Aventi Liver Complete for 30 days then rechecked BW on Dec 28, ALT extremely elevated now 195. Bile acid testing was done- moderately elevated post 55. Otherwise acting normal

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 4.18 cm. The right kidney measured 4.24 cm.

Adrenal Glands

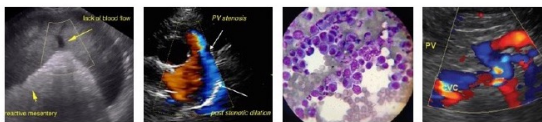
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.5 x 1.09 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 1.65 x 0.31 cm at the caudal pole and 0.36 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 was noted.

Liver

The **liver** was normal in size, contour and vascularity with slightly increased portal markings. The portal vein to vena cava ratio was 1:1. The portal vein to aortic ratio was 1:1. There was no evidence of portosystemic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable liver.

AGE

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Non-specific inflammatory hepatopathy with minimal sonographic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated as well as Leptospirosis titers and antibiotic trial. Amoxicillin, Metronidazole and nutraceuticals as well as reassessment of the liver values is recommended. Specific therapy would be based on FNA results. This patient is at a minimal anesthetic risk in this patient. Propofol induction and Isoflurane maintenance is recommended if sedation or anesthesia is necessary.

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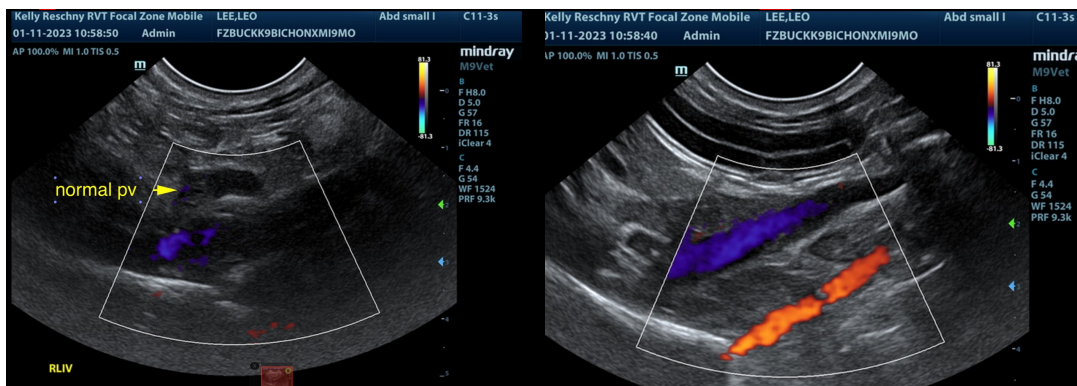
Dr. Galbraith

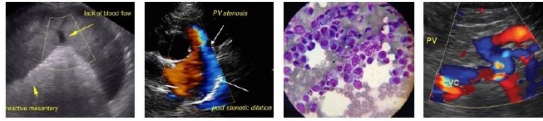
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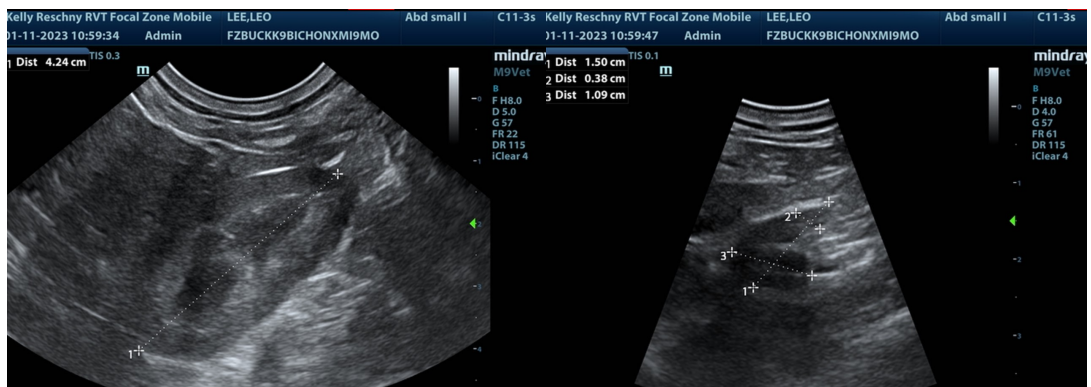
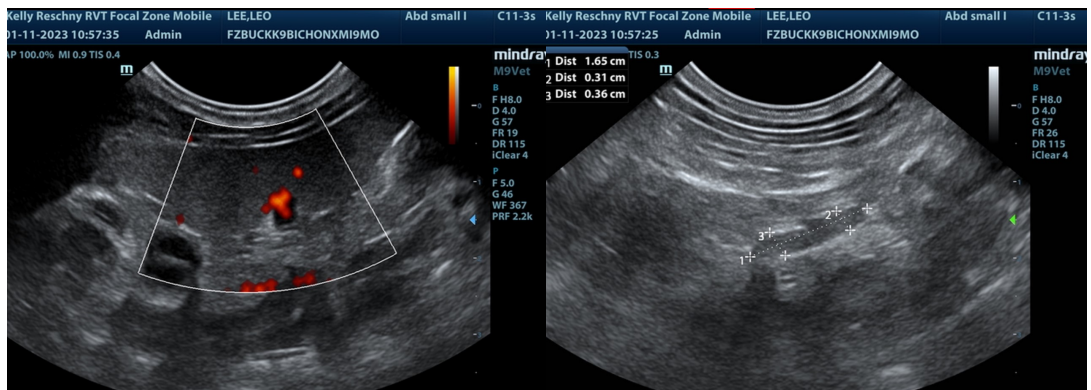
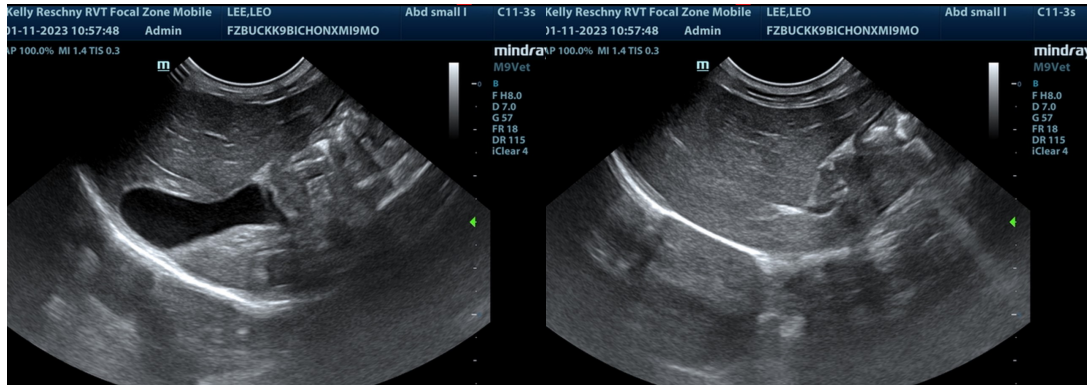
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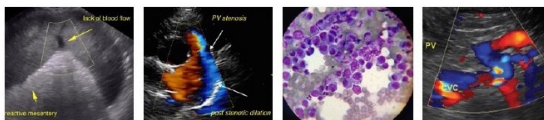
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric.Lindquist@SonoPath.com

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