

**DATE PRESENTING CLINICAL SIGNS**

2/3/23

Maximus presented for a follow-up liver chemistry on 12/23/22, as he has had a mildly progressive in ALP since 10/15/2019. Maximus has a history of an infiltrative lipoma that resulted in his right hind limb being amputated via coxofemoral disarticulation on 8/02/2018. Since then Maximus has been doing well, but in mid-September 2022, he started having stiffness when trying to get up and was not wanting to walk as far as he previously would. He was started on Galliprant and Denamarin Advanced at that time. Since starting the Galliprant his mobility has improved. On physical examination, Maximus has moderate tartar and gingivitis, 6 subcutaneous, mobile lipomas of various size and cataracts. He is also missing his right pelvic limb.

**PATIENT**

Maximus Wolff

**SPECIES**

Canine

Current Medications: Galliprant 100mg PO q 24 hours since 9/16/22, Denamarin Advanced since 9/30/22  
Lab Results: See attached.

**BREED**

Doberman Pinscher

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Stephanie Warga RDCS, RVT.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

7/21/13

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

**WEIGHT**

102 Pounds

The prostate measures appropriate (9.0 mm) for the neutered status of the dog. The parenchyma appears homogenous.

**INTERPRETED BY**Jessica Midence, DVM,  
DACVIM (SAIM)

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.83 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Bel Air Vet Hospital

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 8.24 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**REFERRING VET**

Dr. Young

**Adrenal Glands**

The left adrenal gland is normal in size at 0.53 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.52 cm at the caudal pole and 0.50 cm at the cranial ple. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**INVOICE**

44780

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. It was mildly hyperechoic, although still hypoechoic to spleen. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder is small with minimal bile. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

### ***Free Abdomen***

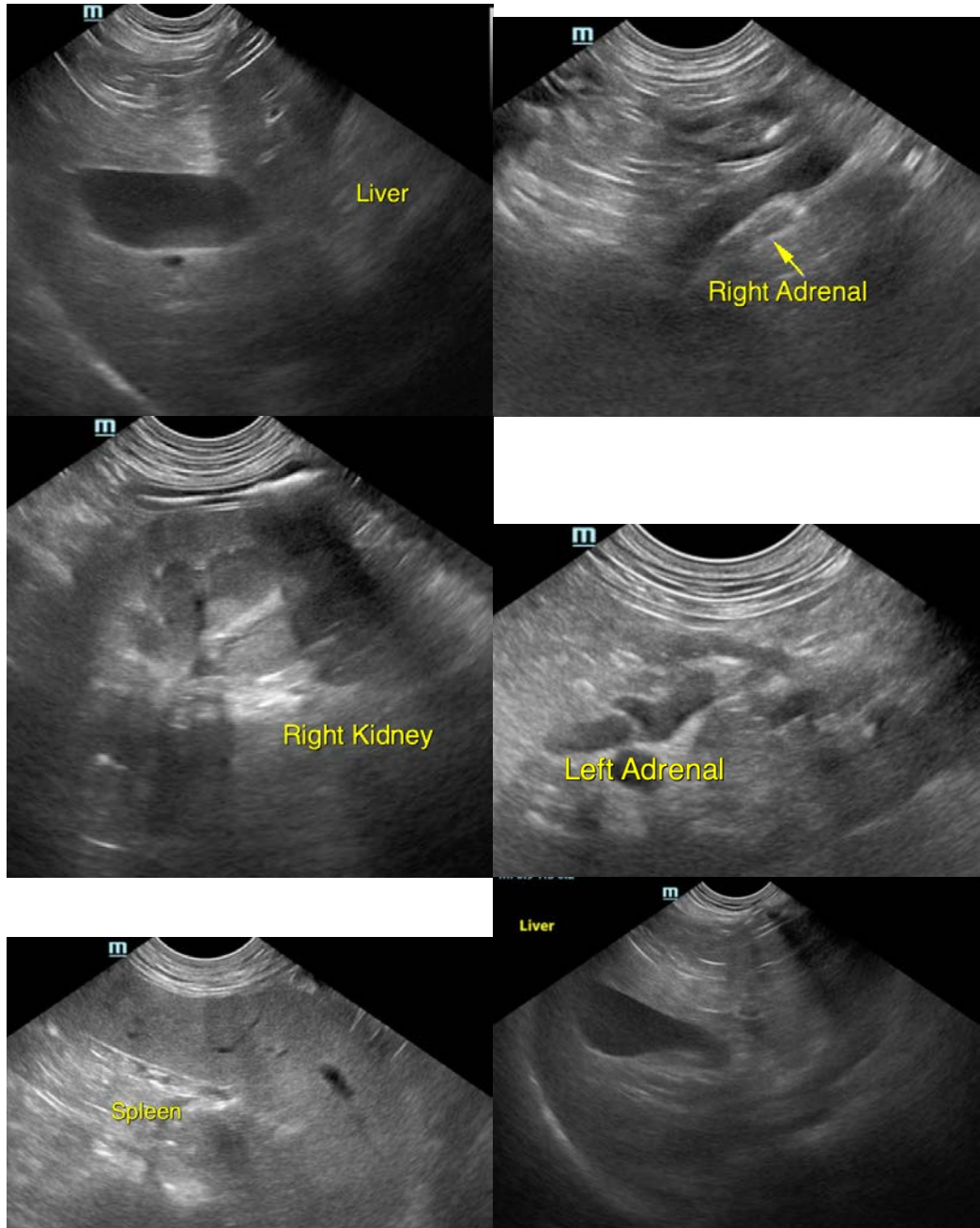
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Mildly hyperechoic liver
- Otherwise, normal abdomen

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is mildly hyperechoic (still scantily hypoechoic to the spleen, which is its normal appearance). These diffuse changes are non-specific, though are most consistent with vacuolar hepatopathy (e.g., endocrine hepatopathy such as adrenal hyperplasia, lipid accumulation, etc.). Inflammatory disease, fibrosis, extramedullary hematopoiesis, copper storage hepatopathy, infiltrative neoplasia (not considered likely) or other hepatopathy cannot be excluded, though are not suspected. Consider checking triglyceride levels, but otherwise monitoring is recommended. A liver biopsy can be considered if the ALKP continues to increase or increases significantly at any point.



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.

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