



**PATIENT**

Oliver Nowak

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Intact male

**AGE**

1 year

**WEIGHT**

13.2 kg

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Jolee Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Neher

**INVOICE**

42695

**DATE**

2/9/23

**PRESENTING CLINICAL SIGNS**

History: History: Neuter canceled at another clinic in 09/22 based on marked elevation ALT on preop labs (1.92 x high normal). Incidental finding on otherwise apparently healthy patient, though o notes may have been smaller than littermates. Hx of motion sickness when traveling by car; otherwise no major medical hx. Recheck chem 1.56 x high normal ALT. Primary reason for ultrasound referral: Rule out evidence of hepatic dz that would contraindicate elective castration  
Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: ALT 154 (1.3 x high normal/different reference lab/different normal values); otherwise unremarkable Abnormal physical exam findings: brachycephalic airway obstruction/stenotic nares

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate is enlarged consistent with the intact status of the patient. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.8 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.0 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (cranial pole 0.26, caudal pole 0.37). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.5 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic is subjectively enlarged (likely from sedation) and 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 small in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. 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.



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The gallbladder had a small to moderate volume of anechoic bile. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal/not visible.

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***Gastrointestinal Tract***

Canine

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.

**BREED**

French Bulldog

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

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

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***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.

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***Peritoneum***

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

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

***Primary Findings***

Jolee Stegemoller

- Mild microhepatia. Consider normal variation for this patient.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is no obvious hepatic pathology from the images provided that would preclude the patient from underlying anesthesia. Consider bile acid testing to evaluate hepatic function prior to surgery. Given that the patient has brachycephalic airway syndrome a reactive hepatopathy would be suspected as the cause of the increased ALT. French bulldogs in particular have been reported to have inflammatory bowel changes and increased incidence of vomiting and regurgitation associated with their brachycephalic airway syndrome (from the increased negative pressure) so this could be the cause of the increased ALT. If the bile acids are normal and the ALT remains increased post brachycephalic airway correction surgery then a liver biopsy can be considered versus serial monitoring.

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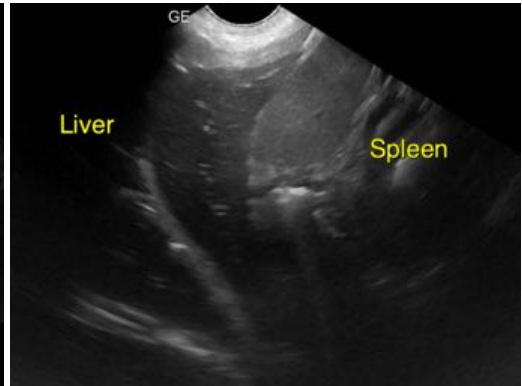
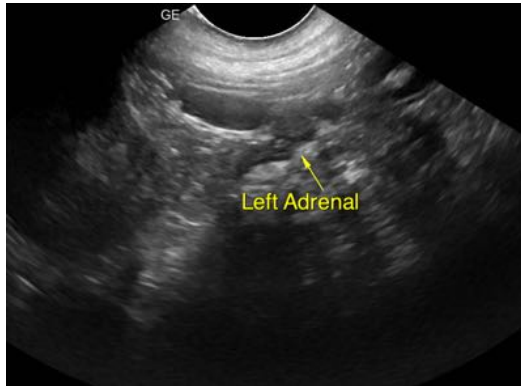
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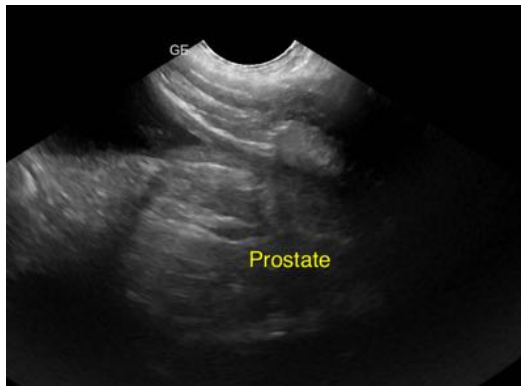
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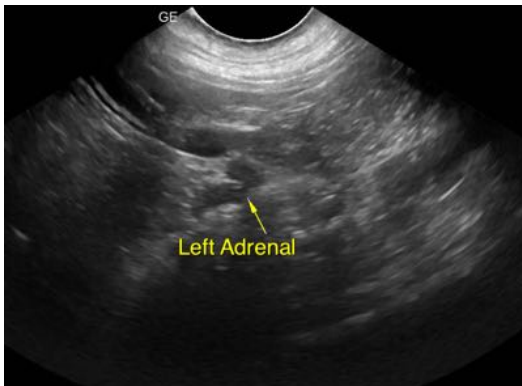
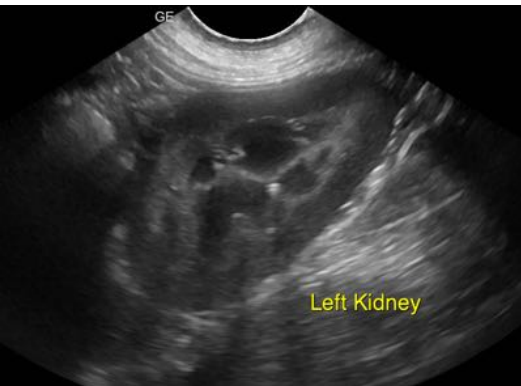
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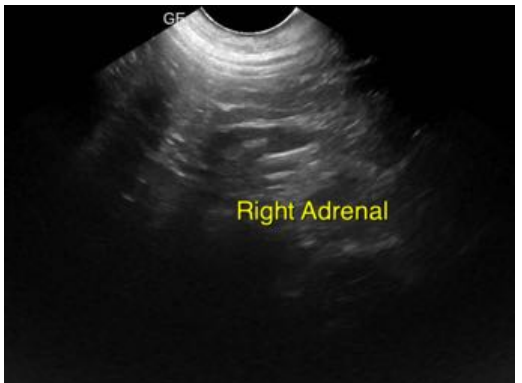
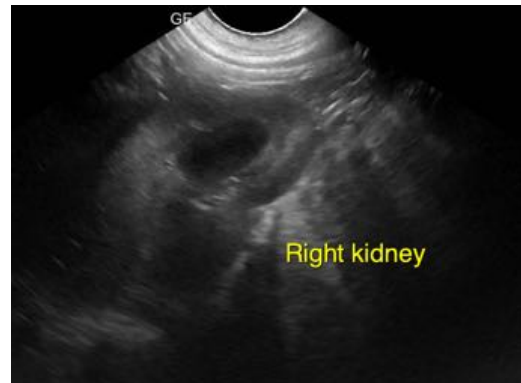
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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