

PATIENT

Lorane Kiger

PRESENTING CLINICAL SIGNS

History: Presented for increase in liver values

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Elevated ALT - 361 2020 Recent ALT - 660, Alkp 144 (Hi 130)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Sharpei

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 mostly anechoic urine and bladder thickness is considered normal for volume of urine. There are scant hyperechoic speckles suspended in the urine.

SEX

Neutered Male

The prostate is normal for the neutered status of the dog. The parenchyma appears homogenous.

AGE

7 years

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.52 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 6.81 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

22.8 kg

Adrenal Glands

The left adrenal gland is plump and the caudal pole measures mildly enlarged (0.74 cm) (cranial pole 0.68 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The right adrenal gland is normal in size at 0.61 cm in width. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Meliasa Robinson

Spleen

The splenic plump (0.20 cm at the hilus), but this is consistent with the reported sedation. 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.

HOSPITAL NAME

St Francis VC
South Jersey

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears mildly hypoechoic with normal portal markings. No overt evidence of infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No hepatic lymphadenopathy observed.

REFERRING VET

Meliasa Robinson

The gallbladder lumen is significantly distended. The wall is a normal thickness and smooth. There is a moderate amount of echogenic debris. The cystic and common bile ducts are normal.

INVOICE

12602

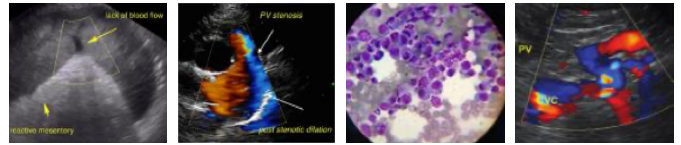
Gastrointestinal Tract

The gastric lumen contains a large volume of fluid and likely ingesta in the deep field. 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.

DATE

3.30.23

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



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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.

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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.

BREED

Sharpei

Peritoneum

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

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic liver
- Mild left adrenomegaly

AGE

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Secondary Findings

- Moderate Gall bladder sludge
- Possible gastritis/stasis due to sedation

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is mildly hypoechoic which could be consistent with inflammatory hepatopathy, such as chronic hepatitis, copper-storage disease or other inflammatory hepatopathies. Given the breed, hepatic amyloid may be of consideration as well, but this does not typically occur in the absence of renal amyloid (of which there is no reported evidence). Reactive hepatopathy secondary to intestinal disease such as food allergy or inflammatory bowel disease would also be a consideration, but the ALT is a bit high for that. Consider bile acids testing or liver biopsy to characterize further. Otherwise, liver antioxidants and Ursodiol therapy should be considered (if not contraindicated in this patient).

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In the absence of symptoms of hyperadrenocorticism, the left adrenomegaly is considered incidental and clinically insignificant. Though if there are symptoms, testing could be considered. Consider a urinalysis to evaluate for proteinuria.

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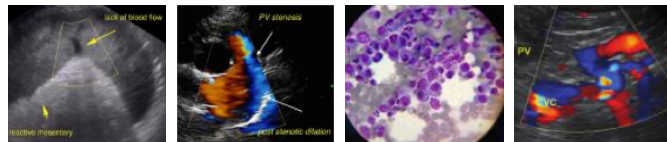
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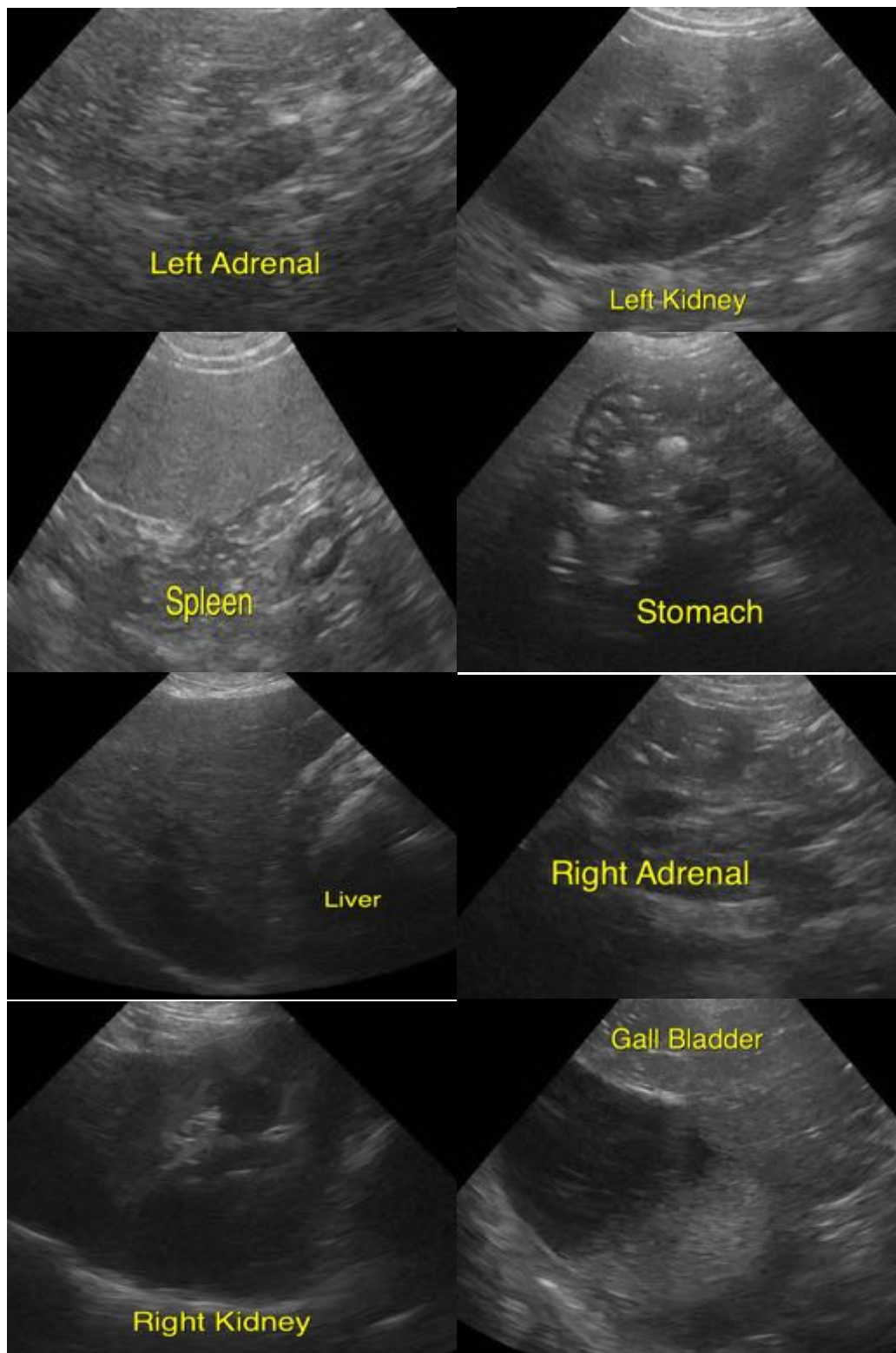
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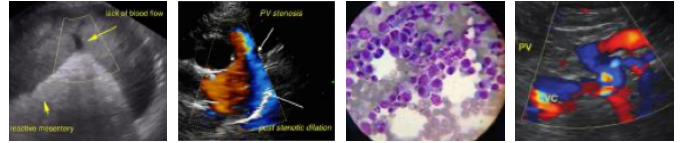
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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