


PATIENT PRESENTING CLINICAL SIGNS

Juice Monico Olivera History: High liver values
 Abnormal PE/Chem/CBC/UA Results: ALT 949, ALP 288, TB 2

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

9 years

WEIGHT

73.8 lbs

INTERPRETED BY

Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Bravo

INVOICE

14030

DATE

8.10.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.00 cm and was normal in thickness and tone.

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 6.50 cm in length. The right kidney measured 6.60 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 3.00 mm at the caudal pole / 5.00 mm at the cranial pole / 2.40 cm in length. The right adrenal gland measured 6.00 mm at the caudal pole / 9.00 mm at the cranial pole / 1.90 cm in length.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was mildly subnormal in size, with a mild to moderately irregular capsule contour. The parenchyma was heterogenous, non-uniform and diffusely hyperechoic. The portal vessels were mildly deviated and indistinct. The gall bladder was normal in size and shape with mainly anechoic contents. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Juice Monico Olivera

- Chronic hepatitis pattern in the liver

SPECIES

- Aging changes in both kidneys

Canine

- Normal adrenals

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pitbull Terrier

SEX

There is no evidence of extrahepatic bile duct obstruction, and given no anemia, the source of the high bilirubin is hepatic. Bile acid profile is indicated. An FNA of the liver could reveal inflammatory cell type, but likely core biopsy will be needed for diagnosis.

Neutered Male

AGE

There is no suspicion of neoplasia or overt evidence of other pathology in the abdomen. A liver-oriented diet is indicated as well as hepatic support.

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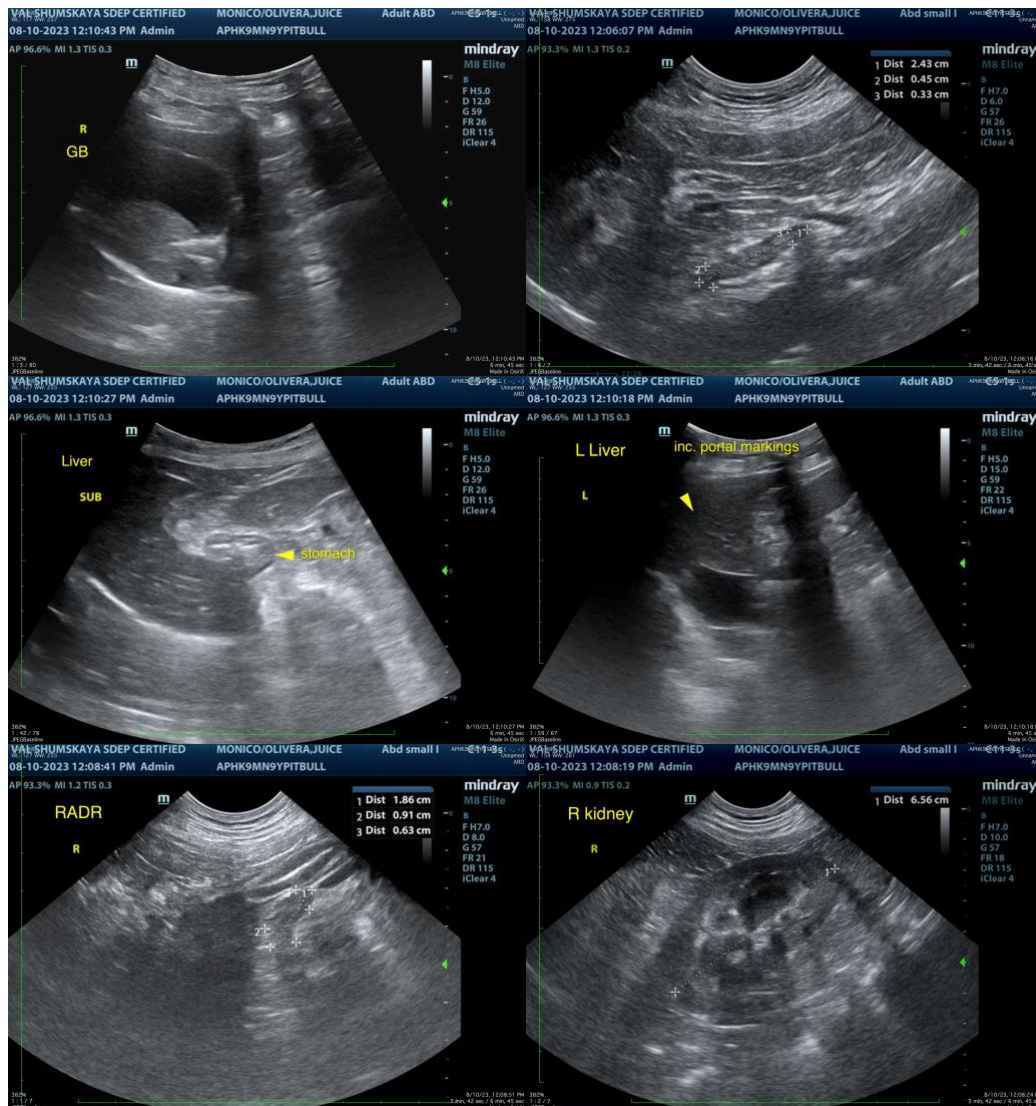
Dr. Bravo

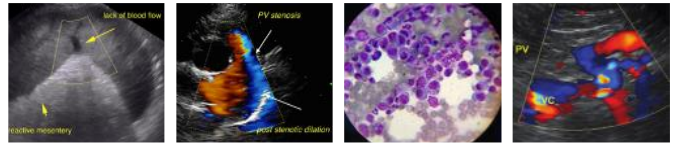
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com