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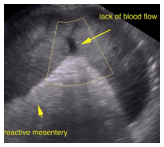

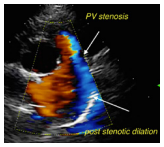

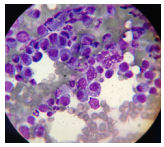
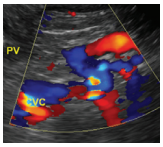

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PATIENT

Sherman Fulton

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

2 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

Dr. Jajouei

INVOICE

41842

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Hx of chronic ALT elevation - 845 in June. ALP normal.
Abnormal PE/Chem/CBC/UA Results: ALT elevated at 845.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size (1.93 cm in height in the sagittal view, 1.93 cm x 3.37 cm in the transverse view) but has a regular shape with slightly irregular external margins. The parenchyma is heterogenous but no discrete focal lesions are present. There is an ill-defined hyperechoic region in the right ventral region of the prostate measuring 0.96 cm in diameter. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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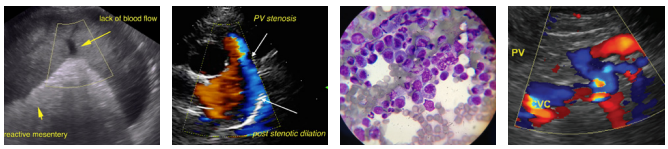

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Dudenum wall measures 0.50 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized at 0.47 cm. The omentum is of normal echogenicity.

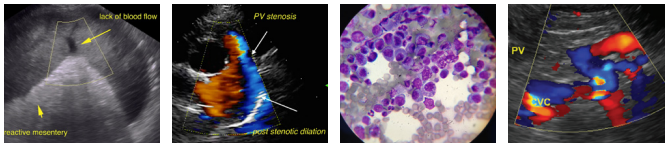
ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous prostate with focal hyperechoic region – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Borderline large spleen – Correlate this with sedation used, as no focal lesions are visualized, and the parenchyma appears within normal limits.
- Heterogeneous, hypoechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears somewhat hypoechoic and heterogeneous with prominent portal markings. No evidence of a shunt or the secondary findings of a shunt (stones, etc.), but it is difficult to definitively rule out. Recommend a liver function test. If bile acids are significantly elevated (typically >80), then recommend a contrast CT scan to further evaluate. Recommend screening for Leptospirosis. Other options moving forward would include a fine needle aspirate if coagulation parameters permit, or more likely a liver biopsy, as a significant ALT elevation at this age is very atypical.

The prostate is large and heterogeneous with a focal hyperechoic region. The significance of this is unclear. Recommend a urinalysis and culture to look for evidence of prostatitis. I would strongly consider neutering, as these lesions will likely progress. If the patient is not neutered, recommend a fine needle aspirate of the hyperechoic region of the prostate, and recommend continued monitoring of this



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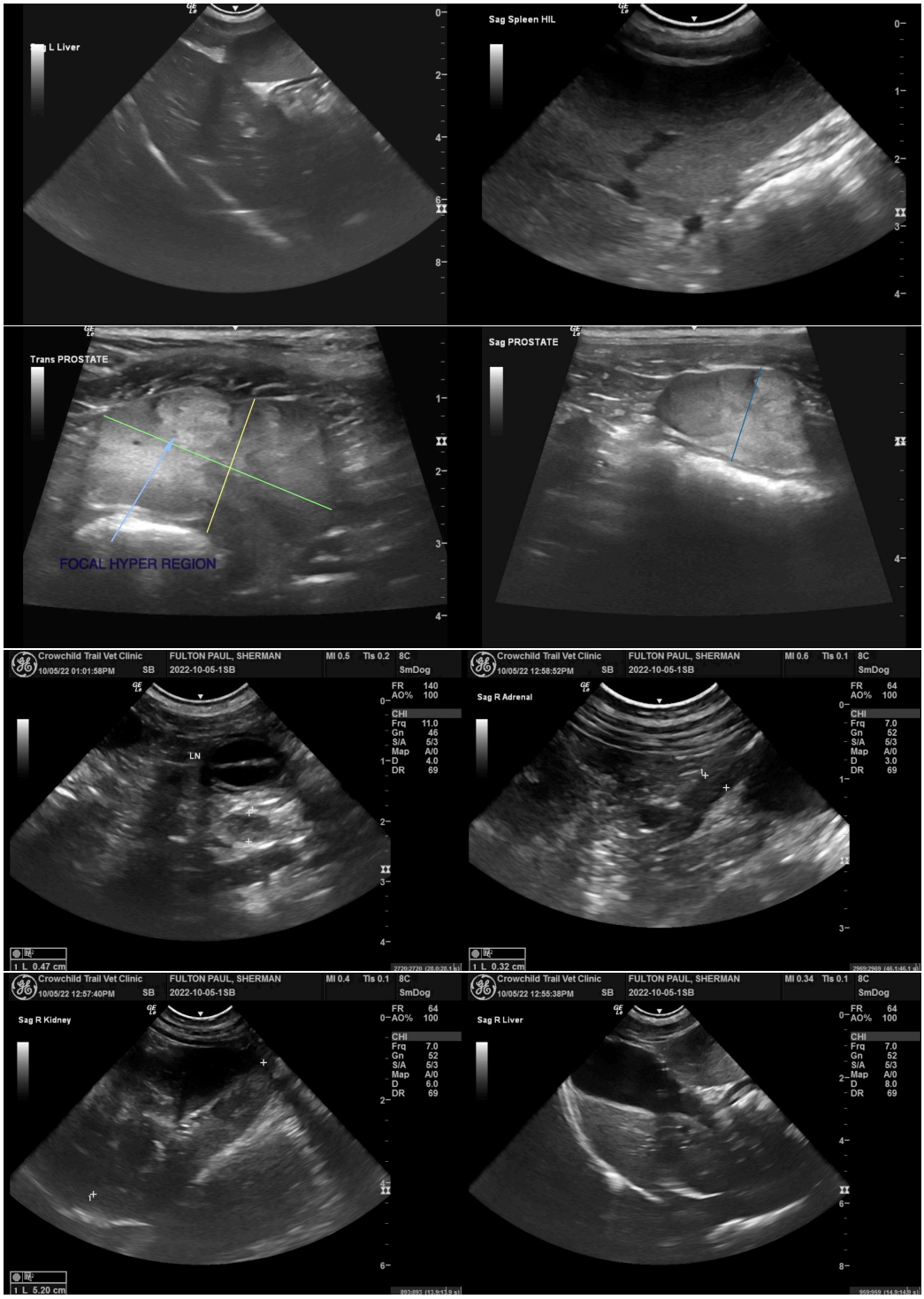
region.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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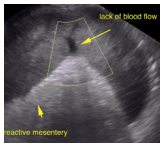

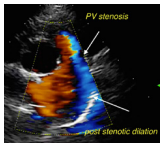

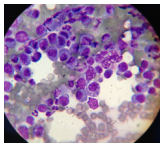
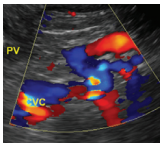

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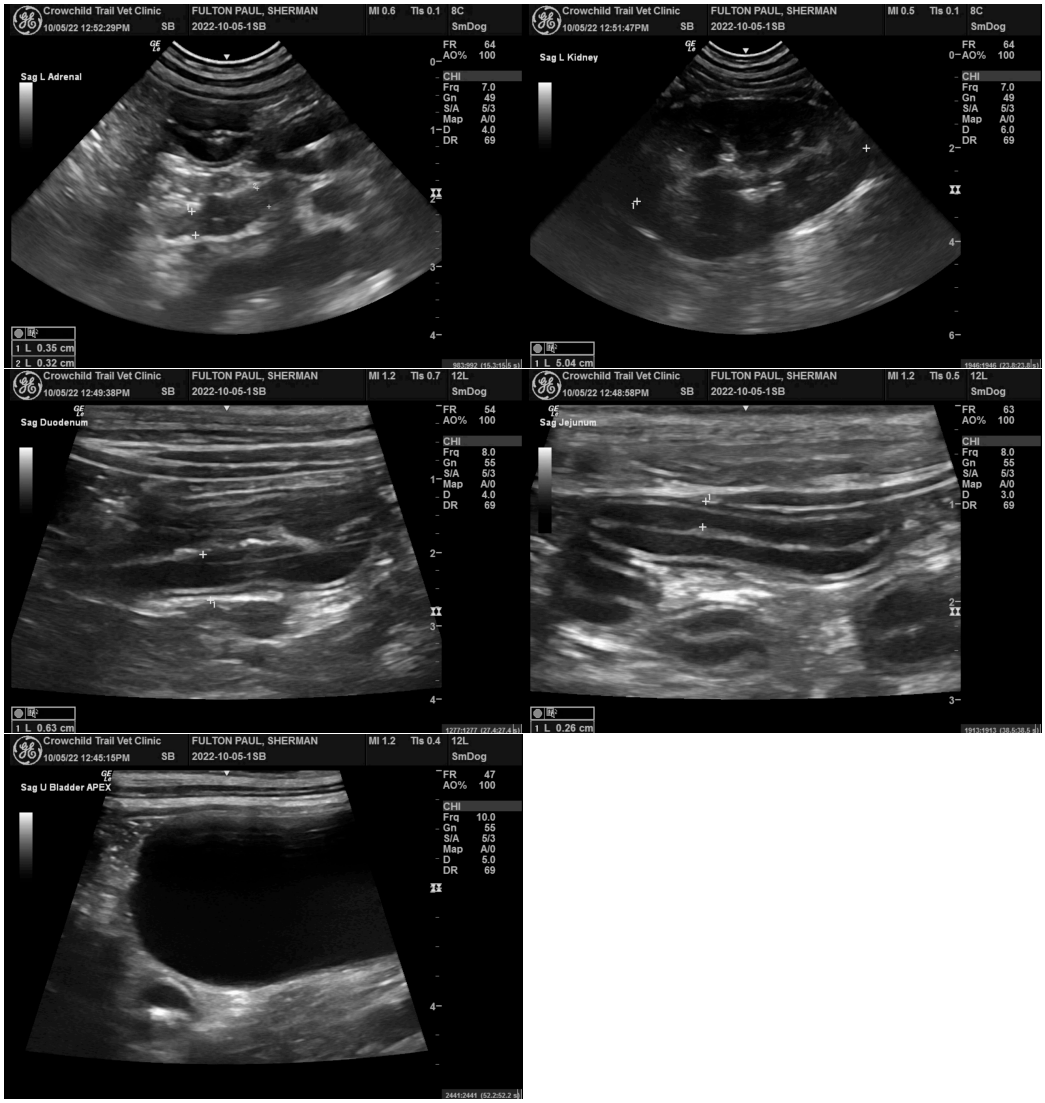

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com