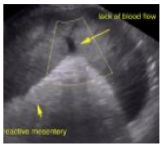
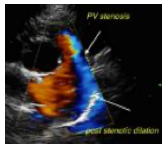
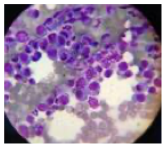
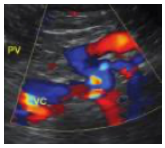

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PATIENT

Rylee Kelley

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10 years, 7 mos

WEIGHT

38.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

13684

DATE

7.14.23

PRESENTING CLINICAL SIGNS

History: 10.5yo terrier mix Has history of chronic "gulping" episodes at home, otherwise stable weight, good appetite, good energy.

Abnormal lab-work cause of recheck AUS. Has a variety of subcutaneous masses (Lipomas on cytology) Historical mild mitral valve disease (no cardiac medications) Had been on hydrolyzed diet w/ no improvement Currently eating GI Biome + Hill's i/d

Abnormal PE/Chem/CBC/UA Results - 6/22/23:
CBC: wnl CHEM: everything wnl except ALT 171 U/L (18-121 U/L), ALP 1307 U/L (5-160 U/L), mild hypochloremia (107 mmol/L; 108-119 mmol/L) T4: 1.5 ug/dL (1-4 ug/dL) 11/22/22: CHEM: ALT (221), ALP (821) ProBNP: 1189 10/25/22: CBC: wnl CHEM: ALT (242), ALP (673) Post-prandial bile acid (12.2) T4: 1.6 4dx: neg x 4 8/23/22: - Fecal: Giardia antigen positive, no cysts 9/28/21: CHEM: ALT (175), ALP (380) 9/24/21: ALT (183), ALP (355) 2/8/21: ALT wnl, ALP (201) 10/14/20: ALT wnl, ALP (248) 6/10/20: ALT wnl, ALP (182) 5/2/20: ALT wnl, ALP (181) 3/24/19: ALT wnl, ALP wnl

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.16 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.31 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (0.62 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 (0.41 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 subjectively normal in size, 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.

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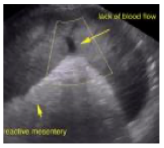
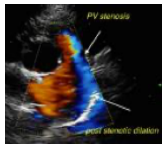
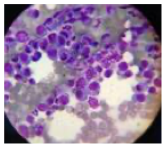
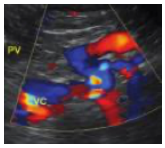

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Liver
The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal.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

Gastrointestinal
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured as normal (0.33 cm) and the jejunum measured as normal (0.30 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 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.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large heterogenous 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.

- Moderate fluid/ingesta within the gastric lumen – Correlate with the feeding history if the patient was adequately fasted. Consider such differentials as delayed gastric emptying or a partial pyloric outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALP reported. Additionally, no significant lesions were visualized associated with the gallbladder. Unfortunately, the changes observed are nonspecific. A primary vacuolar hepatopathy would be most likely, but other differentials are possible. These are my general recommendations for evaluation of a primary ALP elevation:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.

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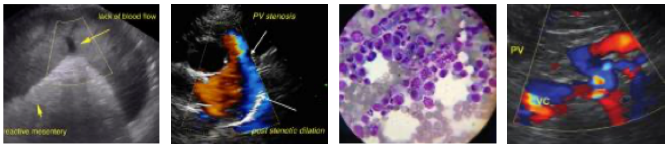

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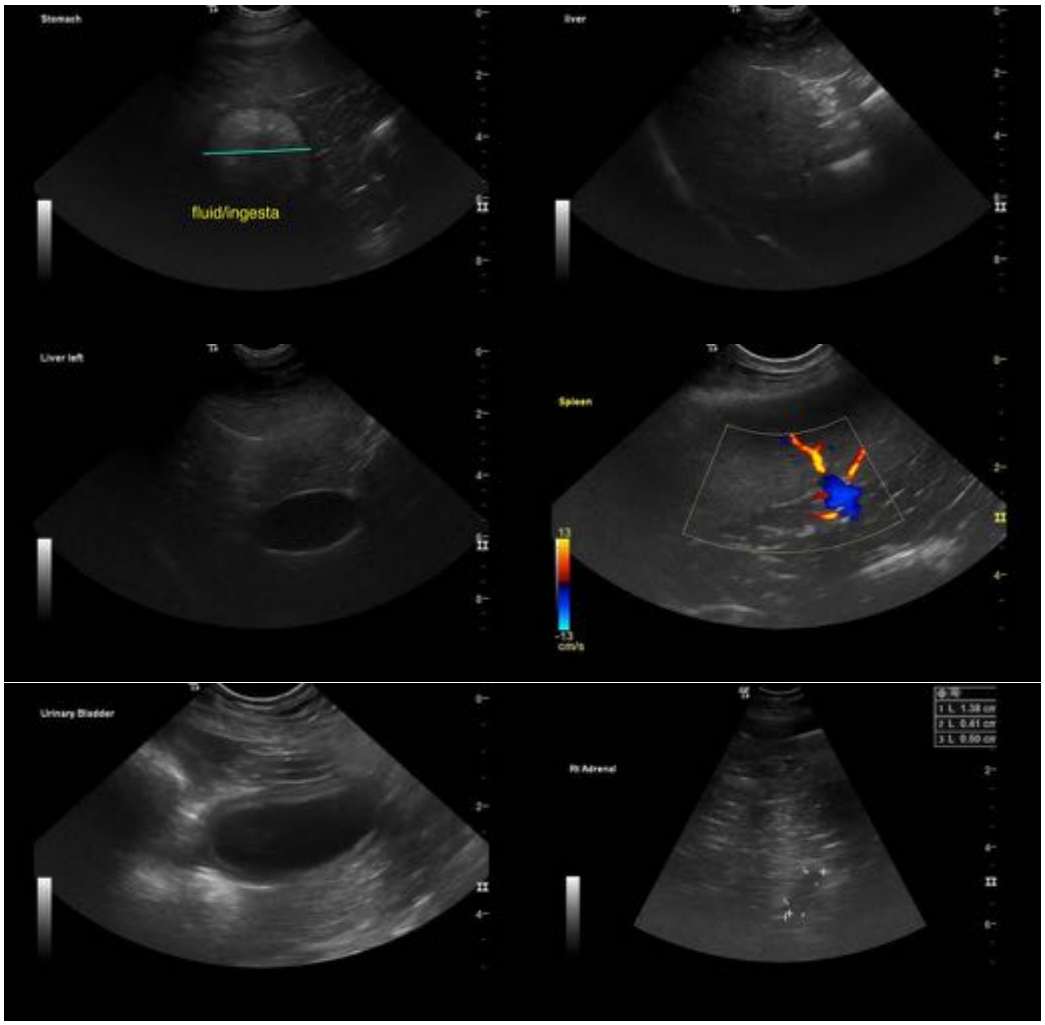
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history.
- If not already done, consider pre and post-prandial bile acids to evaluate liver function.
- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)
- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.



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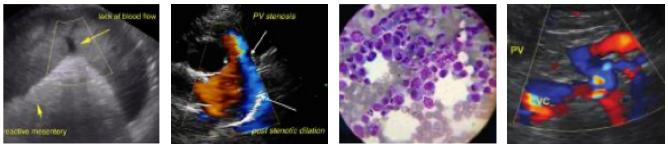

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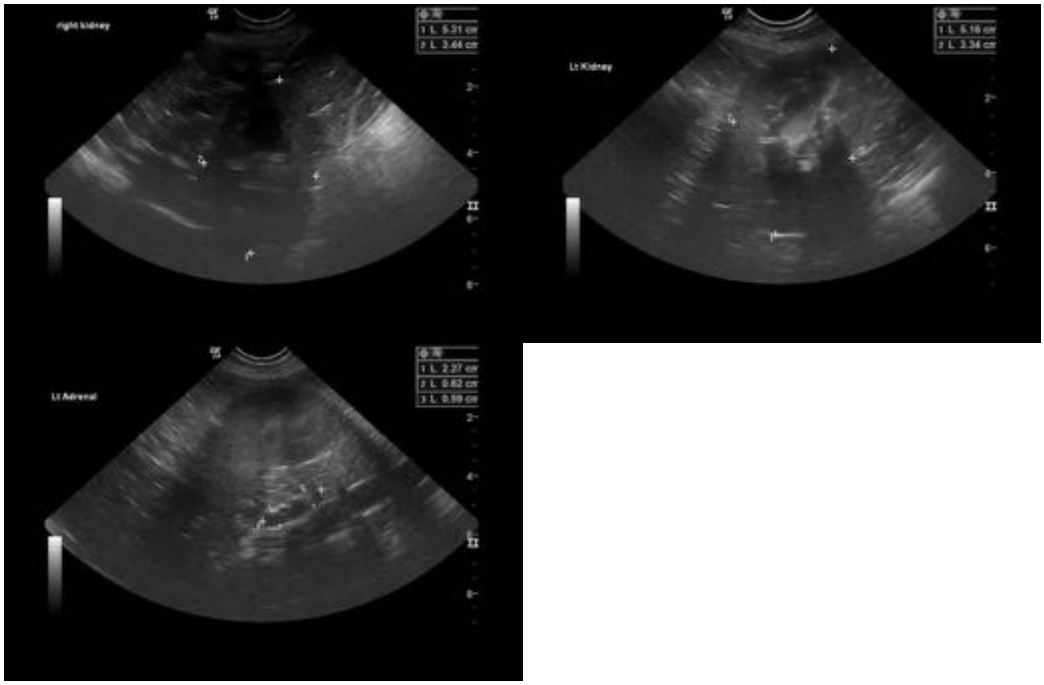

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com