



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Ustariz** Patient has a history of elevated ALT (257) bile acids are normal. Patient is asymptomatic. Patient has a history of allergies and was on Apoquel. Apoquel was discontinued and liver values continue to be persistently elevated. Bile acids were normal. Meds- Cytopoint 40mg

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: ALT 257

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Lab X

**Urinary System**

**SEX**

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.

Spayed Female

**AGE**

The left kidney has a normal shape and size (4.6 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.

2015

**WEIGHT**

The right kidney has a normal shape and size (4.46 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.

16.8 kg

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.55 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is normal in size measuring 0.37 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.

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**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.

**REFERRING VET**

Dr. Michelle Caldwell

**Liver**

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

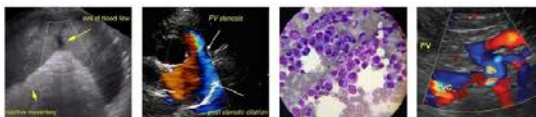
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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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**PATIENT** *Gastrointestinal*

**Bella Ustariz** 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.

**SPECIES**

**Canine** 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. Duodenum wall measures 0.35 cm. Jejunum wall measured 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Lab X

**SEX**

Spayed Female

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.

**AGE**

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**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.

**WEIGHT**

16.8 kg

**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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LVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively normal. There were no focal lesions visualized associated with the liver, and the debris in the gallbladder is likely incidental at this time. Unfortunately, there are many causes for liver enzyme elevations, which cannot be definitively diagnosed by ultrasound alone. Consider the following:

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

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Dr. Michelle Caldwell

- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

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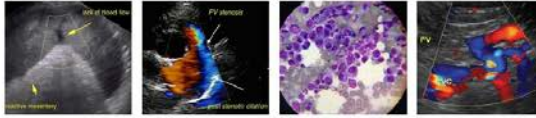
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- If not already done, consider pre and post prandial bile acids to evaluate liver function (this has already been done).

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- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)



**PATIENT**

Bella Ustariz

- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

**SPECIES**

Canine

Recommend continued monitoring of bile acids and continued Denamarin therapy. If values are continuing to elevate, consider a liver biopsy, looking for any evidence of early chronic active hepatitis, copper storage, etc. that has not yet affected liver function (this is particularly important in a female Labrador).

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

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**HOSPITAL NAME**

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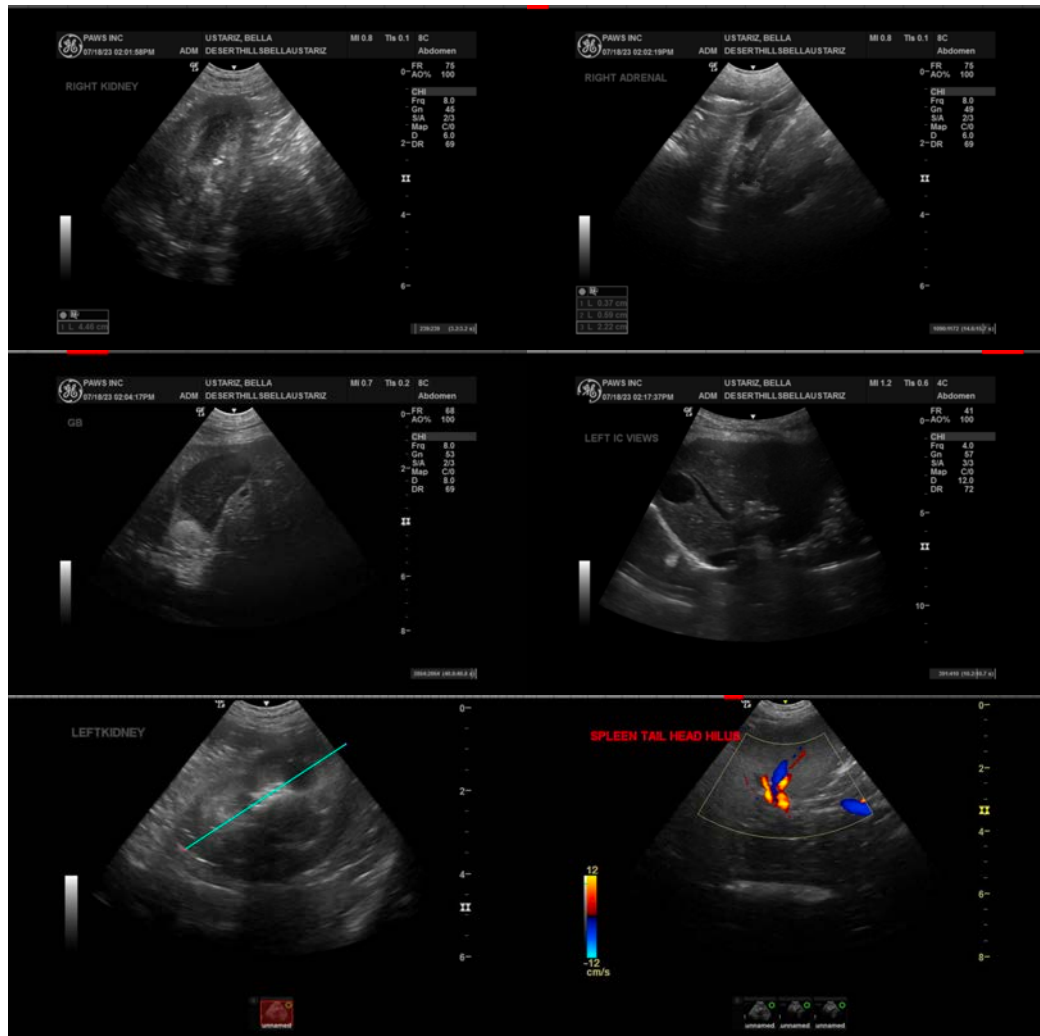
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**PATIENT**

Bella Ustariz

**SPECIES**

Canine

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Lab X

**SEX**

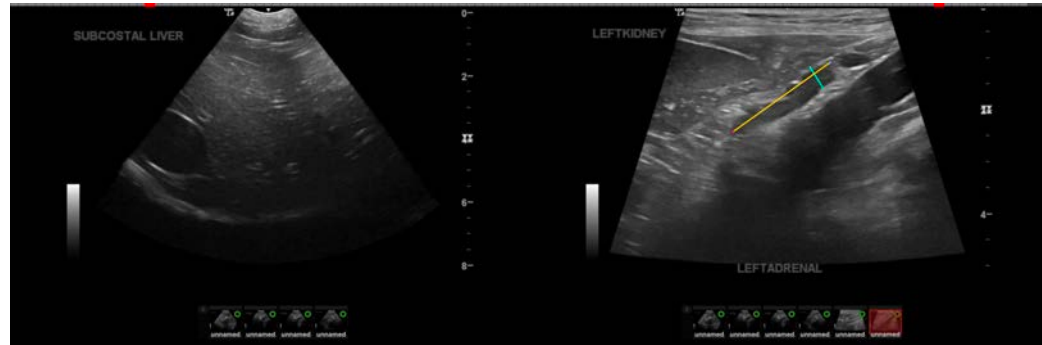
Spayed Female

**AGE**

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**WEIGHT**

16.8 kg



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.

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