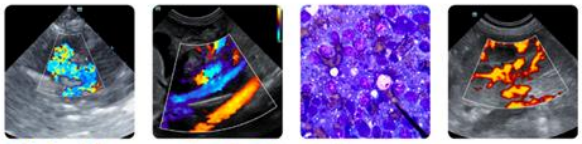


PATIENT
Kai Ramirez

SPECIES
Canine

BREED
Chihuahua Mix

SEX
FI

AGE
8yr

WEIGHT
7.2lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Saum Hadi

HOSPITAL NAME
Nimbus Pet Hospital

REFERRING VET
Laura Bukowski

INVOICE
23416

DATE
01/03/2025

PRESENTING CLINICAL SIGNS

P presents for work up of increased liver enzymes, found on routine labs.

Abnormal PE/Chem/CBC/UA Results: ALT: 306 U/L AST: 180 U/L Normal: ALKP, GGT, T. Bil No markers of liver failure

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of mineral or calculi. The left kidney measured - cm in length. The right kidney measured 2.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology in the area of the right/left ovary. The area of the uterus was sonographically normal.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

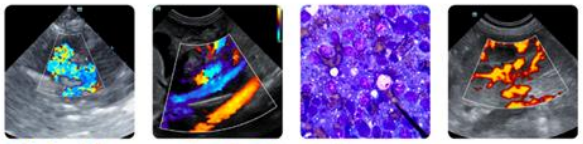
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Adequate to normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate, primarily gravity-dependent, non-organized, non-mineralized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable normal volume liver.
- Non-organized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the hepatopathy consistent with benign criteria may include primary parenchymal disease such as nonspecific inflammatory disease with potential for portal hypoplasia such as microvascular dysplasia or other benign hepatopathy. No evidence of intrahepatic or extrahepatic macroscopic shunt. Further assessment may include bile acid profile and assuming normal clotting status hepatic FNA cytology, primarily to assess for inflammatory cell type. Assuming patient is non-clinical with adequate ALB GLU BUN and CHOL level, hepatosupportive medications with clinical monitoring would be reasonable. If required, hepatic anesthetic risk is considered low assuming normal previously mentioned parameters.

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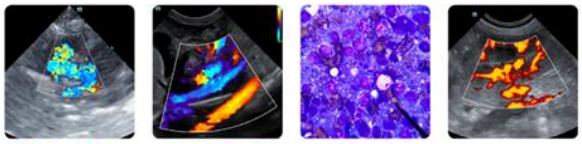

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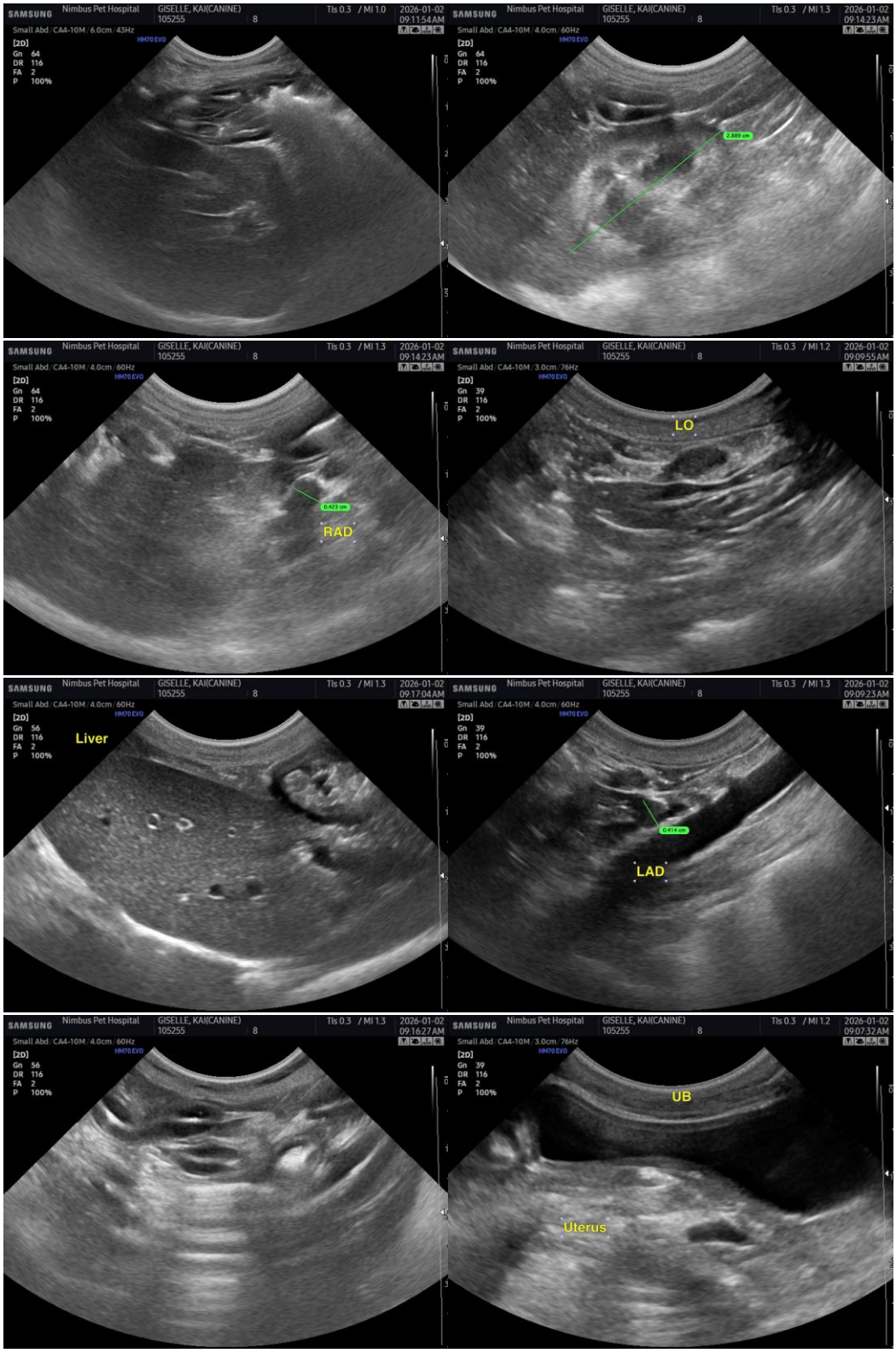

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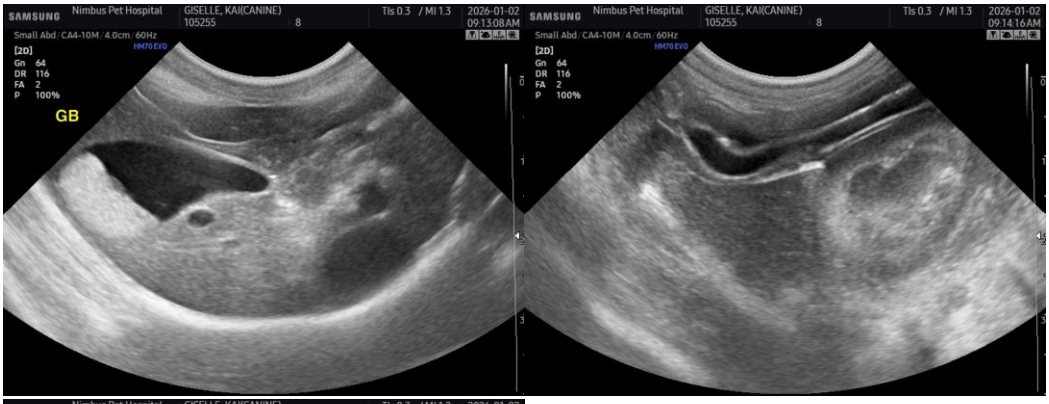

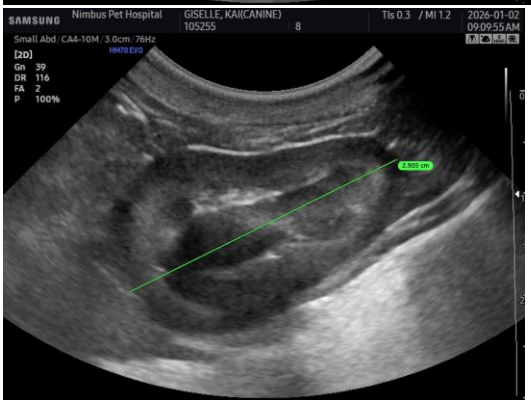

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com