

**PATIENT PRESENTING CLINICAL SIGNS**

Bailey Chi Hx elevated ALT and seizures  
Abnormal PE/Chem/CBC/UA Results: 1/21/22: ALT 218 (18 - 121 U/L H) ALP 214 (5 - 160 U/L H)  
Heartworm NEGATIVE

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Yorkie X

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

**SEX**

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A focal area of non-obstructive pelvic mineral was present. The left kidney measured 4.9 cm. The right kidney measured 5.5 cm.

**AGE**

10 Years

**Adrenal Glands**

**WEIGHT**

24.5 Pounds

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.3 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**IMAGING PERFORMED BY**

Dr. Rivera

**Liver**

**HOSPITAL NAME**

DPC Vet Hospital

The liver was normal in size and contour. Normal overall hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. The hepatic volume was subjectively normal. No overt evidence of portosystemic vascular anomaly. The gallbladder was non distended in size with non-dependent, non-mineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

**REFERRING VET**

Dr. Rivera

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 ileus, obstruction or foreign material.

**INVOICE**

35200

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

**Pancreas**

**DATE**

1/30/22

The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour



**PATIENT**

Bailey Chi

without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**Free Abdomen**

**SPECIES**

Canine

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Yorkie X

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy
- Mild gallbladder debris
- Mild age related kidneys with focal non-obstructive left kidney pelvic mineral
- Benign splenic nodules – consistent with probable myelolipomas
- Suspect chronic pancreatitis, potential for pancreatic fibrosis

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 Years

Although non-specific, the presentation of the liver is consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy and non-clinical cholestasis given the ALP elevation with potential for primary or concurrent non-specific hepatitis/cholangiohepatitis given the ALT elevation and present of mild gallbladder debris.

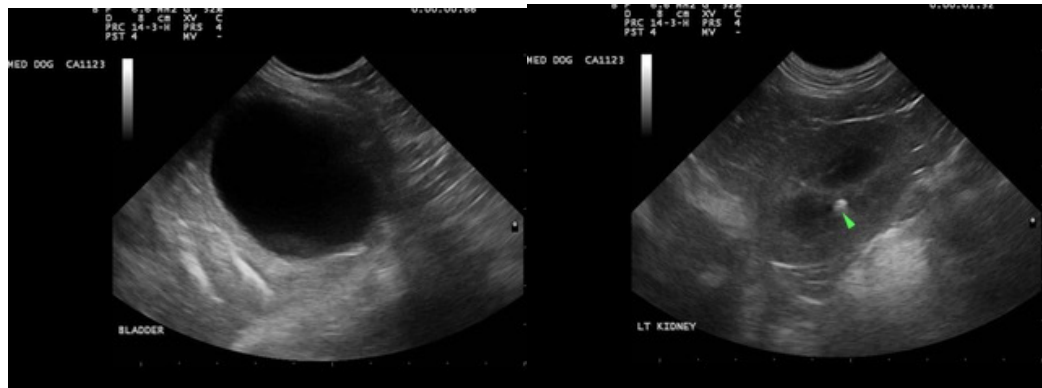
**WEIGHT**

24.5 Pounds

Assuming normal clotting status, further assessment may include ultrasound guided FNA of the liver for screening cytology and potential identification of inflammatory cell type if present. Empirically, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Fasting and post-prandial bile acids may be considered to assess hepatic functionality given the history of seizures. Portal vein hypoplasia/microvascular dysplasia cannot be excluded. Dietary therapy such as Hills L/D or similar may also prove beneficial.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)



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DPC Vet Hospital



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Dr. Rivera

**INVOICE**

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**DATE**

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**PATIENT**

Bailey Chi

**SPECIES**

Canine

**BREED**

Yorkie X



**SEX**

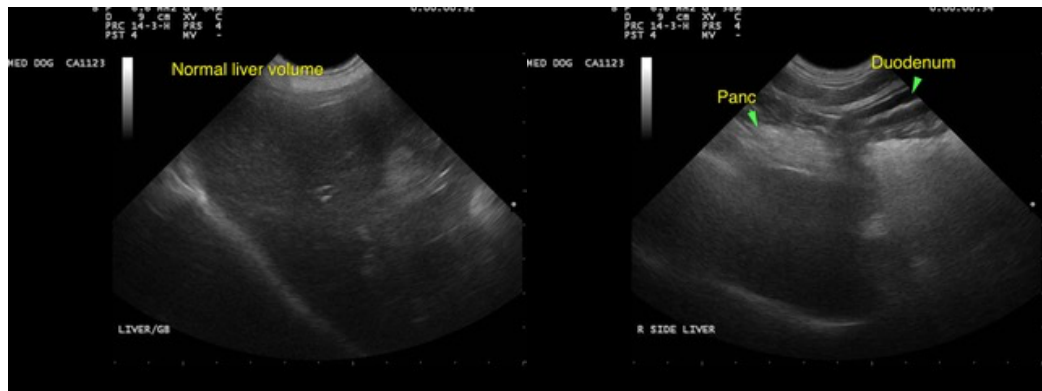
Spayed Female

**AGE**

10 Years

**WEIGHT**

24.5 Pounds



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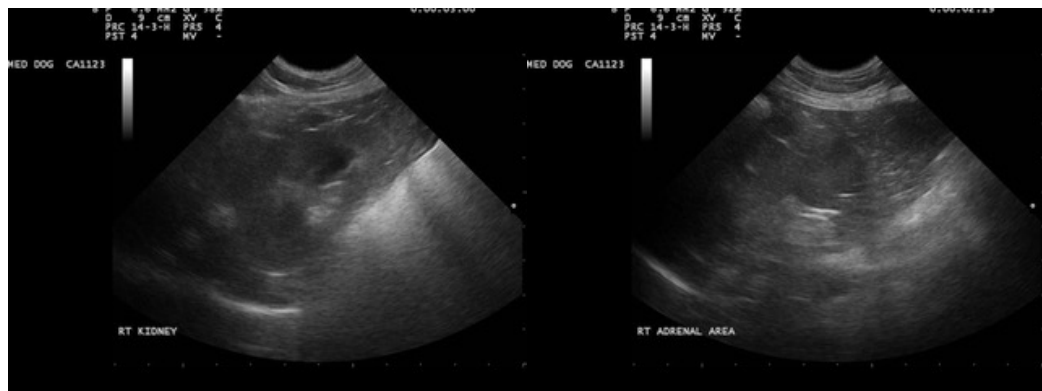
Dr. Rivera

**INVOICE**

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**DATE**

1/30/22



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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