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Clinical Sonography & Telecytology
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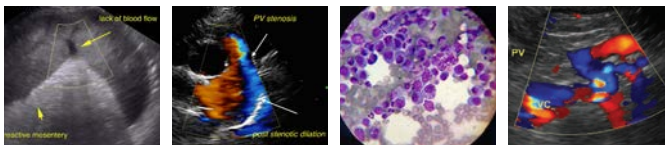

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Franklin Saver

SPECIES
Canine

BREED
French Bulldog

SEX
Neutered Male

AGE
5 Years

WEIGHT
28.4 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Bergen County VC

REFERRING VET
Dr. Moore

INVOICE
26597

DATE
10/22/21

PRESENTING CLINICAL SIGNS

Pre-anesthesia. History of markedly high ALT (2433), no clinical signs/symptoms of liver or G.I. disease.
Abnormal PE/Chem/CBC/UA Results: ALT 2433, otherwise WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic urine was present without evidence of sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.85 cm diameter.

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. The left kidney measured 4.6 cm. The right kidney measured 4.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.56 cm 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

The liver exhibited subjective mild subnormal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective normal portal vein volume and subjective normal branching of the portal vein noted with similar size comparison between the portal vein and adjacent caudal vena cava. No overt evidence of a portosystemic vascular anomaly. Portal vein measured approx. 0.55 cm. Caudal vena cava measured approx. 0.53 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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

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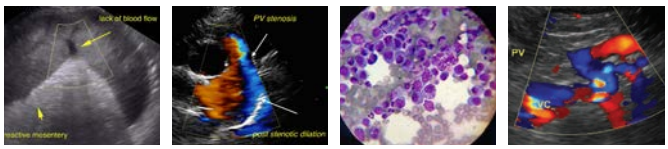

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

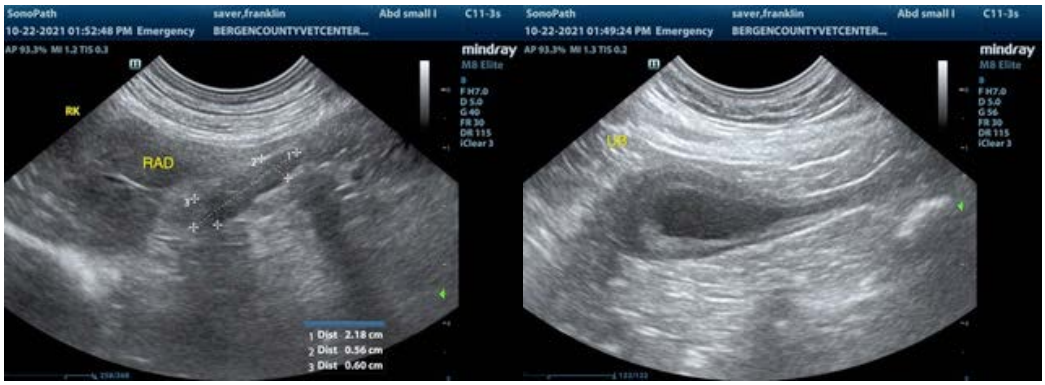
- Subjective mild subnormal yet structurally normal liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of extrahepatic shunting was obvious in this patient. Subjective normal portal vein branching and overall hepatic vascular volume despite subjective subnormal size. Considerations may include chronic primary hepatic parenchymal disease such as inflammatory hepatopathy with potential for possible portal hypoplasia or microvascular dysplasia.

FNA of the liver could be considered to assess for potential inflammatory cell type if present. Although no evidence of overt shunt, fasting and post-prandial bile acids may be considered for further assessment of hepatic functionality, although hepatic function is likely normal assuming normal albumin, BUN, glucose and cholesterol levels. Core or surgical biopsy of the liver may be necessary for further definition.

No overt anesthetic contraindications assuming normal BUN, glucose, albumin, and cholesterol levels, indicating normal hepatic functionality, yet fasting and post-prandial bile acids are likely ideal prior to anesthesia. If post-prandial bile acids are significantly elevated (>80-100), further assessment with advanced imaging such as CT may be indicated.



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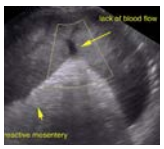
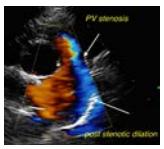
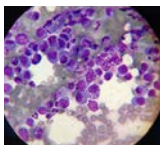
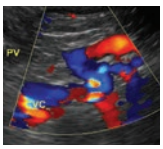

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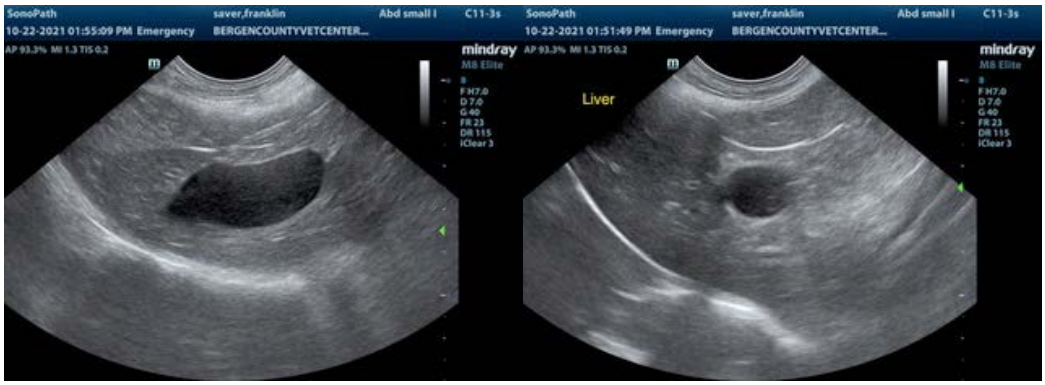

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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