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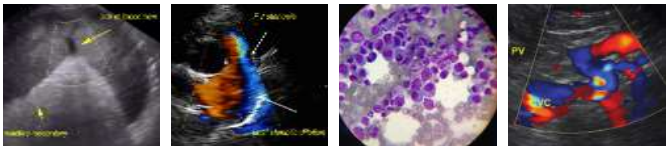


PATIENT
Cha Cha Law

SPECIES
Canine

BREED
Mix

SEX
Female Spayed

AGE
8

WEIGHT
53

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens Animal Hospital

REFERRING VET
Dr. Sharkaway

INVOICE
47927

DATE
10-22-21

PRESENTING CLINICAL SIGNS

UNEXPLAINED ELEVATED ALT FOR 3 YEARS
Abnormal PE/Chem/CBC/UA Results: ELEVATED ALT + MILD ANEMIA

CBC WBC 5.2, Hematocrit 34.5, platelet 13

Chem panel: ALT 583, Total bilirubin 2.0, Albumin 4.3, Glucose 96, BUN 12, Cholesterol 188

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands although not definitively visualized.

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 exhibited potential for mild generalized enlargement, subtle areas of asymmetric hepatic contour, generalized increased hepatic parenchyma echogenicity compared to the falciform fat with moderate course echotexture, evidence of parenchymal remodeling, and intermittent subtle hypoechoic nodular changes. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

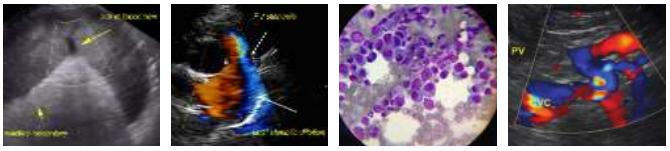
Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate echogenic with progressive distal acoustic shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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.

Pancreas



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy with parenchymal remodeling and intermittent subtle parenchymal nodules.
- Mild to early age related kidneys.

Secondary

- Gastric ingesta - probable post-prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was most consistent with chronic hepatopathy with considerations including vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis, or cirrhosis with parenchymal remodeling and suspected areas of nodular to regenerative hyperplasia, hematopoiesis, or other hepatopathy. Neoplasia is considered a less likely differential diagnosis. Chronic inflammatory hepatic parenchymal disease is favored given the sole chronic elevated ALT.

Assuming normal clotting status, hepatic FNA using a 25-gauge needle may be considered for screening cytology and potential identification of inflammatory cell type. Core or surgical biopsy required for a definitive diagnosis. Hepatosupportive medications including denamarin and ursodiol due to its antioxidant and immunomodulatory effects within the liver may prove beneficial.

An obvious cause of the anemia +/- thrombocytopenia was not definitively evident yet may be owing to chronic disease. Manual platelet count as well as continued CBC monitoring recommended.

Hepatic functionality is suspected to be normal given the normal glucose, albumin, BUN, and cholesterol levels.

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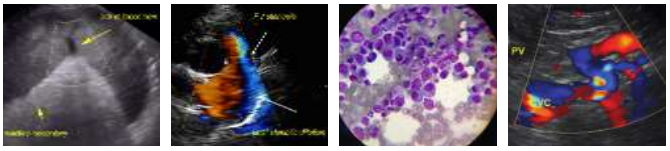

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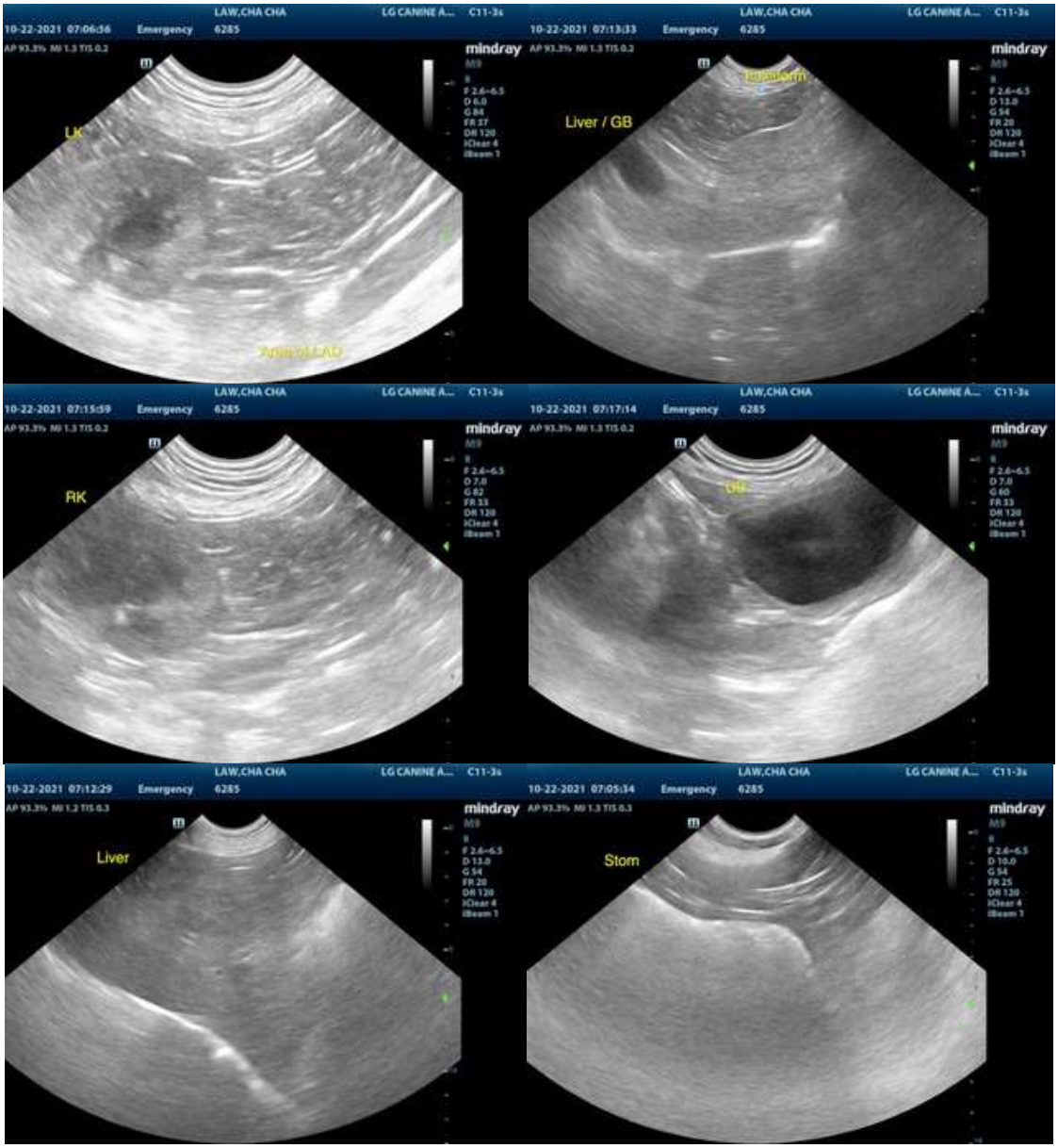

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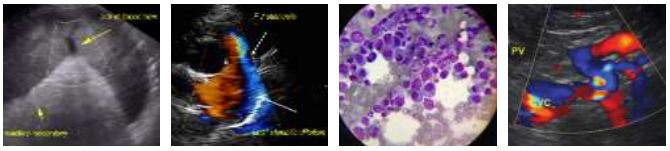

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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