



PATIENT

Tifa Dukart

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8yr

WEIGHT

76.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casas Dolz

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Casas Dolz

INVOICE

11789ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

Elevated Liver enzymes noted over the past year. Bile acids performed today and were WNL

Abnormal PE/Chem/CBC/UA Results: Chem 9/2020: ALP: <5. ALT 188 Chem 9/2021: ALP: 30, ALT 124

ULTRASONOGRAPHIC LIMITED EXAMINATION OF THE ABDOMEN

Liver

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. 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 with mild non-dependent echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 contained mild non-shadowing ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material.

ULTRASONOGRAPHIC FINDINGS

- Low grade benign hepatopathy-suspect low grade hepatopathy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment and possible identification of inflammatory cell type if present. Given the low-grade ALT elevation, hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol with continued monitoring of liver enzymes would be reasonable. Hepatic core surgical biopsy would be required for definitive histopathological diagnosis.



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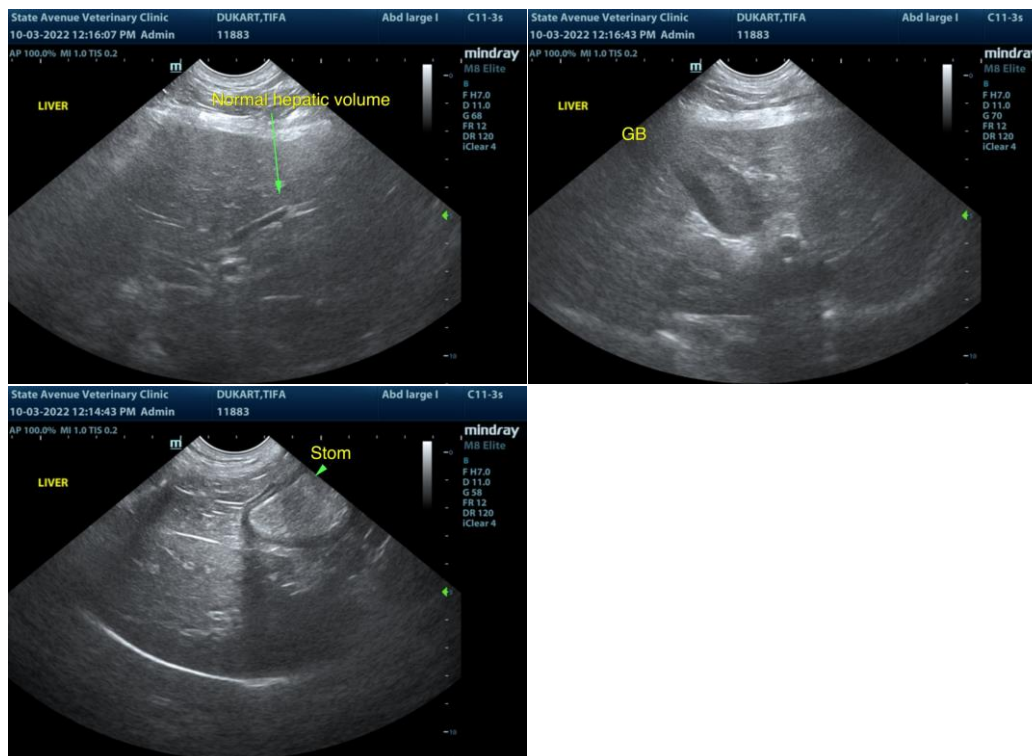
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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