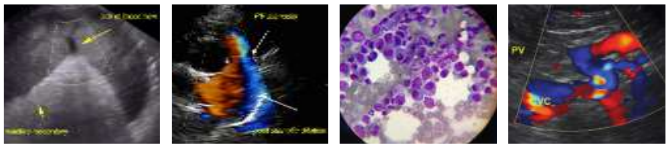
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Chloe Bauman

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

5 years

WEIGHT

27 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Vet Care

REFERRING VET

Dr. Andersom

INVOICE

13375

DATE

2/16/22

PRESENTING CLINICAL SIGNS

elevated liver vales; pu/pd per owner.
Abnormal PE/Chem/CBC/UA Results: ALKP 240, ALT 642

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 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.

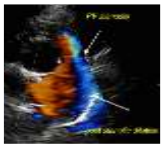
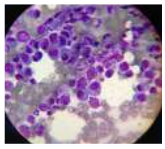
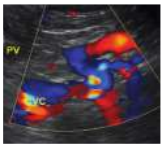
Liver/ Gallbladder

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. 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 stomach presented intact and sonographically unremarkable wall layering with a mild amount of retained nonshadowing Ingesta / chyme. A solitary, curvilinear shadowing luminal echo measuring approximately 2.0 cm in diameter was present. The gastric body wall width measured 0.55 cm.

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.

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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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy - subjectively benign

Secondary Findings

- Mild retained gastric ingesta / chyme with focal nonspecific shadowing luminal echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Nonspecific inflammatory hepatopathy, given the primarily elevated ALT (infectious, immune-mediated, etc.), with possible primary or concurrent vacuolar hepatopathy and non-clinical cholestasis, given the ALP elevation is possible. No overt evidence of hepatic neoplastic criteria was noted.

Ultrasound guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle could be considered for screening cytology and potential Identification of inflammatory cell type if present. However, in these cases, cytology is often unrewarding or not definitive. Alternatively, hepatosupportive medications including Denamarin and Ursodiol Initially for 30 - 60 days with recheck hepatic enzymes and assessment of clinical response would be reasonable. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Leptospirosis titers/ PCR would be warranted, given the elevated liver enzymes and reported PU/PD. The liver was not overtly suggestive of steroid hepatopathy.

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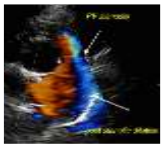
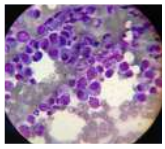
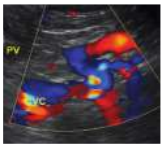

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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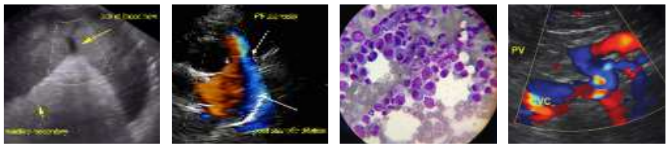

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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