



**PATIENT**

Blue Figueroa

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

MN

**AGE**

11yr

**WEIGHT**

23.3lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

12886ag

**DATE**

02/05/2023

**PRESENTING CLINICAL SIGNS**

Rechecking: ALT History: 11m old MN French Bulldog presents for recheck of liver enzymes +/- bile acids. O reports pet has been doing well, diarrhea resolved. Vomited 3-4x in past two weeks o has given cerenia, finished proviable. Normal eats all his food immediately but for past couple weeks is lip smacking prior to eating then will eat but will leave some of the food. Will eventually eat all the food but taking much longer. Itchy ears and around head. White mucoid dx from eyes. 2 weeks ago ALT 337, normal Ab and Chest Rads 12/2022 Elongated soft palate and stenotic nares repaired at BVS....has done great since

Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR, mm pm. H/L WNL. Ab Palp WNL EENT - mild inflammation AU. Skin - pruritic around head, no skin lesions seen Diagnostics & Testing: NSAID Chem: ALT mildly elevated 164 (was 337) A: 1) Improved but elevated ALT 2) Reduced appetite / Intermittent vomiting - r/o related to liver dz, unresolved GI 3) Pruritis - r/o atopy, food allergy 4) Mild otitis AU Treatment Plan: Fasted Bile Acids Ab US

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

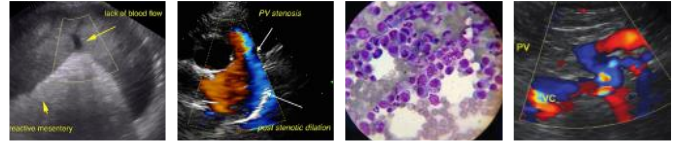
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width 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. Normal to adequate hepatic vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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The stomach presented intact subjective borderline mild prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.50 cm in width.

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French Bulldog

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. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.26 cm width.

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

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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.

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**Free Abdomen**

No omental masses or peritoneal effusion was present.

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Focal to intermittent non-specific yet subjective benign/reactive mesenteric lymph nodes were present, an example measuring 1.8 cm length.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Sonographically unremarkable liver with normal to adequate vascular volume
- Normal gallbladder
- Possible mild gastritis, sonographically unremarkable small bowel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Michaleen

No overt evidence of a portosystemic shunt given normal to adequate hepatic vascular volume and lack of commonly seen secondary findings such as renal or cystic calculi. Primary parenchymal disease i.e. low-grade inflammatory hepatopathy suspected although microvascular dysplasia/portal hypoplasia cannot be excluded.

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Correlation with pending bile acid testing recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered for further assessment. Hepatic core surgical biopsy is likely required for further clarification of primary hepatic parenchymal disease or possible portal hypoplasia.

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Gastroprotectant protocol, canned bland diet and empirical therapy for mild gastritis/esophagitis with assessment of clinical response may prove beneficial.

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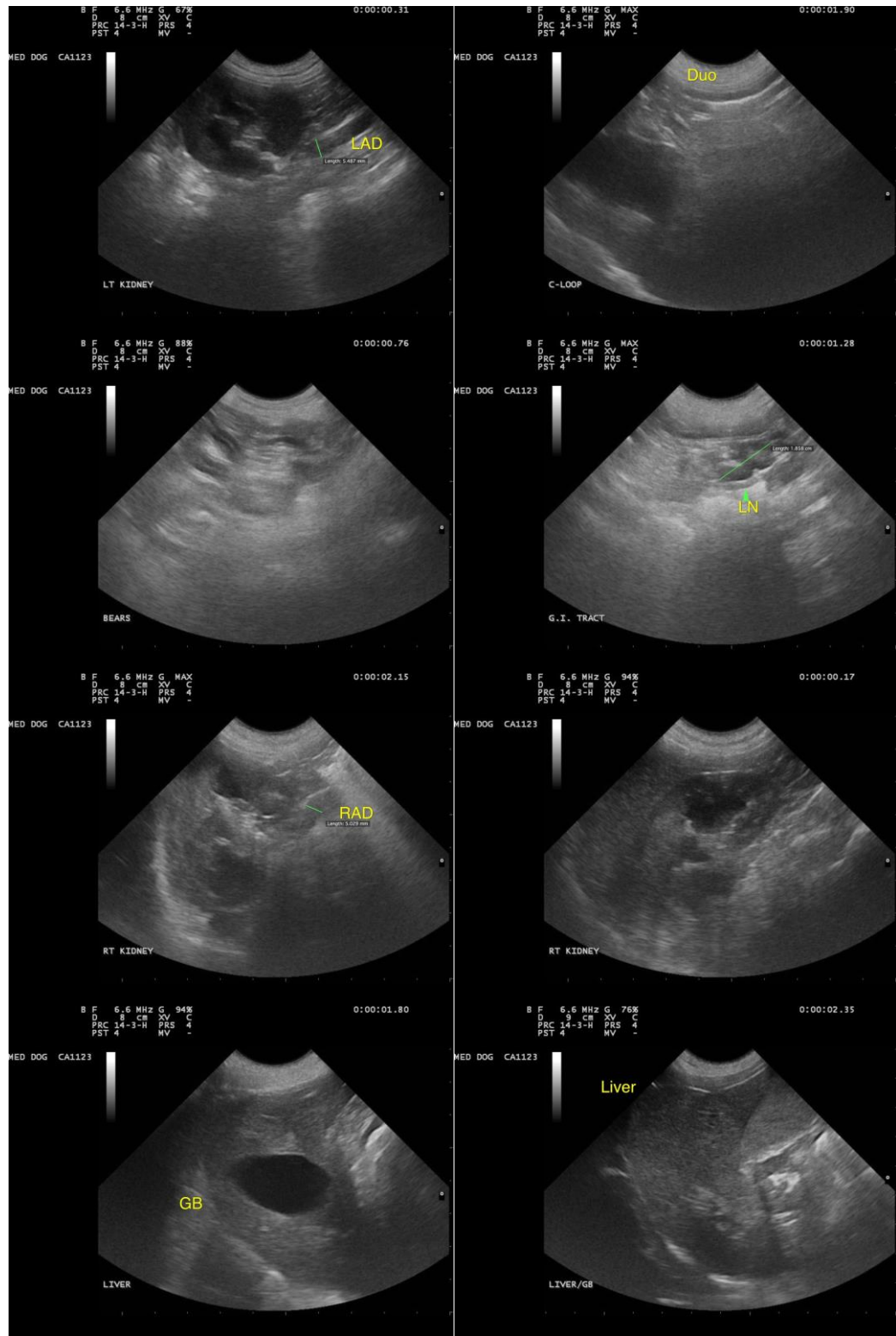
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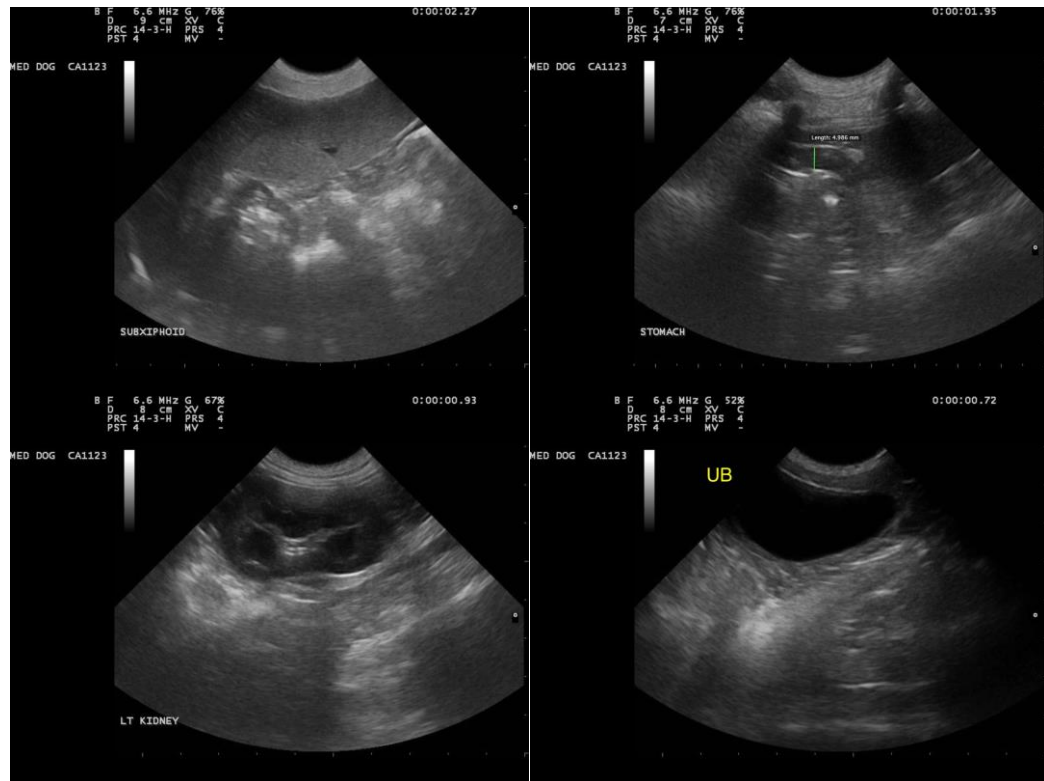
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Michaleen

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