**PATIENT**

Sheba Schwarz

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

19.6 Lbs.

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Becca Lundeen

INVOICE

13849

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Presented today 1/31 for recheck bloodwork to reassess previously noted liver enzyme elevations first noted in April 2021. Recently had 1-2 days of reduced appetite, vomiting but all of that has resolved at time of today's exam. No abnormal clinical signs currently noted by owner.

Abnormal PE/Chem/CBC/UA Results: Progressive liver enzyme elevations (1/31/22 - ALP >2000 U/L, previously 776 U/L in 4/21, ALT 412 U/L, previously 86 U/L, Albumin 4.8 g/dL, previously 4.2 g/dL 4/21, TP 8.8 g/dL, previously 8.7 g/dL). 4/21 - ACTH stim test performed. Baseline cortisol elevated at 239 nmol/L. 1 hour post Cortrosyn Cortisol 397 - ACTH stim not supportive of Cushing's. Has history of allergies - currently receives Cytopoint as needed and has received Mometamax for recurrent otitis externa.

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 were noted.

Normal size and margination was 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 4.9 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 1.8 cm in length x 0.51 cm width at the caudal pole.

The right adrenal gland was mildly prominent in size with maintained symmetrical capsule contour and primarily homogeneous parenchyma. The right adrenal gland measured 1.8 cm in length x 0.80 cm width at the caudal pole.

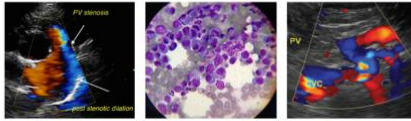
Spleen

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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic to nonshadowing ingesta without signs of mechanical pyloric outflow obstruction. The gastric body wall measured 0.36 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. The duodenum wall measured 0.47 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- subjectively benign
- Mild gallbladder debris (non-mucocele)
- Subjective mild prominent right adrenal gland- non-specific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, liver was nonspecific yet consistent with benign hepatopathy/hepatomegaly. Considerations may include vacuolar hepatic changes and nonclinical cholestasis, given the ALP elevation with potential for nonspecific hepatitis/cholangiohepatitis given the ALT elevation and presence of minor gallbladder debris. The mildly prominent right adrenal gland is of unclear clinical significance given the recent ACTH stim results and not consistent with neoplastic criteria. Potentially, some contribution of topical corticosteroids to the ALP elevation, if recent use of Mometamax could be considered. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. If clinical signs suggestive of hyperadrenocorticism are noted going forward (i.e., PU/PD, polyphagia, continued skin issues), then recheck adrenal testing could be considered. Otherwise, hepatic sampling is likely required for a definitive diagnosis.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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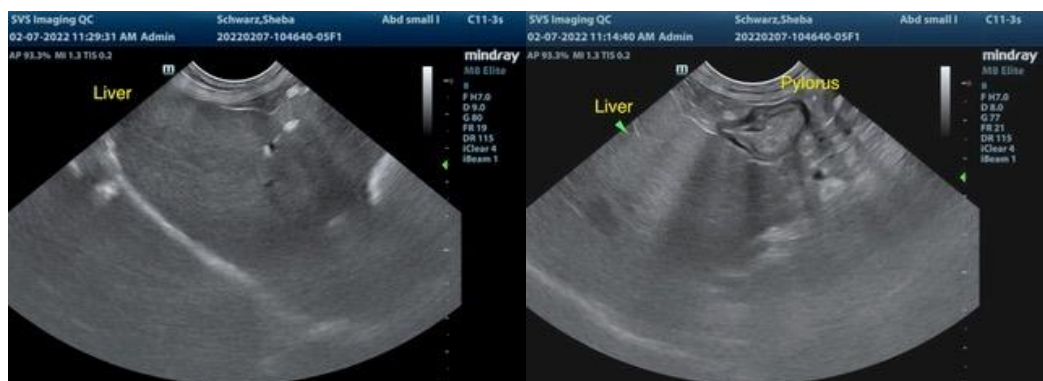
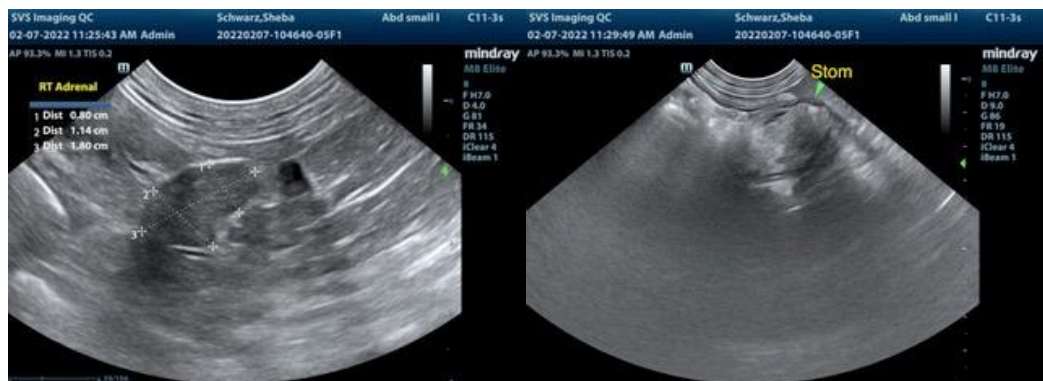
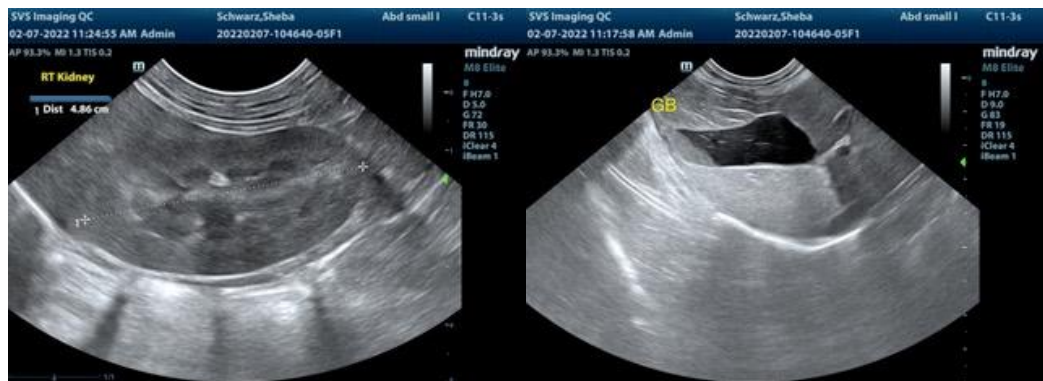
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Clinical Sonography & Telecytology

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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