

**PATIENT**

Fergie Mask

SPECIES

Canine

BREED

Bernedoodle

SEX

Intact female

AGE

6 months

WEIGHT

12.5 lbs.

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

SVS Imaging QC

INVOICE

13542

DATE

3/23/22

PRESENTING CLINICAL SIGNS

P presented for routine spay, P is asymptomatic.

Abnormal PE/Chem/CBC/UA Results: Preanesthetic labs were drawn and ran before spay procedure, P had elevated ALT and ALP. Bile acids ran next, results WNL. P was sent home on a 2 week course of Denamarin and returned for recheck of liver values, values had increased. Ran Lepto SNAP test - negative. P then sent home on abx and dewormer. Returned in 3 weeks for a third recheck, ALT even higher yet. Concern for shunt

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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology was noted in the area of the uterus or bilateral ovaries.

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. No evidence of renomegaly or mineralization was noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 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 0.39 cm width at the caudal pole and 0.27 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 0.31 cm width at the caudal pole and 0.32 cm width at the cranial 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. Normal hepatportal vascular volume was noted. The visualized portal vein exhibited normal subjective branching with an approximate 1:1 portal vein / caudal vena cava ratio. No evidence of caudal vena cava dilation with subjective normal laminal caudal vena cave flow was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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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.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspect inflammatory hepatopathy or nonspecific primary hepatic parenchymal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrahepatic or extrahepatic shunting with subjective normal portal vein branching and hepatic volume was noted. Likewise, no evidence was noted of concurrent abnormalities typically associated with portosystemic shunts such as renomegaly or renal / cystic mineral.

Assuming normal clotting status, hepatic FNA could be considered for screening cytology and potential assessment of inflammatory cell type if present. A full bile acid profile could be considered for additional assessment. Portal hypoplasia / microvascular dysplasia may be considered an alternative yet less likely differential diagnosis, given the reported previous normal bile acid assessment. Core surgical biopsy of the liver is likely necessary for further definition via histopathology. Hepatic functionality is likely normal assuming normal BUN, albumin, cholesterol, and glucose levels. No overt anesthetic contraindications If these parameters are normal. Hepatic biopsy could be considered at the time of ovariohysterectomy.

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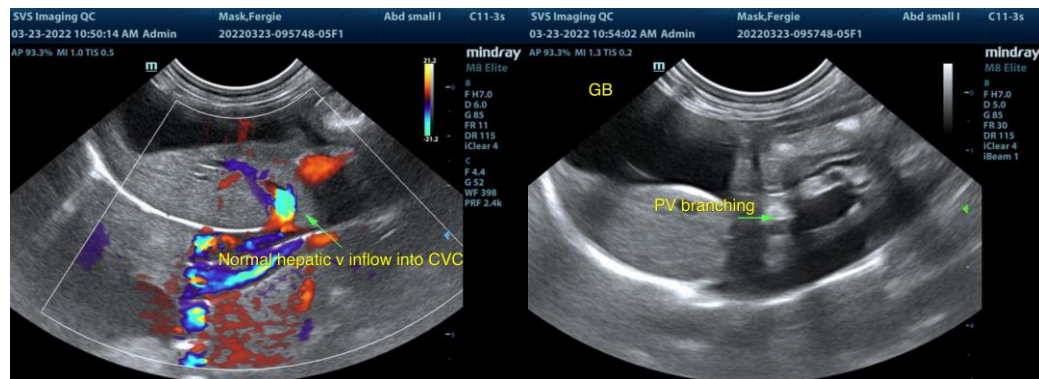
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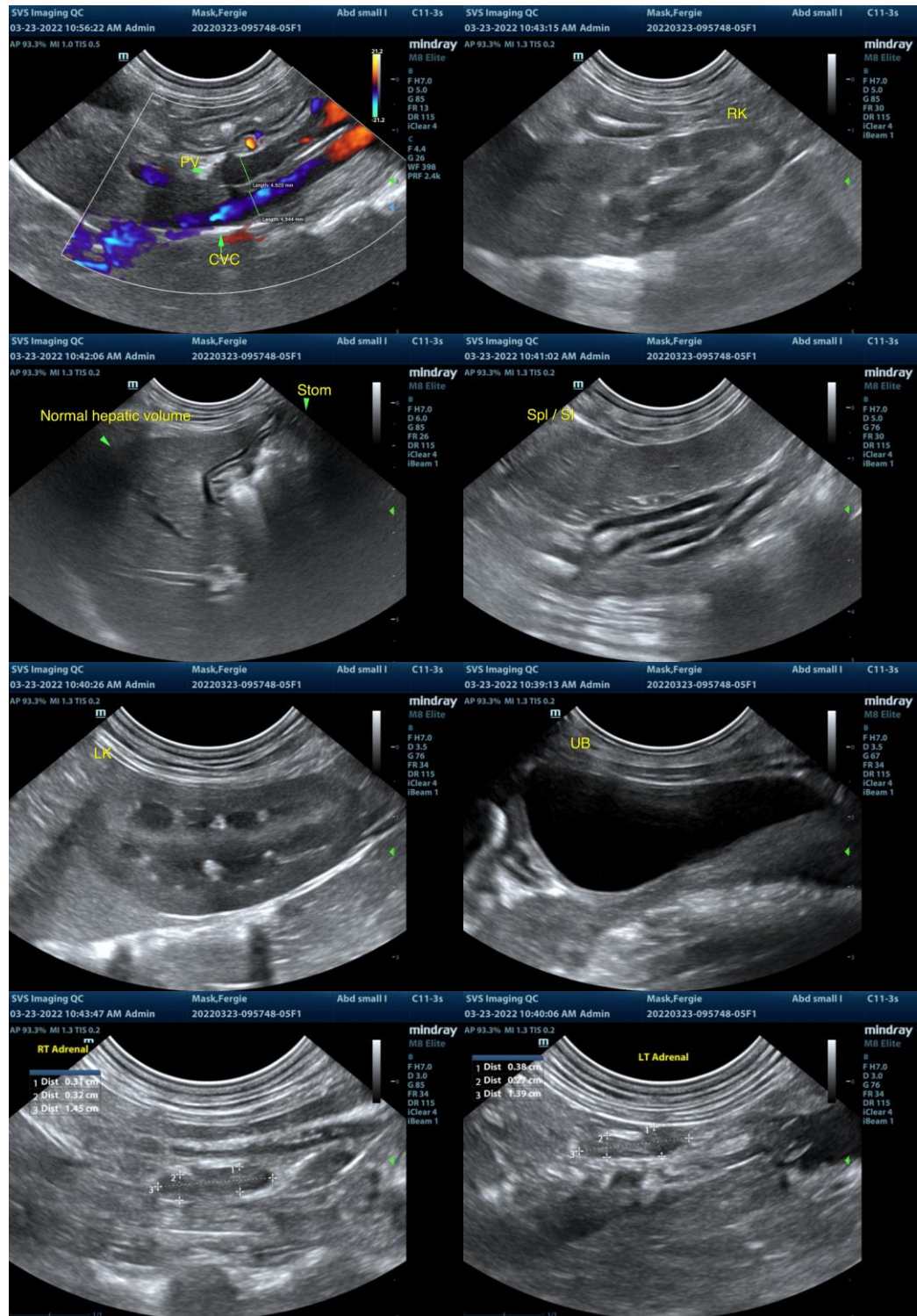
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

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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.

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