



PATIENT	PRESENTING CLINICAL SIGNS
Gizmo Weistreich	Knee sx was scheduled for 3/27. Recheck preop panel showed highly increased ALT. Discuss with surgical team as to whether to do surgery or not if not then what to do with liver. Bile acid testing was accomplished.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: See attached labs: Bile acid post prandial elevated 46.9 12/14/22 ALT 456 U/L and increased to 816U/L on 3/22/23
BREED	
Maltese Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
F/S	Urinary System
AGE	The urinary bladder was normal in size and tone containing primarily anechoic urine with mild dependent luminal mineral to small calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
4 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	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. Focal areas of mild medullary mineral were noted primarily in the lateral diverticuli. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.
8.2 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the cranial pole and 0.44 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 0.40 cm width at the caudal pole.
IMAGING PERFORMED BY	
Jasmine Palacios	
HOSPITAL NAME	Spleen
Rivers Edge PMC	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.
REFERRING VET	Liver/ Gallbladder
Dr. David Gray	The liver was subjectively normal in size with symmetrical contour. The liver parenchyma was uniform exhibiting normal echogenicity. Subjective adequate hepatic vascular volume was present. The visualized portal vein was overtly normal in size and diameter measuring 0.51 cm. Subjective normal cranial branching was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, mildly hyperechoic gallbladder debris with no evidence of inflammatory criteria. The cystic and common bile ducts were normal.
INVOICE	
16587	
DATE	
4/12/23	



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

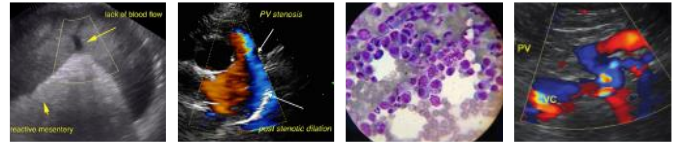
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral / small calculi
- Focal mild renal medullary mineral
- Normal volume liver
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive intrahepatic or extrahepatic shunt was visualized. Subjective normal portal vein volume and branching with concurrent adequate overall hepatic vascular volume were noted. Considerations may include primary parenchymal disease such as nonspecific inflammatory hepatopathy with potential for possible portal hypoplasia/microvascular dysplasia.

Further assessment may include urine C/S, as well as screening hepatic FNA cytology, assuming normal clotting status, to assess for potential inflammatory cell type within the liver. In conjunction with post prandial bile acid <80, macroscopic shunt may be considered less likely. However, if strong clinical suspicion for non-visualized shunt, advanced imaging such as Gold Standard CT with Contrast could be considered. A core surgical hepatic biopsy is likely necessary for further definition.



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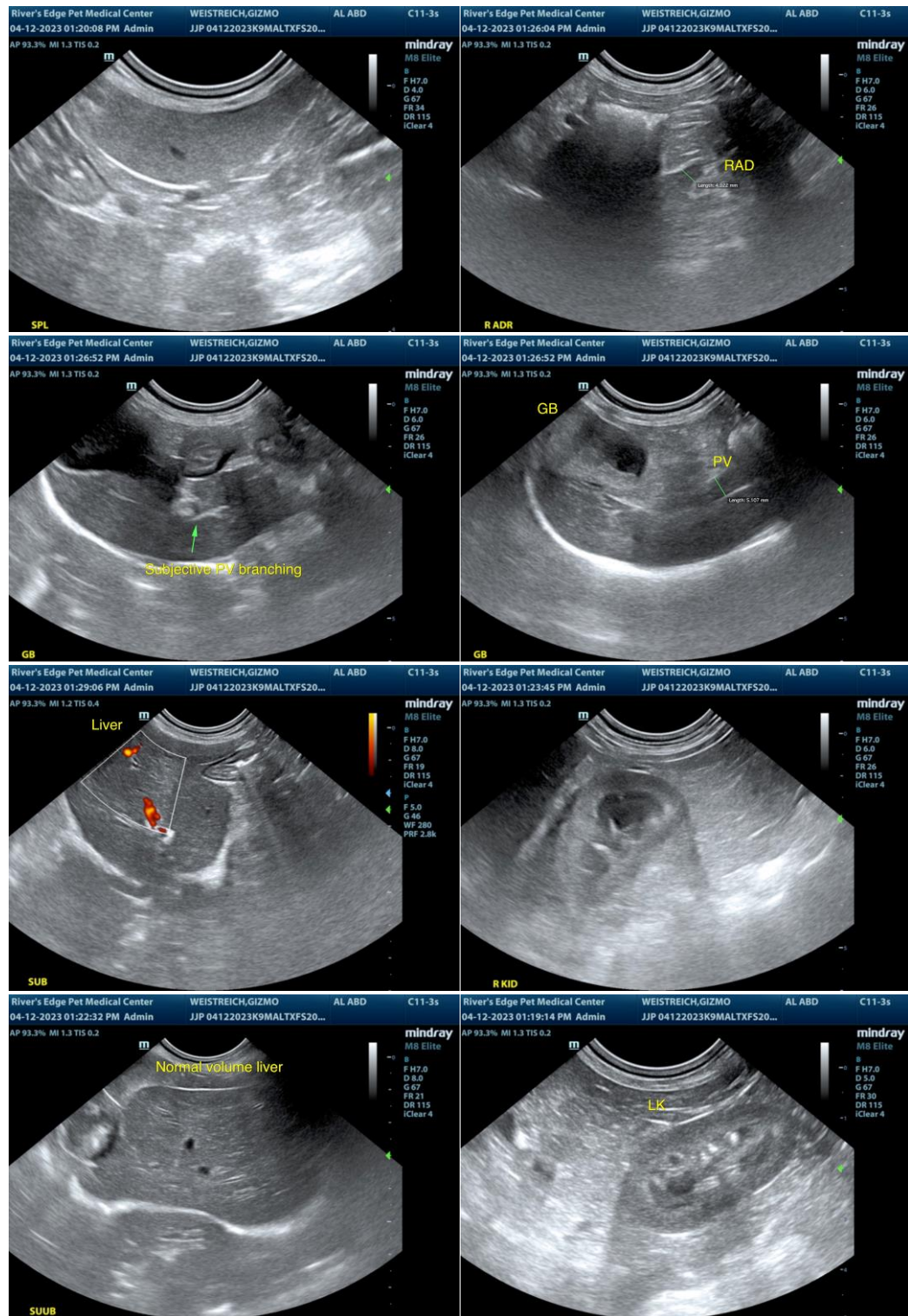
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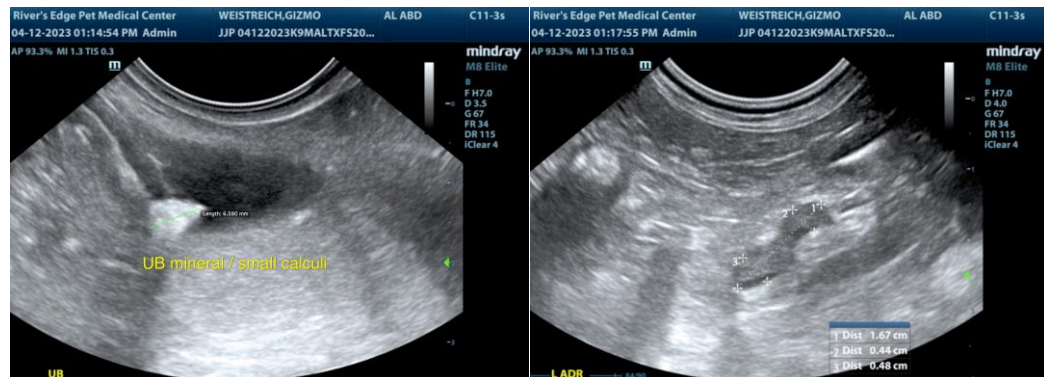
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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