SonoPath
Clinical Sonography & Telecytology
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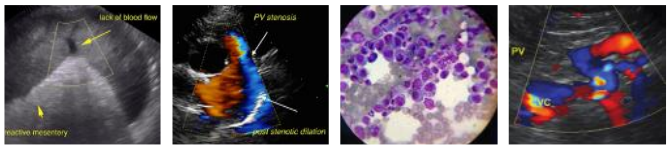

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Kloewer

SPECIES
Canine

BREED
Havanese

SEX
FS

AGE
6yr

WEIGHT
13lb

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

IMAGING PERFORMED BY
Jasmine Palacios

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hayes

INVOICE
13402ag

DATE
04/04/2023

PRESENTING CLINICAL SIGNS

Chronic elevation of ALT. ALP normal, no clinical illness. Physical = periodontal disease. P started denamarin on 3/22/23

Abnormal PE/Chem/CBC/UA Results: See attached labs: 3/1/2022 ALT = 167. (10-125 U/L) 5/16/2022 ALT = 233, 11/12/2022 ALT = 180, 3/21/2023 ALT = 275.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. No evidence of renal calculi. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was 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 0.43 cm width at the caudal pole and 0.39 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 0.41 cm width at the caudal pole and 0.5 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 exhibited borderline subnormal size with normal 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 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.

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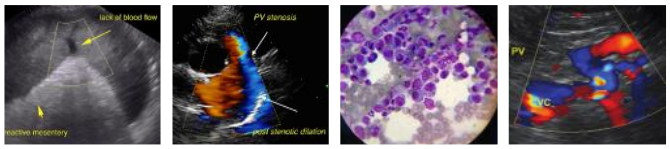

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Pancreas

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

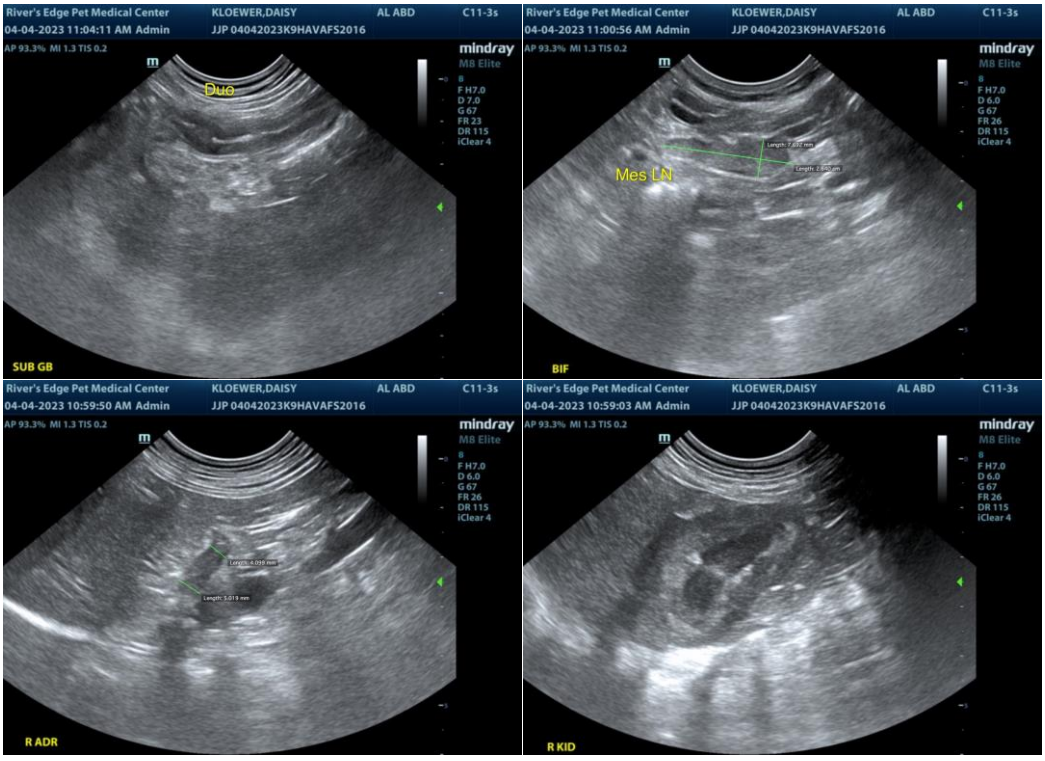
ULTRASONOGRAPHIC FINDINGS

- Low grade hepatopathy with subjective borderline subnormal hepatic size.
- Normal gallbladder/CBD.
- Normal bilateral kidneys/urinary bladder-no evidence of urinary tract mineral/calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low grade primary parenchymal disease i.e. inflammatory hepatopathy with potential for portal hypoplasia/microvascular dysplasia may be a primary differential diagnosis in this patient. A macroscopic portosystemic shunt was not overtly obvious and may be considered less likely given lack of commonly seen comorbidities including urinary calculi and without evidence of clinical hepatic disease.

Pre and post prandial bile acids to assess hepatic function or core surgical hepatic biopsy could be considered for definitive diagnosis. Depending on the degree of periodontal disease dental prophylaxis with hepatosupportive medications and reassessment of ALT levels could be considered.



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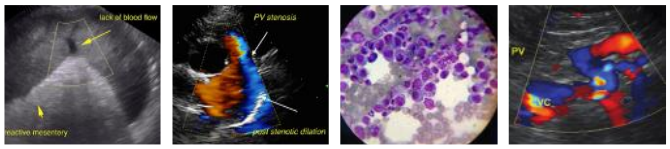

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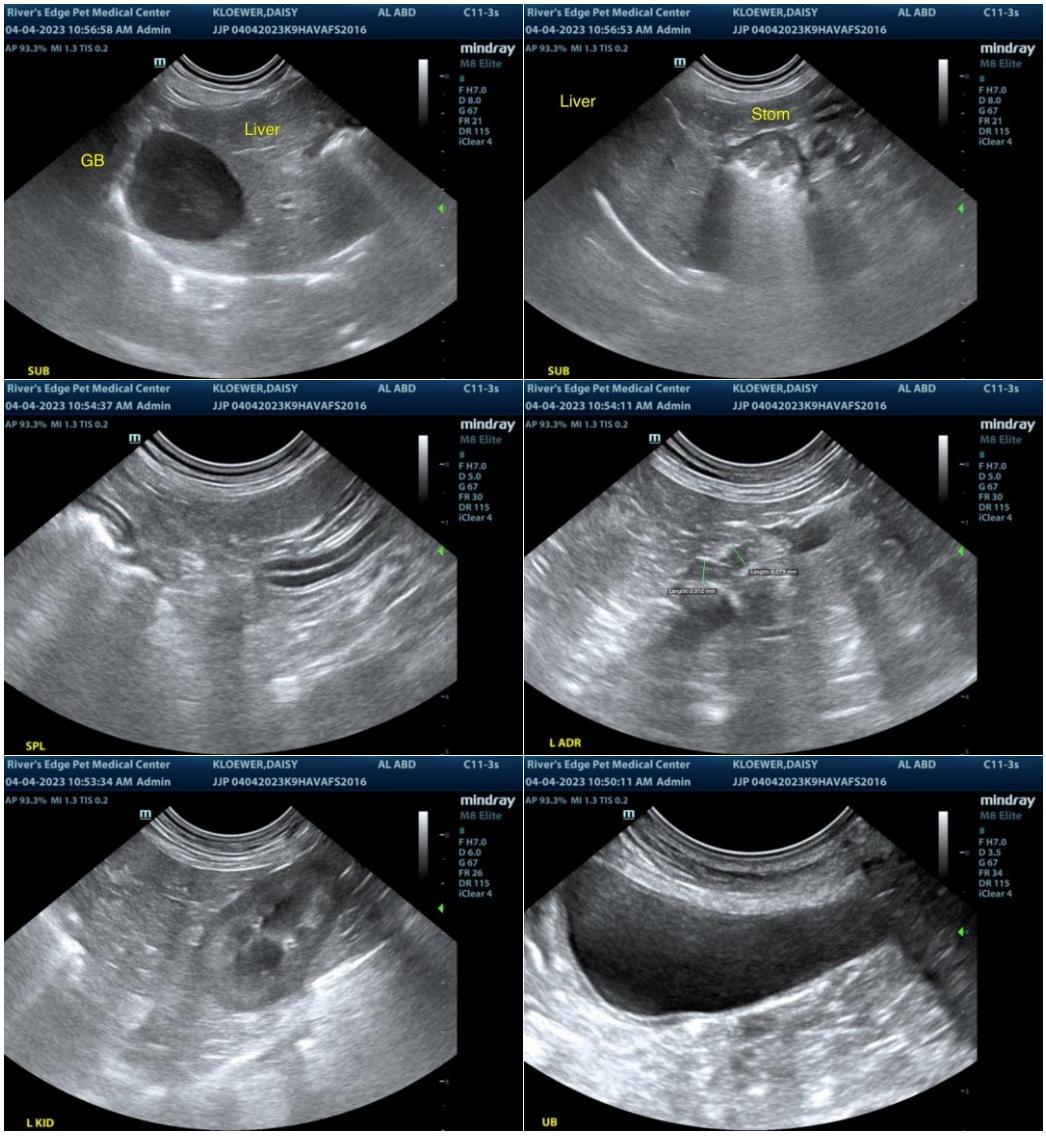

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com