**PATIENT**

Charlie Santos

SPECIES

Canine

BREED

Border Collie

SEX

NM

AGE

9 years

WEIGHT

84 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Barbara Shields

INVOICE

15239

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Presented for dental cleaning. Patient has a history of EPI that is controlled with digestive enzymes and famotidine, and a history of IBD that is controlled with a limited antigen diet. NPO since 5:30pm last night

Abnormal PE/Chem/CBC/UA Results: The alk phos has been elevated (usually around 700-800 but has been as high as 1641 at one point) for at least 3 years and an ultrasound was done in the past which did not show liver abnormalities. More recently in December 2021 the alk phos was 604 and today was 1235.

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 was 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 7.2 cm in length. The right kidney measured 6.9 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 0.64 cm width at the caudal pole and 0.51 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 0.54 cm.

Spleen

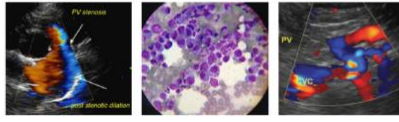
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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

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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.

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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.

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.

SEX

NM

Free Abdomen

No evidence of lymphadenopathy was present. A very small pocket of scant free fluid was noted between the cranial lateral spleen and caudal margins of the left liver. No other evidence of peritoneal free fluid noted. The omentum was of uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with minor parenchymal remodeling- subjectively benign
- Otherwise sonographically normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific yet consistent with benign hepatopathy. Vacuolar hepatopathy suspected, given the primarily elevated ALP, while the possibility of inflammatory hepatopathy cannot be definitively excluded. No evidence of hepatic neoplastic criteria.

Further assessment may include, assuming normal clotting status, hepatic FNA, using a 25-gauge needle for screening cytology. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial. No anesthetic contraindications.

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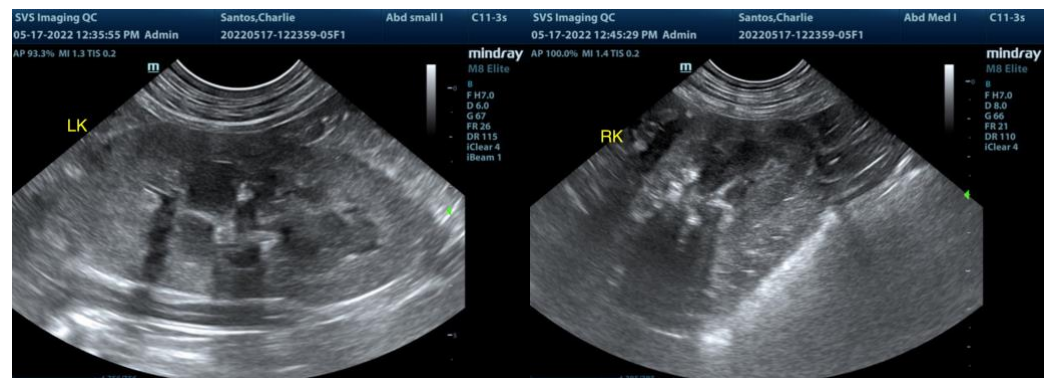
Dr. Barbara Shields

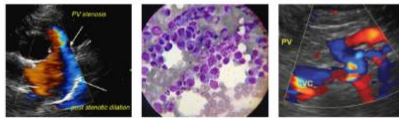
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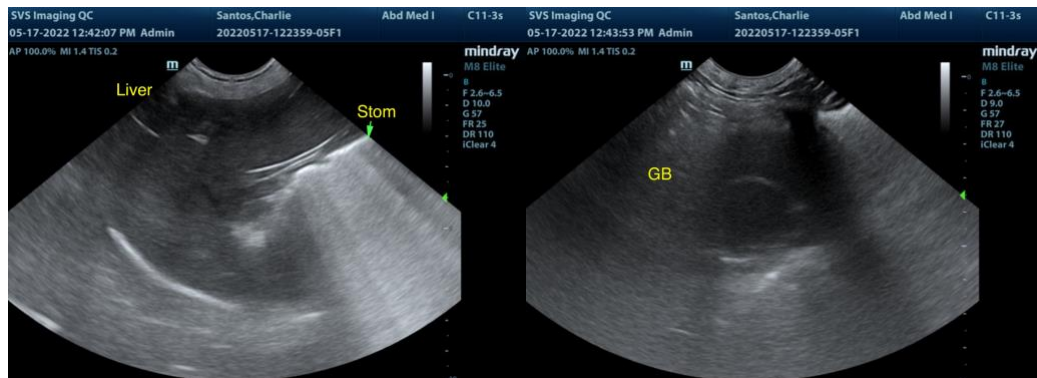
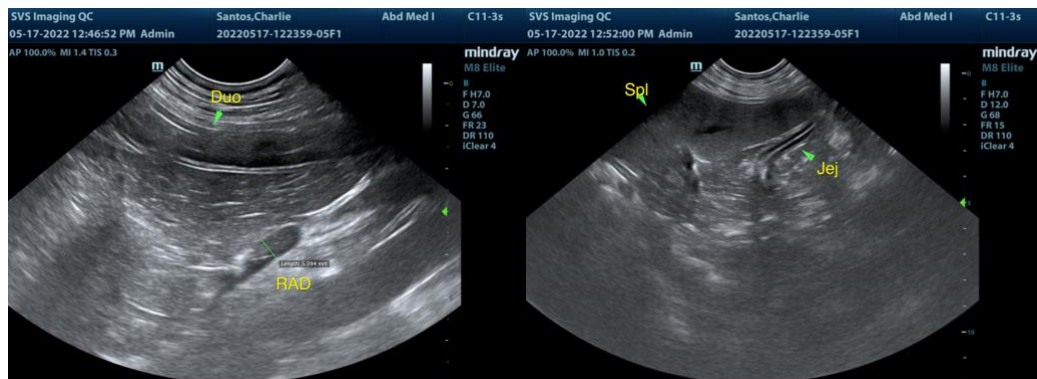
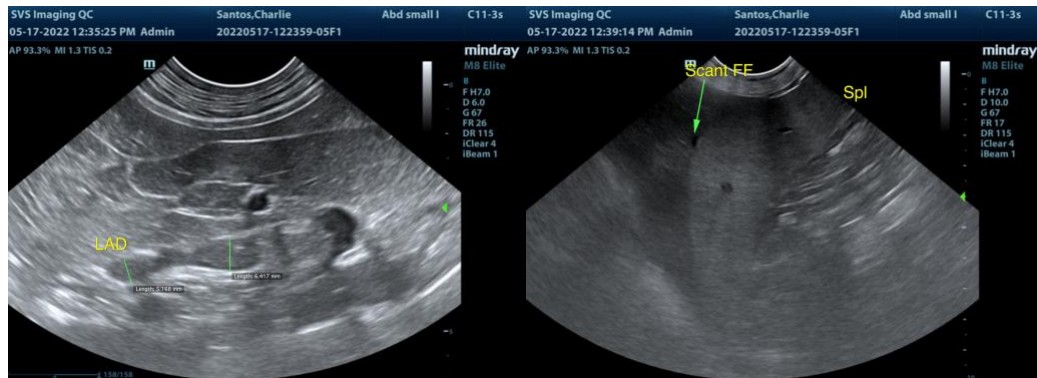
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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