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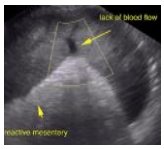

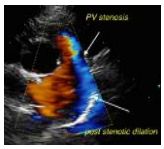

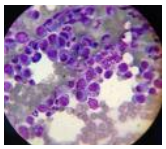
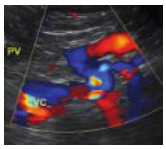

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Heineck

SPECIES

Canine

BREED

Pitbull X

SEX

SF

AGE

10 years

WEIGHT

67 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate Veterinary Clinic

REFERRING VET

Dr. Emma Herdener

INVOICE

10526ag

DATE

05/05/2022

PRESENTING CLINICAL SIGNS

History: Repeat abdominal ultrasound (last performed 3/24/22), primarily due to liver values increasing in spite of denamarin treatment. Pt clinically still having mild GI signs (intermittent diarrhea). Otherwise exam is unremarkable. FNA of liver pending. Abnormal PE/Chem/CBC/UA Results: Labwork 4/27/22: AST (SGOT) 161 (HIGH) 15-66 IU/L ALT (SGPT) 698 (HIGH) 12-118 IU/L Alk Phosphatase 493 (HIGH) 5-131 IU/L. Labwork 3/23/22: AST (SGOT) 76 (HIGH) 15-66 IU/L ALT (SGPT) 203 (HIGH) 12-118 IU/L Alk Phosphatase 162 (HIGH) 5-131 IU/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands were indistinctly visualized yet without overt evidence of pathology. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.71 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 exhibited subjective normal size with generalized nonuniform subtly nodular variably echogenic parenchyma. 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.

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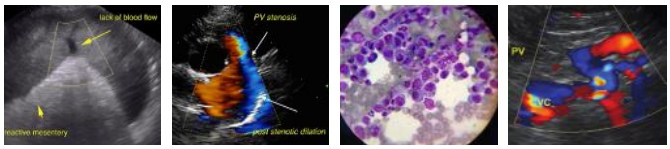

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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

- Progressive hepatopathy exhibiting nonuniform to indistinctly nodular parenchyma compared to previous study
- Sonographically unremarkable gall bladder
- Overtly normal GI tract
- Static mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the previous study the hepatic parenchymal changes in combination with progressive hepatic enzyme elevations are suggestive of progressive chronic hepatopathy. Vacuolar hepatopathy, primary suspicion for nonspecific hepatitis with parenchymal remodeling, nodular hyperplasia and hematopoiesis and non-obstructive cholestasis are possible. Hepatic neoplastic criteria still considered less likely yet cannot be definitively excluded. Correlation with pending hepatic cytology is recommended. Core surgical biopsy may be required for a definitive diagnosis. Leptospirosis titers/PCR are suggested if endemic to the area or potential exposure. Empirically continued hepatosupportive medications including Ursodiol would be reasonable. Hepatic or hydrolyzed diet trial with potential long term dietary therapy, empirical deworming if clinically indicated, high colony count probiotic such as Proviable with as needed GI support is suggested.

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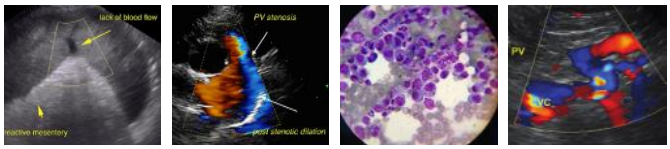

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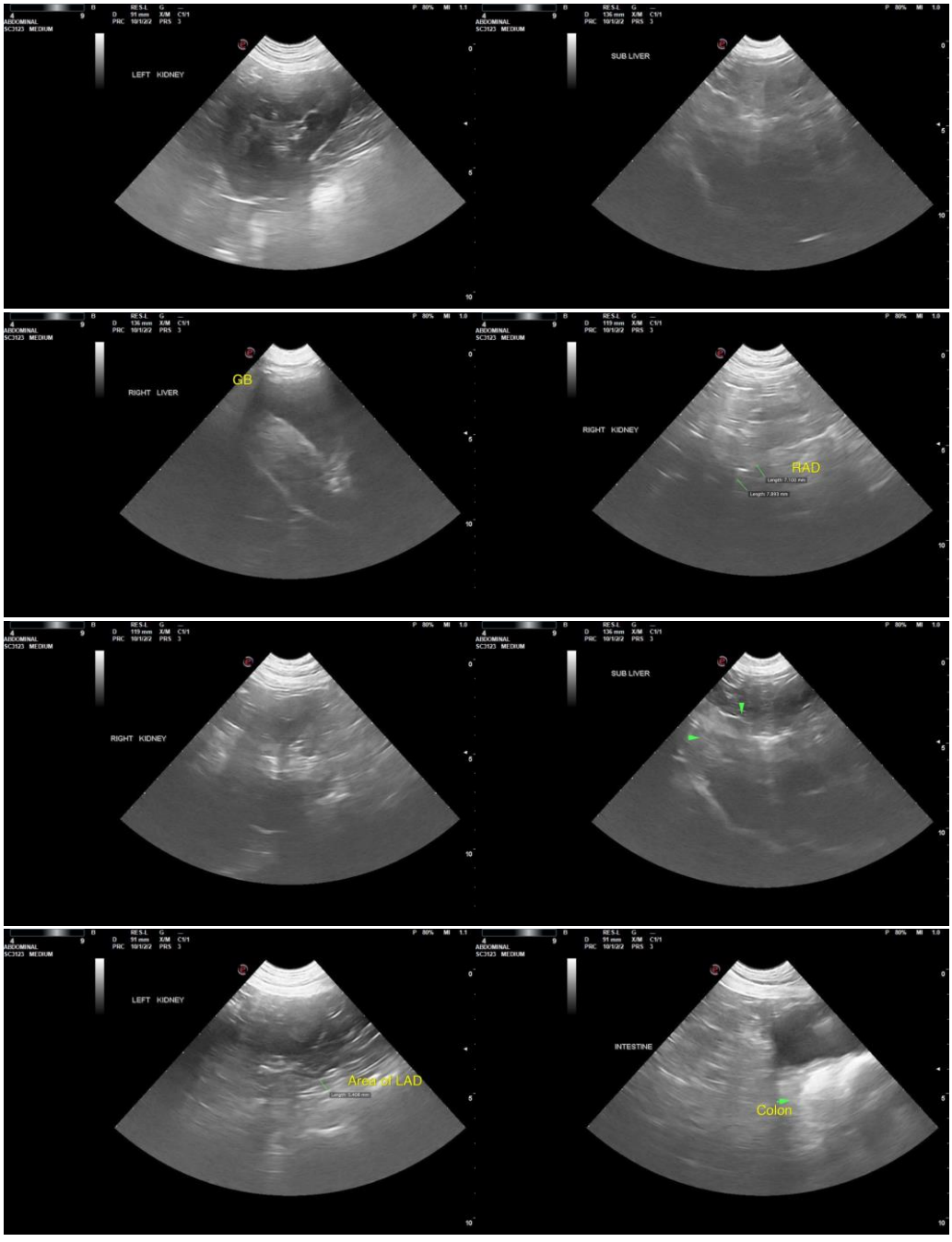

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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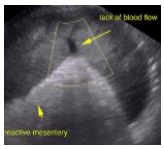

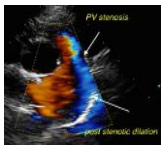

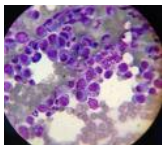
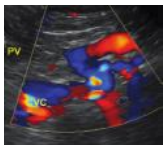

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