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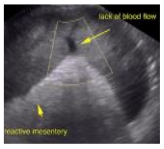

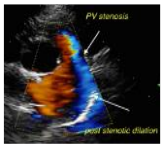

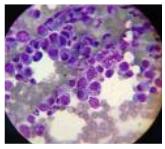
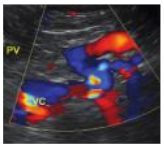

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lila May Sevick

SPECIES

Canine

BREED

Shih Tzu

SEX

F

AGE

6 months

WEIGHT

4.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Peter Nelson

HOSPITAL NAME

Valley Veterinary Service

REFERRING VET

Peter Nelson

INVOICE

17172

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Seems healthy , but hepatic values are elevated on pre-surgical bloodwork
Abnormal PE/Chem/CBC/UA Results: ALT 268, ALKP 273

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 minor particulate to hyperechoic, non-dependent sediment. No evidence of lumen mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the uterus and bilateral ovaries was sonographically unremarkable.

No evidence of pathology in the area of the aortic trifurcation.

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 3.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.32 cm width at the caudal pole and 0.29 cm width at the cranial pole. The right adrenal gland measured 0.27 cm width at the caudal pole and 0.35 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 subjective potential for mild subnormal size, maintained symmetrical capsule contour, and uniform parenchyma exhibiting normal parenchyma echogenicity. The portal vein was indistinctly visualized exhibiting subjective cranial branching. The portal vein measured 0.32 cm in diameter. Cranial abdominal caudal vena cava measured 0.61 cm in diameter.

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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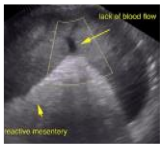
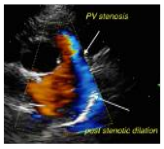
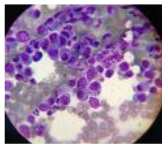
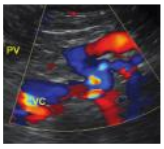

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta sonographically consistent with food without signs of 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.

ULTRASONOGRAPHIC FINDINGS

- Subjective borderline subnormal liver size
- Sonographically unremarkable gallbladder
- Normal bilateral kidneys and urinary bladder - no evidence of renal or cystic mineral / calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intrahepatic or extrahepatic macroscopic shunt was not obvious. Hepatic parenchymal disease or possible portal hypoplasia / microvascular dysplasia could be possible. However, a small non-visualized shunt cannot be definitively excluded.

Correlation with bile acids +/- screening hepatic FNA cytology could be considered. Hepatic core or surgical biopsy may be required for a definitive diagnosis and differentiation between primary parenchymal disease and nonobvious micro or macrovascular anomaly. If bile acid elevation suggestive of nonobvious vascular abnormality and/or strong clinical suspicion of macroscopic shunt, Gold Standard CT with contrast should be considered.

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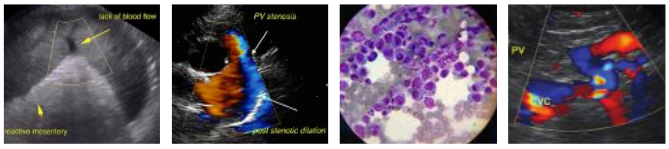

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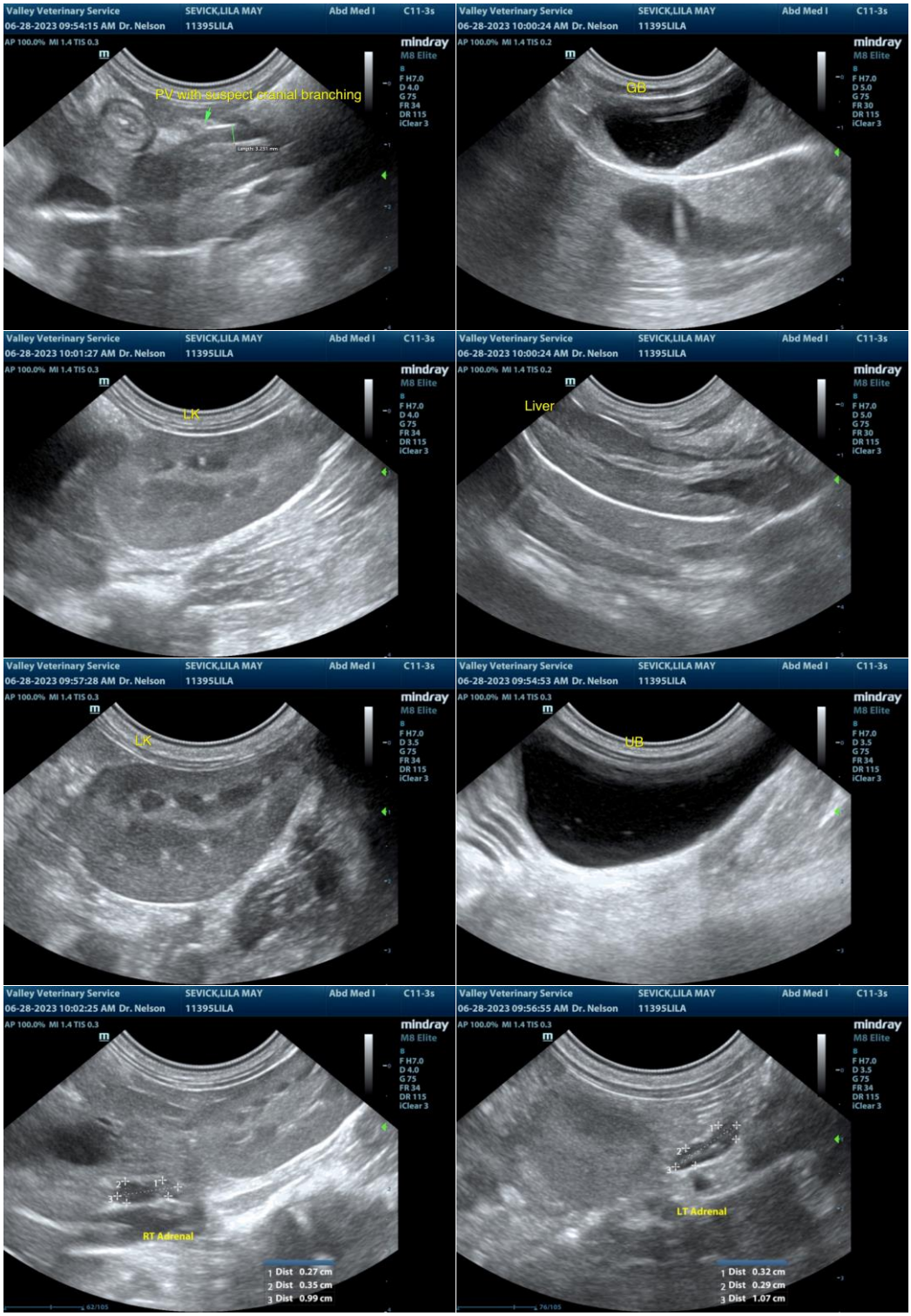

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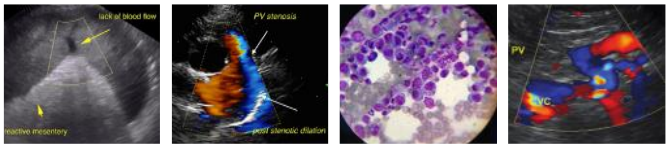

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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