

PATIENT PRESENTING CLINICAL SIGNS

Chevy Jazmyn -recommend AUS for high liver values

ALP >2000, ALT 496, GGT 17, Total protein 8.6, Urine specific gravity 1.017, minor proteinuria

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Staffordshire Bull Terrier

The urinary bladder, trigone, cystourethral junction and urethra exhibited normal thickness and tone to a depth of 4.0 cm. 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.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

12 years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

WEIGHT

55 lbs.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 6.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the cranial pole and 0.87 cm width in the caudal pole. The right adrenal gland measured 0.87 cm width in the cranial pole and 1.0 cm width in the caudal pole. No overt evidence of adrenal neoplastic criteria was noted.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

North Hills VC

The spleen was normal in size and contour exhibiting mild splenic parenchyma heterogeneity with multifocal, primarily small, hyperechoic, well-demarcated nodules.

REFERRING VET

Dr. David Bagget

Liver/ Gallbladder

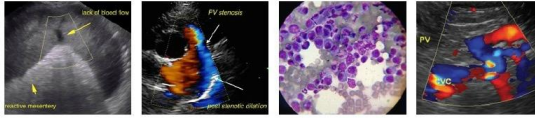
The liver exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent subtle isoechoic hepatic nodules were present. An example measured 1.9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent to hyperechoic gallbladder walls. Moderate, nondependent to organized, nonmineralized luminal debris was present in the gallbladder. No overt evidence of peripheral gallbladder inflammation was noted. The common bile duct was normal.

INVOICE

14019

DATE

6/3/22



PATIENT ***Gastrointestinal***

Chevy Jazmyn The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

SPECIES

Canine 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.

BREED

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

Staffordshire Bull Terrier

Pancreas

SEX

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

MN

Free Abdomen

AGE

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.

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

55 lbs.

- Hepatopathy - subjectively benign
- Moderate nondependent to congealed gallbladder debris - suspect mild cholecystitis and early to partial gallbladder mucocele
- Mild chronic renal changes
- Benign splenic nodules - consistent with benign myelolipomas, nodular hyperplasia, emerging mineralization, no evidence of splenic neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy, inflammatory / immune-mediated disease, indistinct areas of nodular hyperplasia, hematopoiesis, mild fibrosis, or other hepatopathy with neoplasia considered less likely.

HOSPITAL NAME

North Hills VC

Ultrasound-guided FNA of the liver, assuming normal clotting status, for screening cytology primarily to assess for evidence of inflammatory cells, could be considered for further assessment.

REFERRING VET

Dr. David Bagget

Although no evidence of peripheral gallbladder inflammation, the gallbladder presentation is suspected to be a likely contributing factor to the elevated hepatic enzymes. Hepatosupportive medications +/- some or all of the following protocol could be considered empirically with continued close monitoring for evidence of cranial abdominal / subxiphoid discomfort on palpation, Increasing cholestasis, and persistent / progressive hepatic enzyme elevation.

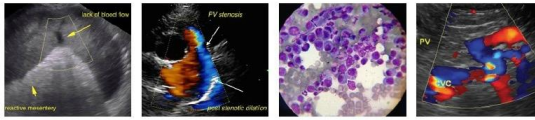
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Although no reported clinical signs consistent with Cushing's Syndrome, full adrenal workup could be considered if clinical signs i.e., PU/PD, polyphagia, etc., are present. T4 levels are recommended if not recently done.



PATIENT

Chevy Jazmyn

Enrofloxacin 5 mg/kg SID PO & **Metronidazole** (10-20 mg/kg po bid) over 3 weeks, **Ursodiol** (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxyphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at <http://sonopath.com/resources/articles>, **Defining a GB Mucocele** and **Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease** from ECVIM 2009.

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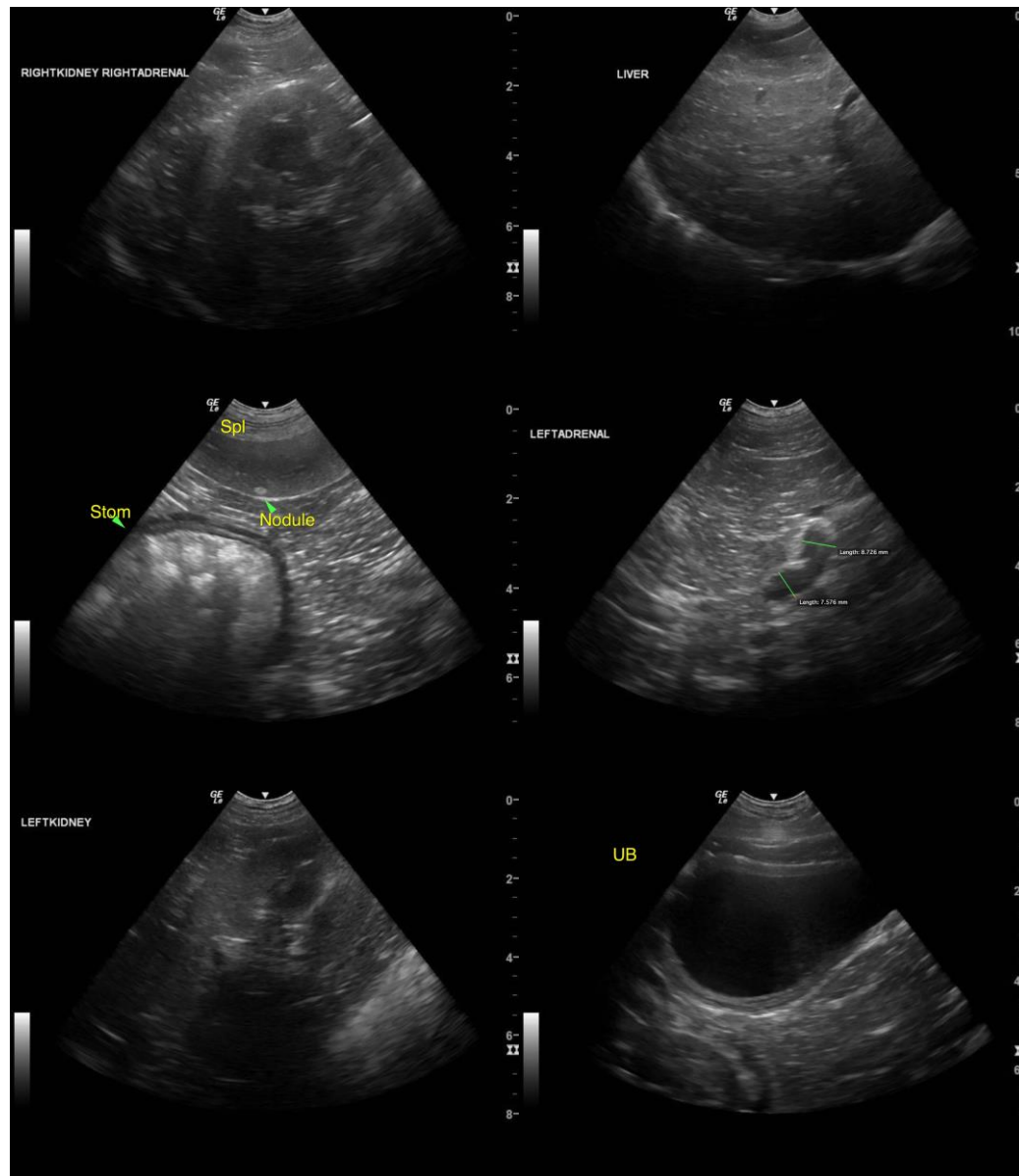
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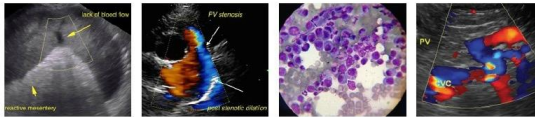
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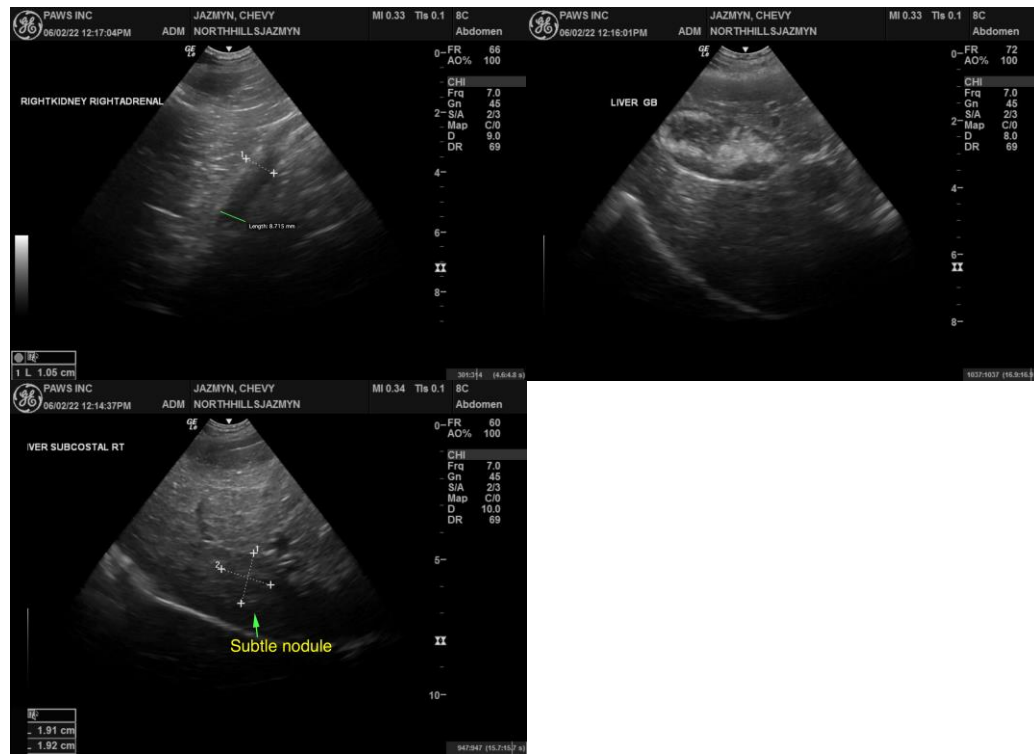
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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