



**PATIENT**

Mousse Lopes

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**AGE**

13mo

**WEIGHT**

26lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Baum, DVM

**HOSPITAL NAME**

Greenbrier Veterinary  
Hospital

**REFERRING VET**

Rebecca Baum, DVM

**INVOICE**

14580ag

**DATE**

08/11/2023

**PRESENTING CLINICAL SIGNS**

Pet came in for neuter and Pre surgical labs showed ALT 164(10-135), -Started on Hepto supplement. On 7/26/23 rechecked bloodwork ALT 246(10-125), changed to Denamarin supplement. On 8/1/23 we submitted a Bile Acids Test which was WNL. Advised owner at that time that a abdominal ultrasound was the next step.

**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 minor non-dependent particulate focally hyperechoic particulate 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. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland measured 0.34 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/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. Normal vascular volume. Focal to intermittent increased prominence of hyperechoic portal vascular border. 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.



**PATIENT**

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

Mousse Lopes

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

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

Poodle

**SEX**

- Normal volume liver exhibiting mild coarse parenchymal echotexture and variably increased prominence of portal vascular borders.
- Mild urinary bladder sediment.

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13mo

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**WEIGHT**

No evidence of portal vascular anomaly. Given normal bile acids, primary hepatic parenchymal disease is probable with non-specific inflammatory hepatopathy given mild to progressive ALT elevation suspected. Assuming normal clotting status a hepatic FNA for screening cytology may be considered for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

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Continued hepatosupportive medications and monitoring for progressive hepatic enzyme elevation would be reasonable. A hepatic core surgical biopsy with histopathology and copper assessment may be considered if progressive ALT elevations.

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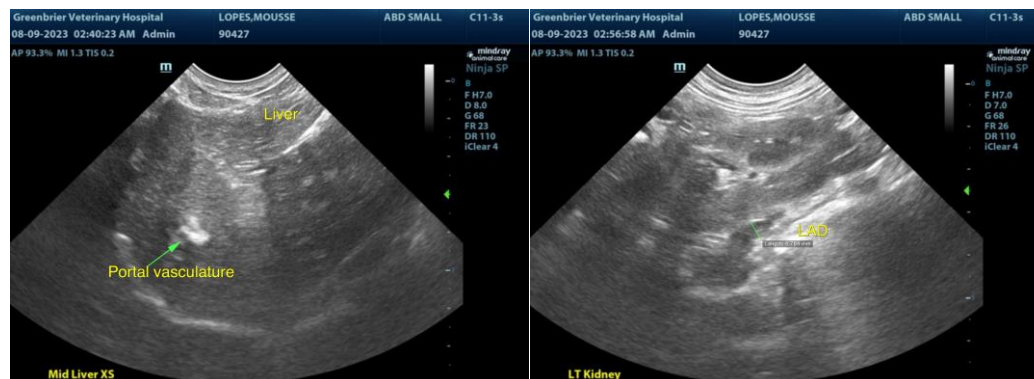
Rebecca Baum, DVM

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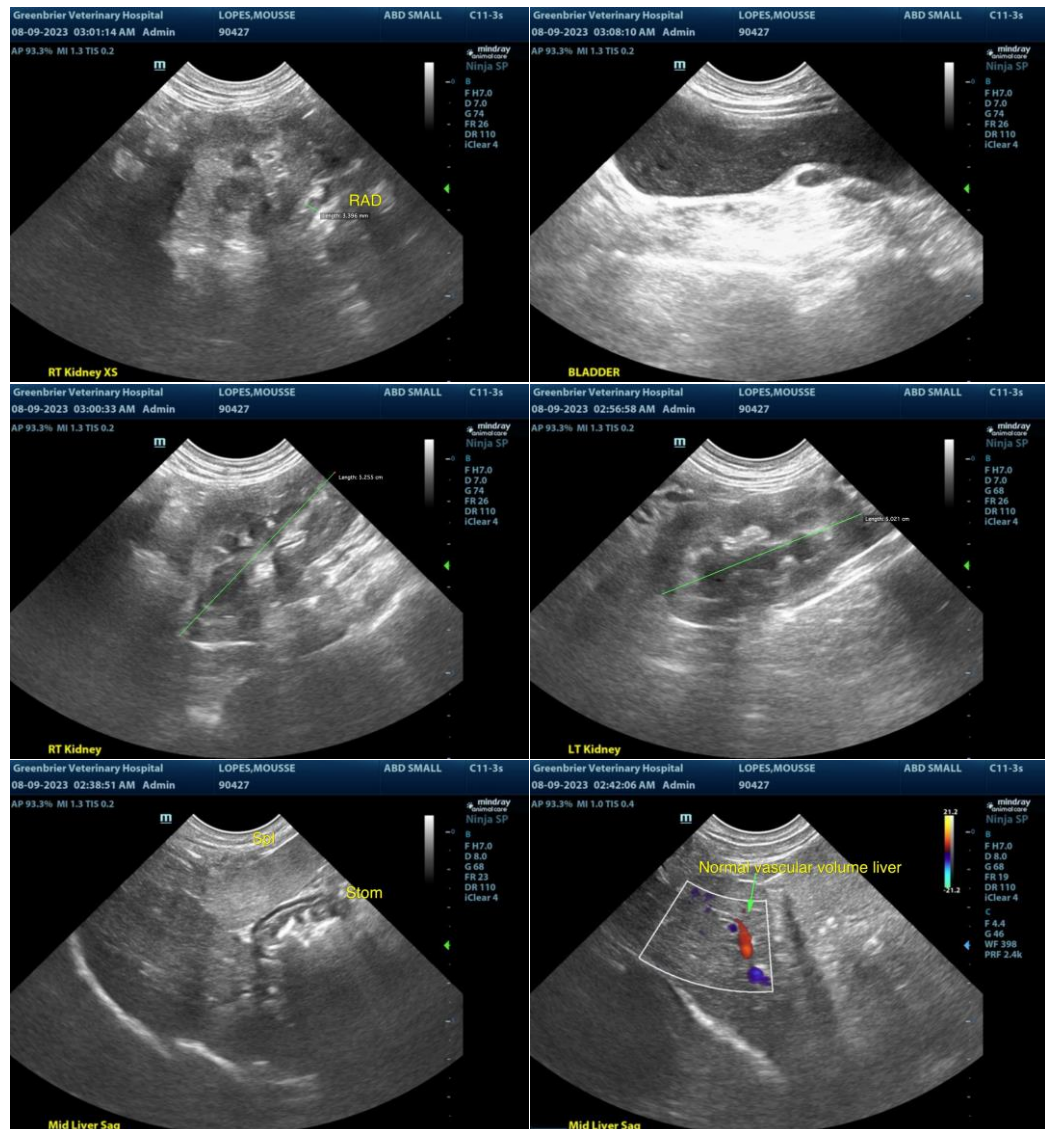
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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