



PATIENT PRESENTING CLINICAL SIGNS

Aliza Spatafora Elevated liver enzymes, pre surgical ACL
ALT 273, AST 55, ALP 173, Globulin 4.1

SPECIES

Canine

BREED

Cane Corso

SEX

FS

AGE

2015

WEIGHT

109

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown Vh

REFERRING VET

NA

INVOICE

14608

DATE

8/12/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. 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 aortic trifurcation was free of pathology.

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. No evidence of mineralization was noted. The left kidney measured 7.2 cm in length. The right kidney measured 7.6 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 3.3 cm length x 0.85 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.64 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 and contour. Normal hepatic parenchyma echogenicity exhibiting moderately coarse to nonuniform echotexture. No hepatic nodules or masses were noted. Mild loss of portal vascular borders detail was present. 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 contained moderate ingesta exhibiting mild progressive distal acoustic shadowing.



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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

Canine

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

- Hepatopathy - subjectively benign

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Secondary Findings

- Moderate gastric ingesta - probable post prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy and without evidence of neoplastic criteria. Primary consideration for nonspecific low-grade chronic hepatitis, given the primarily elevated ALT and previous ALT elevation with potential primary or concurrent vacuolar hepatic changes and minor nonobstructive hepatic cholestasis, given the ALP elevation. Correlation with pending cytology and potential identification of inflammatory cell type, if present, is recommended. Leptospirosis titer / PCR is suggested if endemic to the area or potential exposure. Hepatic core surgical biopsy is likely required for a definitive diagnosis and may be considered pending cytology or if progressive hepatic enzyme elevations are noted. Hepatosupportive medications including Denamarin may prove beneficial.

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 DVM, DABVP
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No overt anesthetic contraindications, given normal albumin, glucose, cholesterol, and BUN levels on latest lab work.

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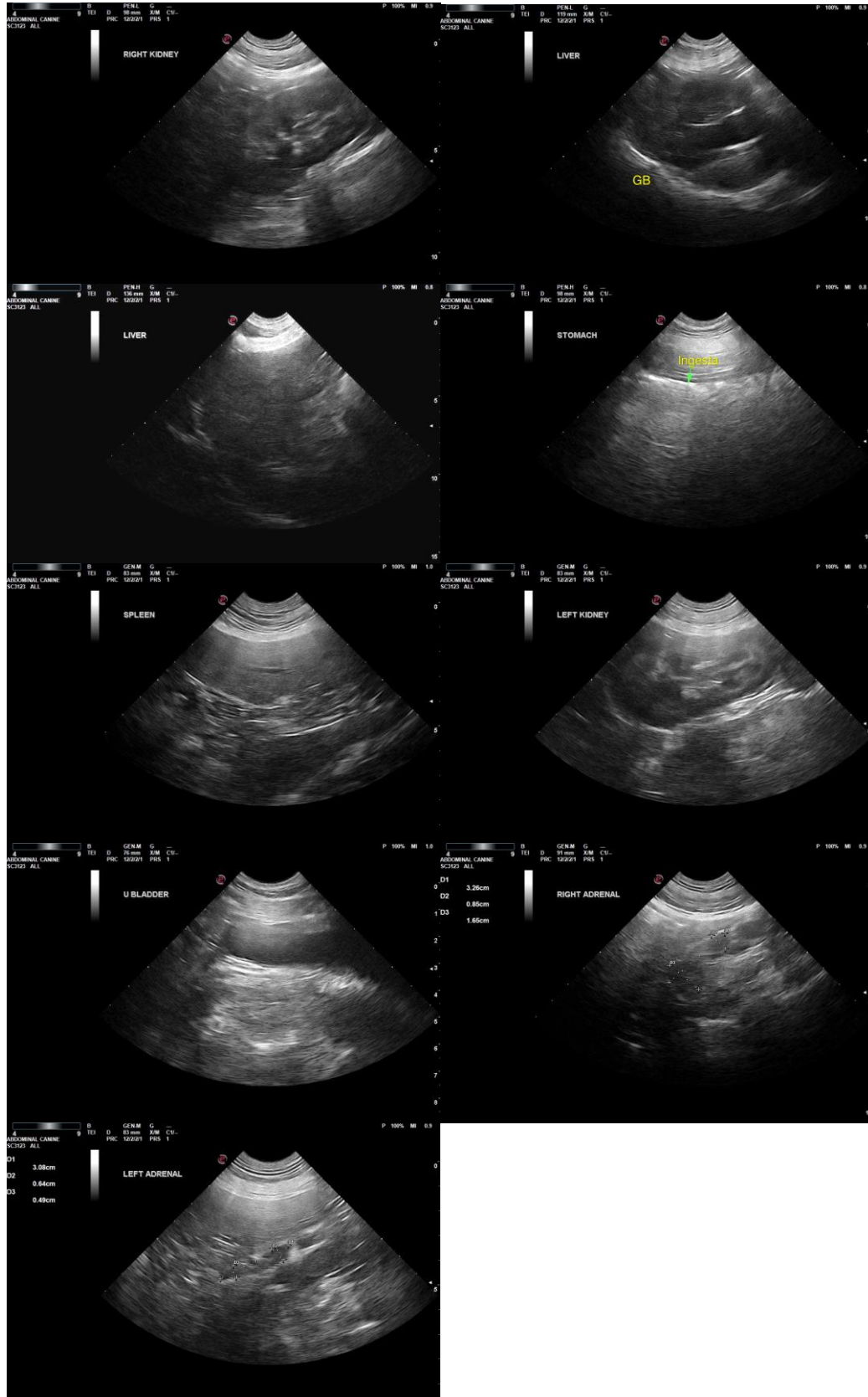
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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