

**PATIENT**

Maurice Spahn

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7 years

WEIGHT

39 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Werning

INVOICE

12203

DATE

9/10/21

PRESENTING CLINICAL SIGNS

Difficulty losing weight despite diet. Potential Cushings, has had elevated liver enzymes for years. Is on Denamarin. Hx of allergies. Not PU/PD. Being treated for stromal ulcers OU.

Abnormal PE/Chem/CBC/UA Results: Overweight 8/24/21 HCT 59%, WBC 5.46, ALT 815 9/10/21 ALT 627

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 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.

No evidence of pathology was noted in the area of the residual prostate or 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 5.2 cm in length. The right kidney measured 6.2 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 2.2 cm length x 0.67 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 2.0 cm length x 0.67 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 exhibited subjective mild subnormal size with normal structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. Minor retained echogenic nonshadowing ingesta / chyme was present. The gastric body wall width measured 0.33 cm.

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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. The duodenum wall width measured 0.39 cm

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Subjective mild Increased amount of omental fat was present.

ULTRASONOGRAPHIC FINDINGS**AGE**

7 years

Primary Findings

- Subjective subnormal liver size
- Mild gastric ingesta - suspect recent meal ingestion

WEIGHT

39 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective subnormal liver size is nonspecific and may be a normal patient variant. Given the chronic ALT elevation, potential hepatic parenchymal disease specifically nonspecific inflammatory parenchymal disease would be a top differential diagnosis in this patient. Possible microvascular dysplasia / portal vein hypoplasia could also be considered.

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Hepatic core biopsy for histopathology, C/S +/- copper levels would be required for a definitive diagnosis. Pre and post bile acids may be considered.

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The liver was not consistent with steroid hepatopathy in conjunction with normal appearance of the bilateral adrenal glands and lack of PU/PD. Otherwise, no evidence of significant visceral pathology was noted.

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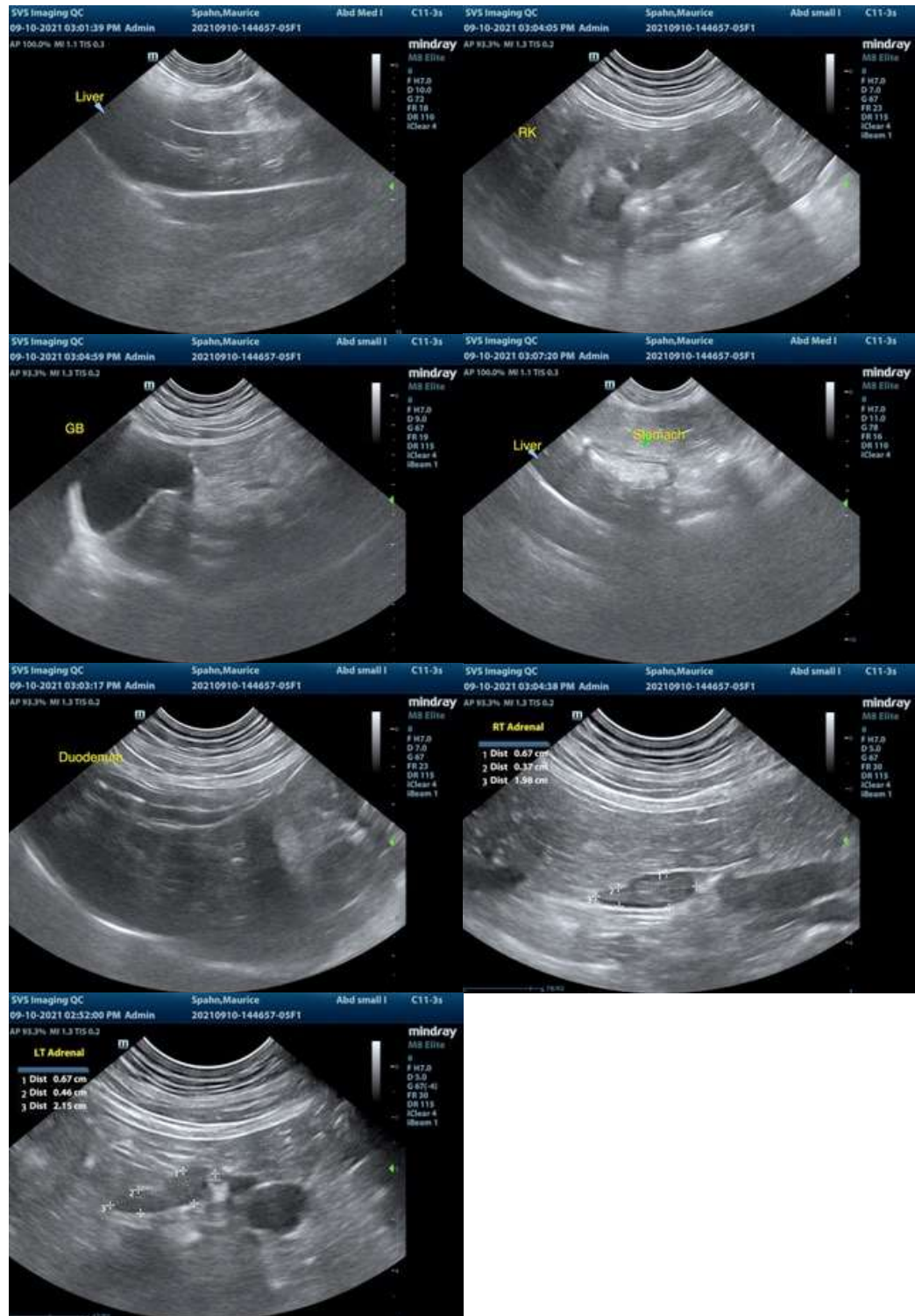
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

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info@SonoPath.com