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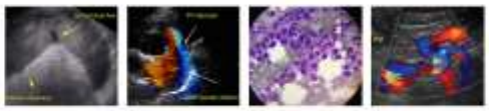

SonoPath
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PATIENT
Daisy Vallely

SPECIES
Canine

BREED
French Bulldog

SEX
Spayed Female

AGE
4 years

WEIGHT
31 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Norfolk County VS

REFERRING VET
Tami Ilovich, DVM

INVOICE
12177

DATE
9/2/21

PRESENTING CLINICAL SIGNS

Progressively increasing liver enzymes (ALT now 446). History of encephalitis, last prednisone 4 months ago.

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 evidence of sediment 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 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. Pinpoint areas of medullary mineralization were present. The left kidney measured 4.3 cm in length. The right kidney measured 5.0 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 0.45 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.46 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 potential for mild subnormal size with subtle generalized decreased parenchyma echogenicity compared to falciform fat and minor increased prominence of the portal vasculature borders. No hepatic masses or nodules were noted. 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 gastric body wall width measured 0.35 cm.

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 0.51 cm. The jejunum wall width measured 0.38 cm.

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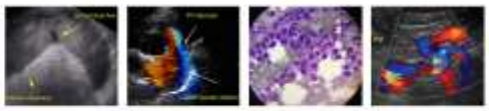

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

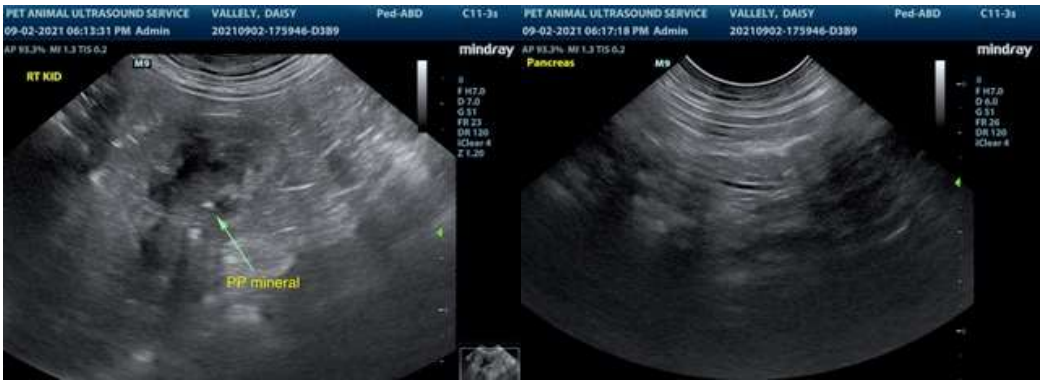
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic hepatopathy with potential minor subnormal hepatic size
- Sonographically unremarkable gallbladder
- Pinpoint renal medullary mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific yet primary consideration for nonspecific chronic hepatitis (infectious, Immune-mediated, or other), given the increasing ALT elevation, as a primary differential diagnosis, in this case, is warranted. Copper storage hepatopathy, reactive hepatopathy, or other hepatopathies are possible. Additionally, potential for possible portal vein hypoplasia / microvascular dysplasia cannot be definitively excluded. Further assessment may include fasting and post prandial bile acids to assess hepatic functionality +/- Leptospirosis titers / PCR if clinically indicated. A portosystemic vascular anomaly is considered less likely, given the lack of clinical signs or urinary bladder calculi. Ultimately, hepatic core biopsy may be required for a definitive diagnosis. Hepatosupportive medications are warranted empirically.



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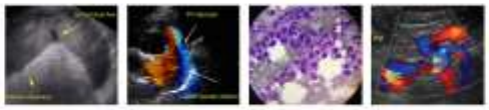

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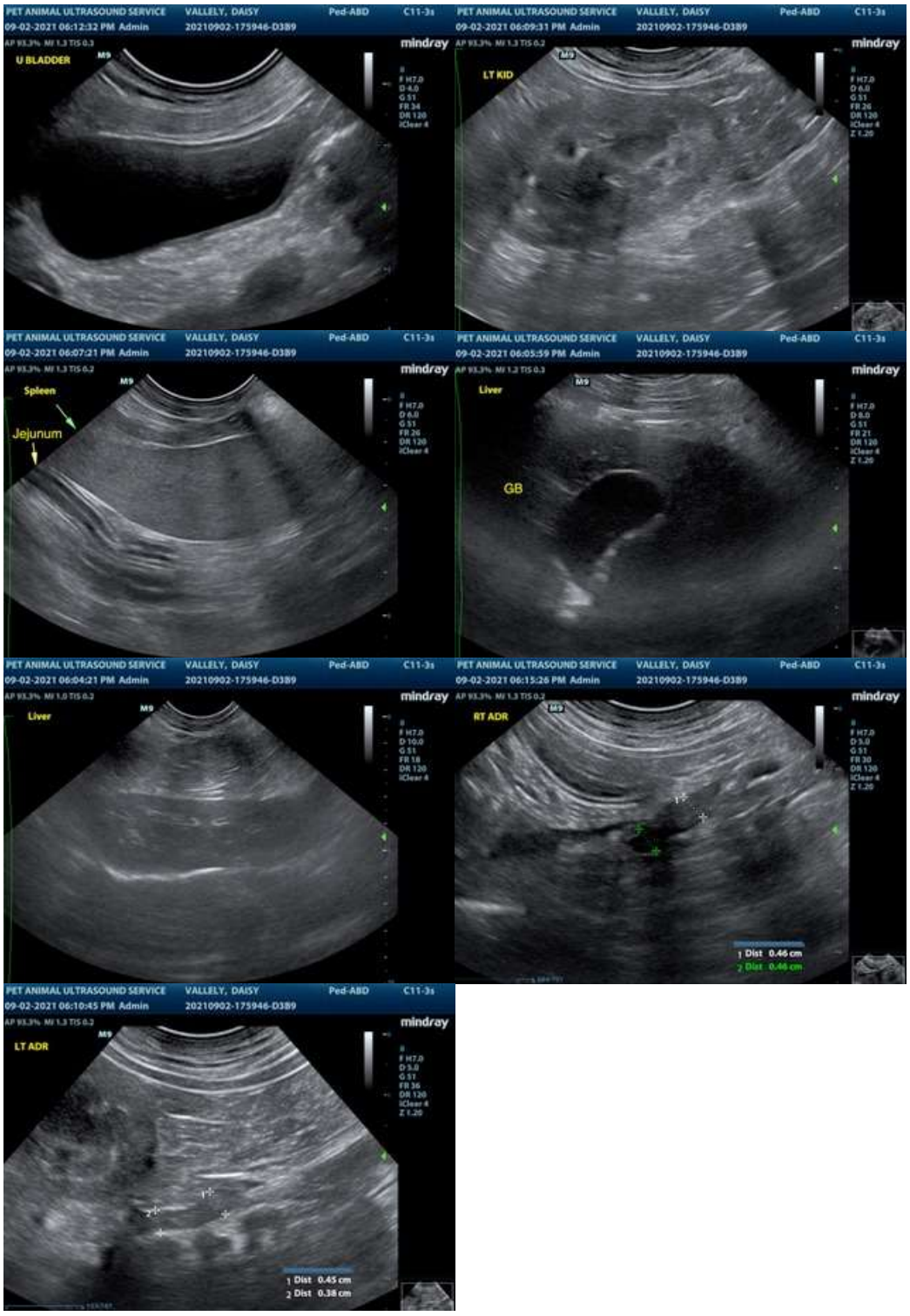

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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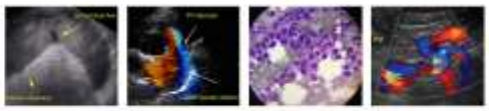

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com