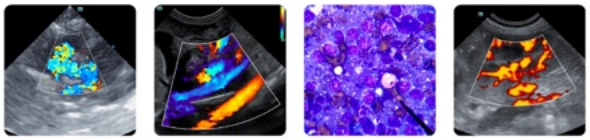


PATIENT

Olivia McElvie

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Spayed female

AGE

7 years

WEIGHT

17.4 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Shamitko

INVOICE

77958

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Major Medical Conditions : Elevated ALT
Patient History : P seen for routine yearly exam and bloodwork was done for dental cleaning - elevated ALT seen. No results from bloodwork done at previous clinics to know if new elevation. P was not fasted for bloodwork and bile acids has not been done. O notes P sometimes has "gassy" gut noises, but otherwise no concerns at home. P weight is stable, normal energy level, good appetite, normal drinking and urination amounts. 4Dx no antigen or antibodies detected. Fecal ova/antigen testing negative.
Primary concern or rule out: inflammatory/reactive vs mass (benign/malignant) vs other
Abnormal PE/Chem/CBC/UA Results: 5/8/26 CBC/Chem 10 with lytes: ALT 292 (121H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.0 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

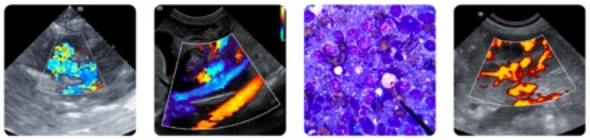
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm and 0.38 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the elevated ALT activity.

Although the liver appears ultrasonographically normal, with a mildly elevated ALT activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis. An important etiology for reactive hepatopathy is dental disease.

Further assessment would be for the dental procedure to be undertaken with monitoring of liver enzyme activity and if there is not a satisfactory improvement in ALT activity after the dental, then FNA cytology of the liver should then be considered. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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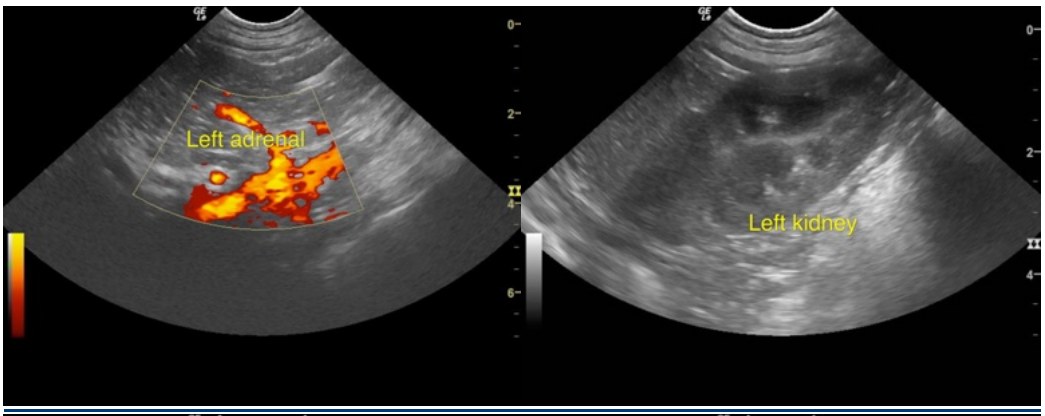

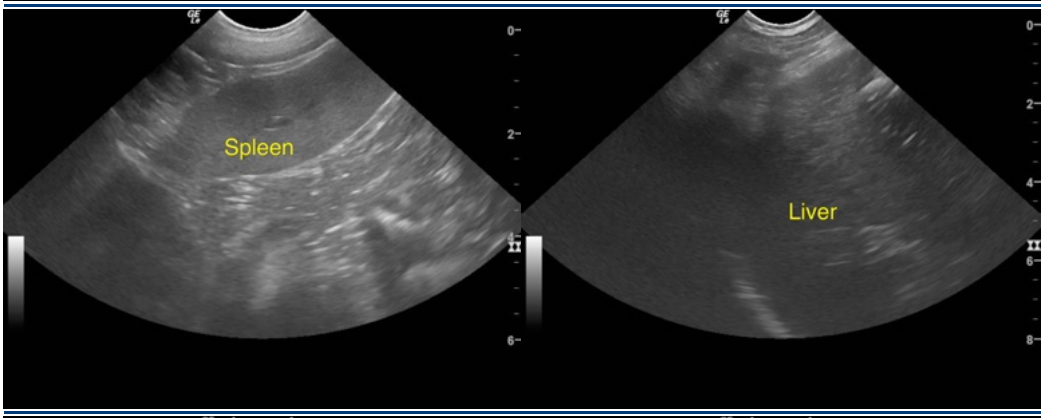

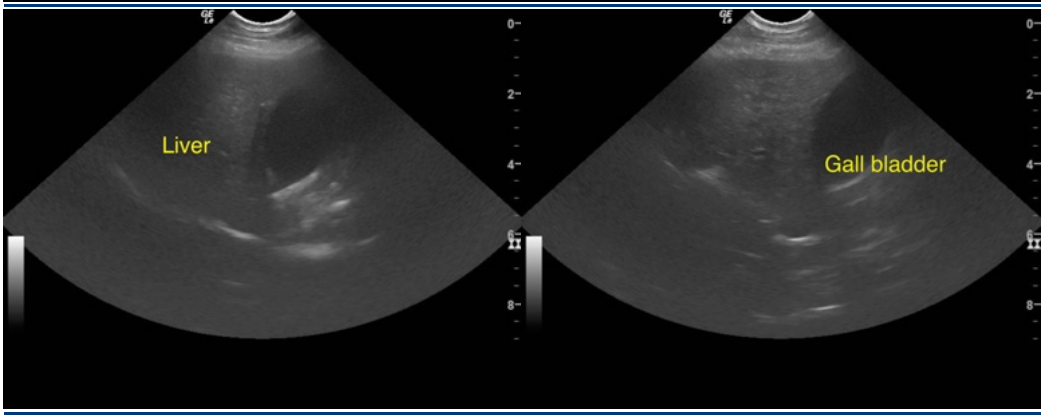

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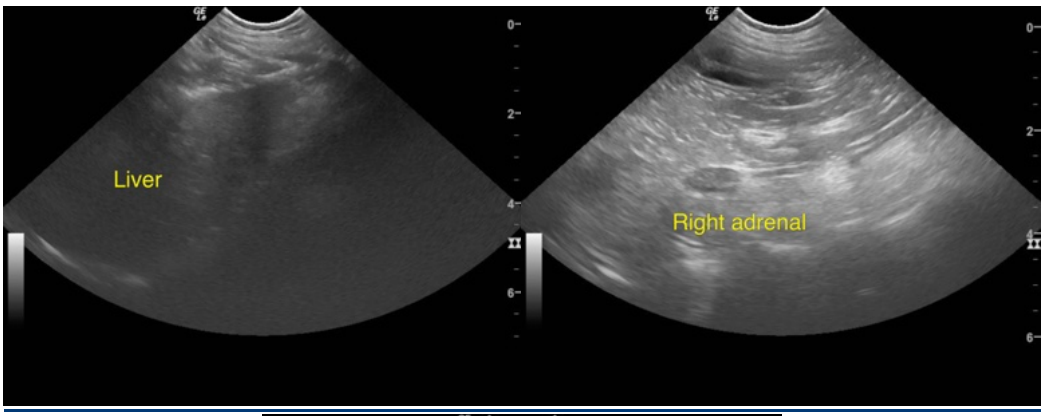

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com