



PATIENT	PRESENTING CLINICAL SIGNS
Zoey Hallowes	History of elevated liver enzymes (ALT) & elevated Bile Acid (60s)
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Mixed	Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels.
SEX	Normal appearance and size of the iliac lymph nodes (one of which measures 1.30 cm). Ureters not visualized, which can be considered a normal finding.
Female Spayed	
AGE	Normal renal size (left kidney 5.00 cm) (right kidney 5.50 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.
7 years	
WEIGHT	Adrenal Glands
35 lbs	Normal shape, echogenic appearance, size (left 0.56 x 0.47 cm) (right 0.54 x 0.65 cm), position, and appearance of the visible peri-renal vasculature.
INTERPRETED BY	Spleen
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal size (1.70 cm) 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.
IMAGING PERFORMED BY	Liver
Sonya Myers DVM	Normal size, echogenic appearance, and regular curvilinear capsule. Decrease in portal markings. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
HOSPITAL NAME	Gallbladder
Banfield Colonial Town Park	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 (0.20 cm).
REFERRING VET	Gastrointestinal
Kaufman	Normal appearance of the stomach, duodenum (0.42 cm), jejunum (0.30 cm) 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. The colonic wall measures 0.16 cm. The stomach wall measures 0.37 cm.
INVOICE	Pancreas
14146	Normal size (left 0.60 cm / right 1.50 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
DATE	Free Abdomen
8.17.23	Mild mesenteric lymphadenomegaly (0.60 x 2.00 cm) with normal shape and echogenic appearance. No ascites evident.



PATIENT

Zoey Hallowes

Normal size and ratio of the portal vein, caudal vena cava, and aorta, with no obvious turbulence evident in the caudal vena cava. The portal vein measures 0.82 cm. The caudal vena cava measures 0.80 cm. The aorta measures 0.87 cm.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Decreased hepatic portal markings.
- Mesenteric lymphadenomegaly

BREED

Mixed

SEX

Female Spayed

Secondary Findings

- None

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

35 lbs

Etiologies for the decreased portal markings would be primary portal vein hyperplasia, reactive or vacuolar hepatopathy and hepatitis. Infiltrative neoplasia would be a very unlikely differential diagnosis.

INTERPRETED BY

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

The most likely etiology for the mesenteric lymphadenomegaly would be reactive, with lymphadenitis and infiltrative neoplasia unlikely differential diagnoses.

IMAGING PERFORMED BY

Sonya Myers DVM

Further assessment would be FNA cytology of the liver. However, a Tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis. A CT angiogram can also be considered to fully exclude portosystemic shunt.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be Ursodiol, with regular monitoring of liver enzyme activity.

HOSPITAL NAME

Banfield Colonial Town Park

REFERRING VET

Kaufman

INVOICE

14146

DATE

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SPECIES

Canine

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Female Spayed

AGE

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MMedVet (Med),
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IMAGING PERFORMED BY

Sonya Myers DVM

HOSPITAL NAME

Banfield Colonial
Town Park

REFERRING VET

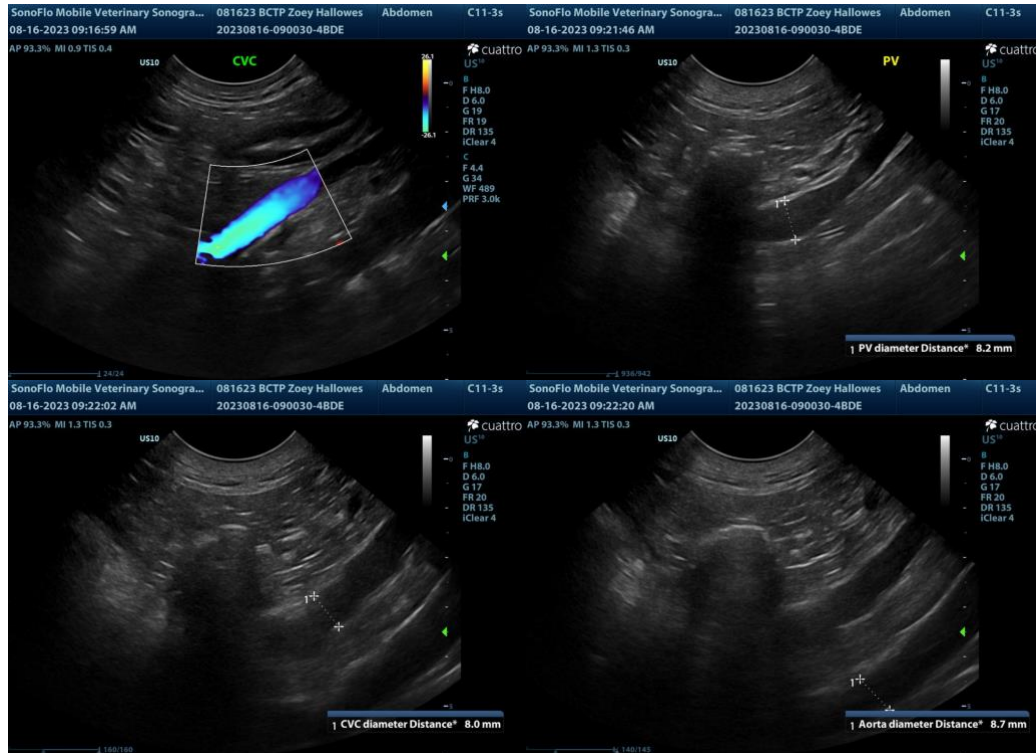
Kaufman

INVOICE

14146

DATE

8.17.23



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.

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