



PATIENT

Yonny McQuire

SPECIES

Canine

BREED

Border Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

20.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH AH

REFERRING VET

Dr. Kaulius

INVOICE

73622

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Eval. elevated LE's and TBili
- Presented yesterday for shaking, vomiting & not eating well (previously had increased appetite)
- Current Meds: Cerenia; Gabapentin
- Baseline cortisol=5; AST-865; ALT-189; ALP-2166; GGT-52; TBili-1.0; Chol-458; PLT-465k; T4-0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 3.5 cm, right measured 3.4 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.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.55 cm and 0.44 cm in width. The right adrenal gland measured 0.46 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 1.2 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 either the elevated liver enzyme activity or the presenting clinical sign.

Although the liver appears ultrasonographically normal, with the presenting clinical signs and elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar, metabolic and possibly acute hepatitis should still be considered.

Etiology for an acute hepatitis would be viral, bacterial, toxins and possibly Leptospirosis.

Infiltrative neoplasia would be a less likely differential diagnosis.

Further assessment would be Leptospira PCR and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Initial management would be fluid therapy as needed, antiemetics, analgesics and Ursodiol.



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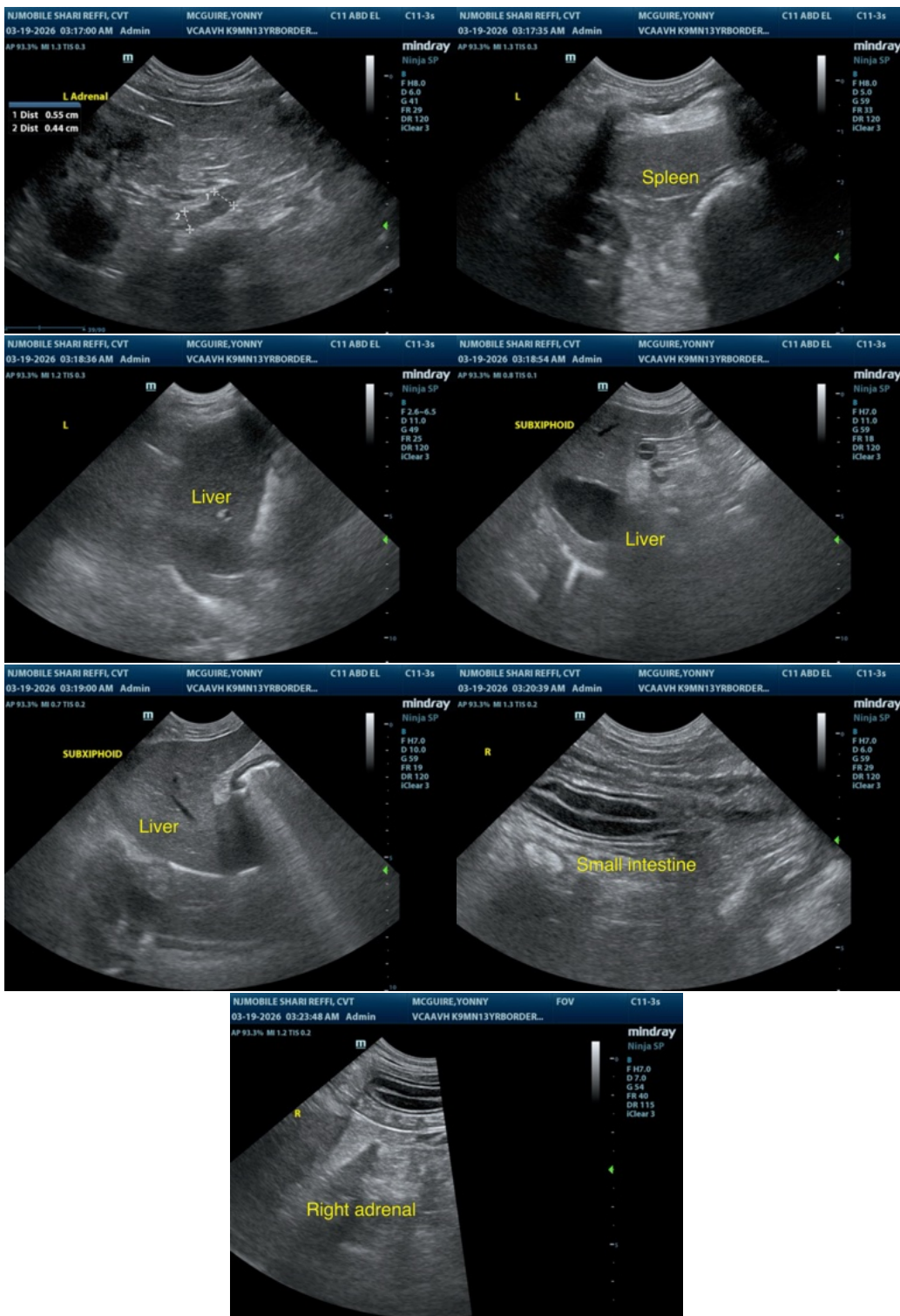
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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