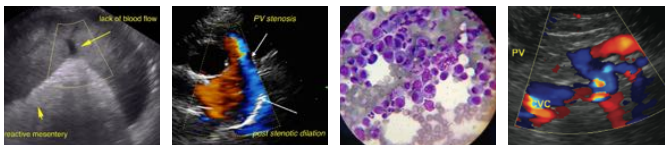
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sandy Henry

SPECIES
Canine

BREED
Lab Mix

SEX
Spayed female

AGE
7 years

WEIGHT
77 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Zhang

INVOICE
43037

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: Presented for distended abdomen - patient had gained several pounds and had a rounded abdomen. CBC / Chem / U/A - ALT 339, Urine SpGr 1.015, else unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (6.3) cm in length. The right kidney is (6.7) cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.0) mm at the cranial pole and (4.8) mm at the caudal pole. The right adrenal gland not distinctly visualized, although the region appears unremarkable.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

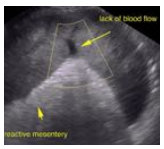
Liver

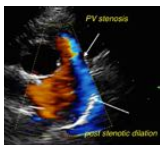
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

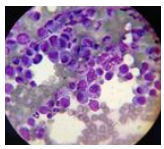
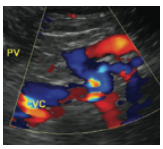
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is (3.6) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.





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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (4.6) mm. The jejunal wall measures up to (3.0) mm. . Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.9) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. A large amount of intraabdominal fat is appreciated. Enlarged, abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Unremarkable canine abdomen, with a large amount of intraabdominal fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the elevated ALT on today's ultrasound. The reason for the abdominal enlargement is the large amount of fat present. Additional recommendations include:

1. Screening for hypothyroidism and hyperlipidemia.
2. Testing for Cushing's disease if the clinical signs support the diagnosis.
3. Rechecking the ALT and if the elevation progresses, consider bile acid testing as well as supportive care with SAMe, Vitamin E and Ursodiol.
4. If liver values continue to elevate, a liver biopsy may be necessary for a definitive diagnosis.

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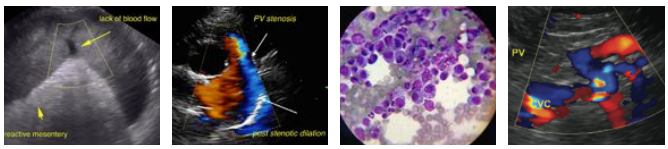

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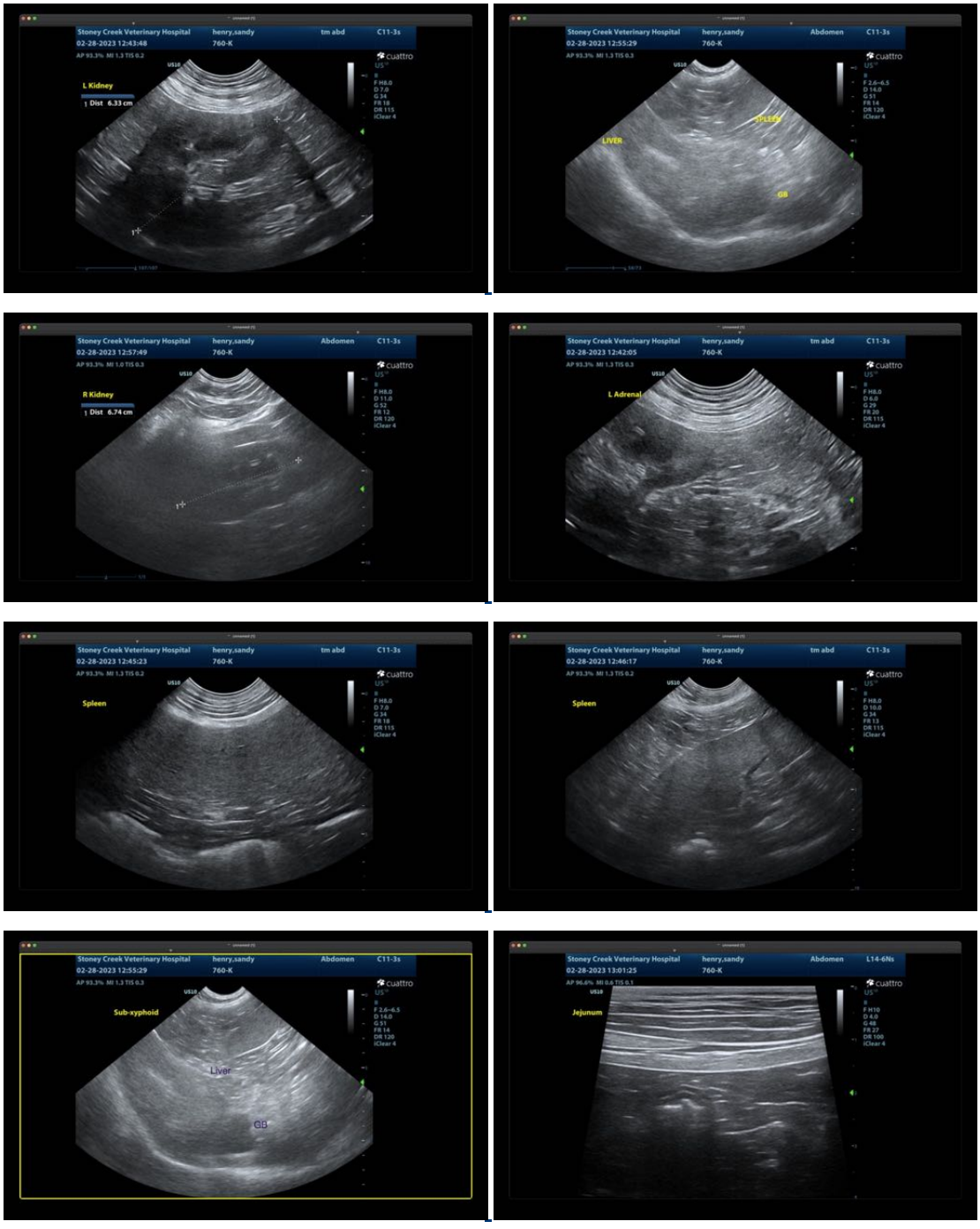

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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