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Clinical Sonography & Telecytology
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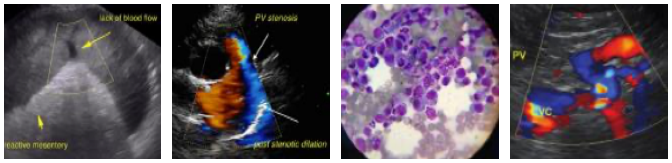

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Honey Talley

SPECIES
Canine

BREED
Great Pyrenees Mix

SEX
Spayed Female

AGE
3 years

WEIGHT
92 lbs

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

IMAGING PERFORMED BY
Dr. Dorris

HOSPITAL NAME
County Line VC

REFERRING VET
Dr. Dorris

INVOICE
12347

DATE
3.6.23

PRESENTING CLINICAL SIGNS

History: Honey is a three-year-old spayed Great Pyrenees who presented for a dental cleaning. On pre-surgical work up in December, she had elevations of her liver (ALT 372, Globulin of 5, Albumin of 2.4). She returned in February for a recheck after hepatosupport medications and her ALT has increased to 642, ALP 163, Normal GGT and tBili. She is otherwise healthy at home and has a normal exam other than a BCS of 7/9. Honey was given Butorphanol IV at .2 mg/kg for her scan.

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 1.0 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 6.0 cm in length. The right kidney is 7.9 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear 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 visualized portions of the liver appear to be 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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is 5.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 5.4 mm. The jejunal wall measures up to 3.2 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

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.

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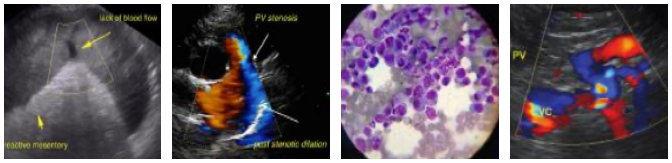

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

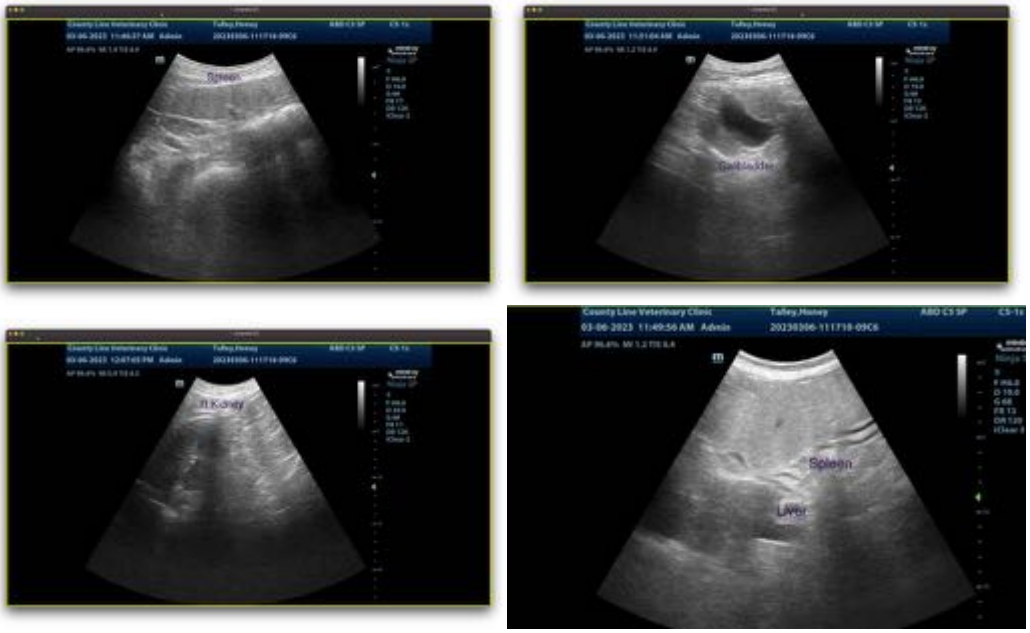
Findings

- Unremarkable canine abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive cause for the elevated liver enzymes in the available images of the liver. It is common for hepatopathies to appear normal on ultrasound, and often can only be diagnosed with biopsy. Either ultrasound-guided core biopsy, or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- Bile acid testing is recommended to further assess severity of hepatic disease
- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4–6-week total course of antibiotics is recommended.



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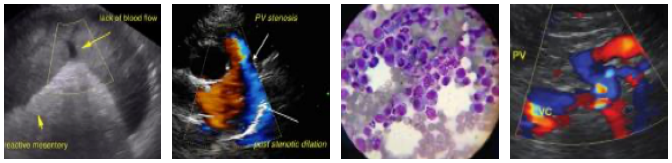

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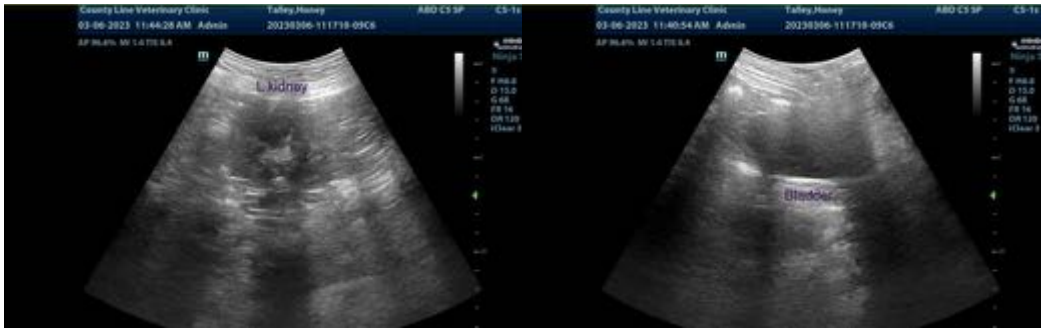

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com