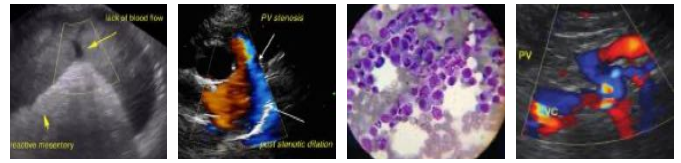


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mini Jacobs	History: Elevated LE- ALT 715, Infrequent sporadic vomiting, ALT has been variable over past few months. Current meds: Denamarin, Famotidine
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 715
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Mixed	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.
<b>SEX</b>	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 3.7 cm in length. The right kidney is 4.3 cm in length.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
12 years	The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.7 mm at the cranial pole and 5.6 mm at the caudal pole. The right adrenal gland height is 1.0 mm at the cranial pole and 5.5 mm at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
15 lbs	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Tam Mengine, DVM, DABVP (canine/feline practice)	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.
<b>IMAGING PERFORMED BY</b>	The gallbladder is mildly distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.
Jessica Miller	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach is mildly distended with gas. The gastric wall is 3.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.
North Jersey AH	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 5.3 mm. The jejunal wall measures up to 3.4 mm. Intestinal motility appears normal.
<b>REFERRING VET</b>	The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
Dr Riedel	<b>Pancreas</b>
<b>INVOICE</b>	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.
12744	
<b>DATE</b>	
4.10.23	



**PATIENT**

**Free Abdomen**

Mini Jacobs

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.

**SPECIES**

**ULTRASONOGRAPHIC FINDINGS**

Canine

**Findings**

- Unremarkable canine abdomen

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mixed

There are no specific findings on today's ultrasound to explain the periodic elevations in ALT and vomiting that have been noted.

**SEX**

Spayed Female

Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

**AGE**

12 years

- Bile acid testing is recommended to further assess severity of hepatic disease.
- Continuation of liver support therapies such as SAME, and perhaps the addition of 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.

**WEIGHT**

15 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr Riedel

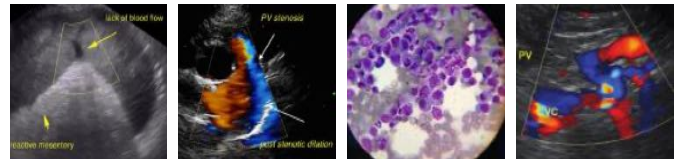
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**PATIENT**

Mini Jacobs

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

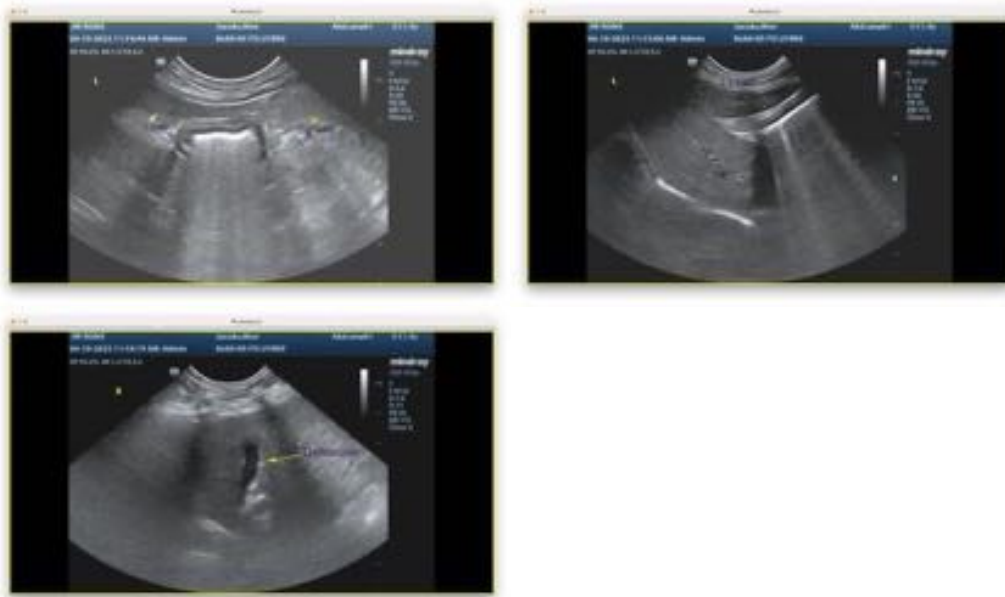
Spayed Female

**AGE**

12 years

**WEIGHT**

15 lbs



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

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr Riedel

**INVOICE**

12744

**DATE**

4.10.23