



PATIENT

Haley Burdick

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

77.6 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

46521

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes increasing trend over last year. R/o Hepatopathy benign vs neoplasia vs other. Current meds: Rimadyl (Clinda in July, none now)
Alk Pho 647, plan on bile acids dep. on U/S results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 4.0 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.1 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 6 mm at the caudal pole and 6 mm at the cranial pole and 2.8 cm in length. The right adrenal gland measured 7 mm at the caudal pole and 16 mm at the cranial pole and 3.0 cm in length.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was subjectively mildly increased in size with normal shape and with a smooth capsule contour. The hepatic parenchyma was mildly coarse with no visible nodules or masses. There was a mild increase in portal markings. The hepatic vasculature was normal in volume and structure. The gallbladder was normal in size and shape with a moderate amount of gravity dependent mobile, sludge. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.



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Gastrointestinal

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The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

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Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic parenchymal changes – subjectively benign
- Mild gallbladder sludge, non-mucocele
- Normal adrenals
- Mild age-related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the liver is nonspecific, but most consistent with a benign hepatopathy. Differentials for this change include vacuolar hepatopathy, inflammatory or infectious hepatic disease, or less likely diffuse neoplasia. There was no overt evidence of neoplasia. An FNA of the liver could be done for assessment of inflammatory cell type and rule out neoplasia, which is considered unlikely. Liver support including Denamarin and Ursodiol could be considered but may not be necessary if ALP/ALT are only mildly elevated. Leptospirosis titers/PCR can be considered if history and clinical presentation indicates it.

Changing Haley's NSAID from Rimadyl to Galliprant may be considered, especially if liver enzymes continue to increase.

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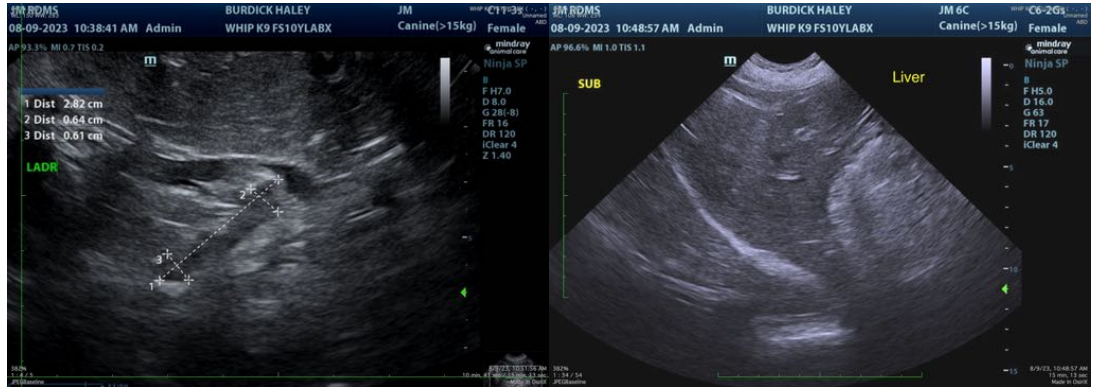
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com