



PATIENT

Px is WNL except for heavy tartar on teeth, Bella is PU/PD otherwise asymptomatic. Hepatic disease noted on pre-dental lab work up

Bella Fossen

SPECIES

Abnormal PE/Chem/CBC/UA Results: CBC - borderline high PCV, all else WNL Chem - elevated Alk Phos 678 GGT 20 & ALT 408 - cholesterol and triglycerides also mildly elevated SDMA - 5 T4 - 2.3 UA - slight hematuria , no active sed , sp Gr 1024 Current Medications None

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lhaso Apso

Urinary System

SEX

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

FS

AGE

The area of the aortic trifurcation was free of pathology.

5 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

17.6 lbs.

INTERPRETED BY

Adrenal Glands

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.65 cm width at the caudal pole.

IMAGING PERFORMED BY

Spleen

Sara Hansen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Liver/ Gallbladder

Dr. Johnson

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Normal bilateral kidneys
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver sonographically consistent with benign hepatopathy may include metabolic / vacuolar hepatopathy and nonobstructive cholestasis given the elevated ALP/GGT combination with potential for primary or concurrent inflammatory / immune-mediated disease given the ALT elevation.

The bilateral adrenal glands were not overtly consistent with adrenomegaly / Cushing's Syndrome, which would be considered less likely given the patient's age, however, an adrenal workup may be considered if clinical suspicion for Cushing's Syndrome.

Further assessment of the liver may include screening FNA cytology, assuming normal clotting status and using a 25-gauge needle, as well as Leptospirosis titers. Urine C/S is recommended on a sterile urine sample to assess for or rule out UTI. Empirically, hepatosupportive medications including Denamarin +/- Ursodiol, may prove beneficial. No evidence of a portosystemic vascular anomaly or sonographic hepatic dysfunction.



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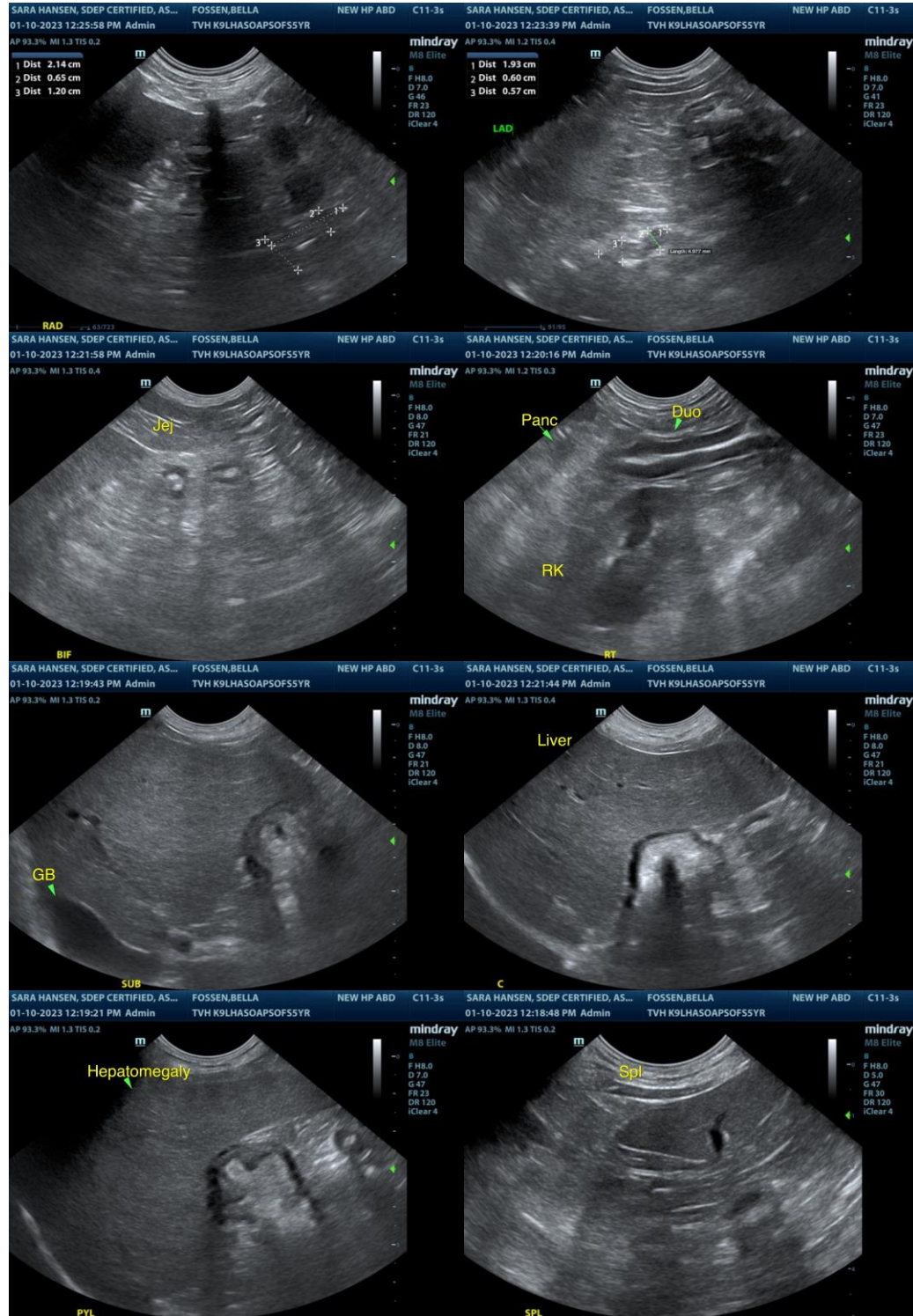
Dr. Johnson

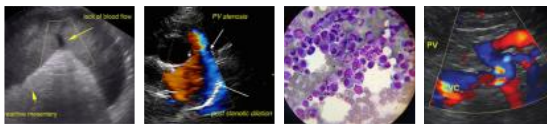
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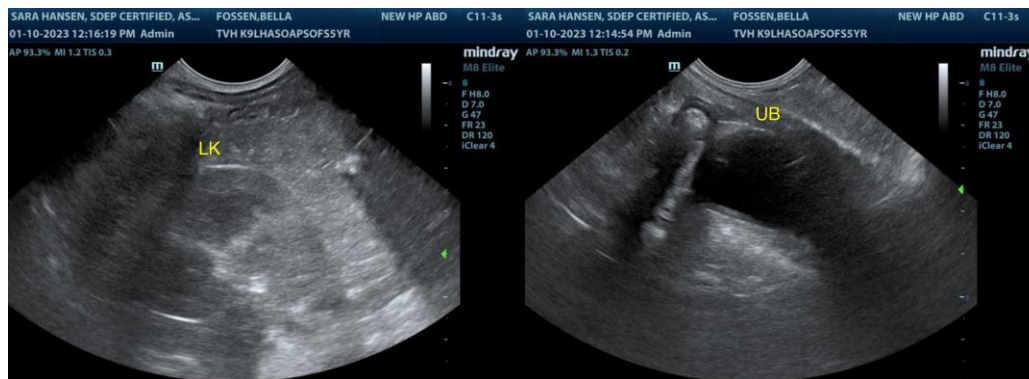
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
 info@SonoPath.com