PATIENT

Teddy Dubois

SPECIES

Canine

BREED

Shih-Poo

SEX

Neutered Male

AGE

6 Years

WEIGHT

22.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Jennifer Hart, DVM

INVOICE

72126

DATE

1/10/26

PRESENTING CLINICAL SIGNS

Obese. History elevated liver values (ALP > 2000, ALT143). History uroliths with cystotomy. Non clinical.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with dependent to non-dependent hyperechoic sediment/sand to micro mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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. Left kidney measured 5.0 cm. Right kidney measured 5.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Right measures 0.48 cm at the caudal pole. Left measures 0.48 cm at the caudal pole.

Spleen

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.

Liver

The liver was subjectively mildly 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 mild, non-dependent to mildly congealed yet non-organized debris. The common bile duct was not visualized.

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.

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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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Increased amount of abdominal fat noted.

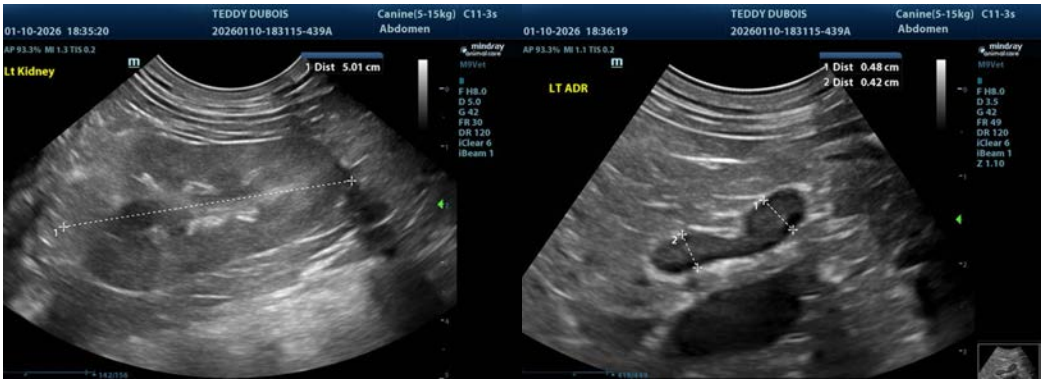
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting normal vascular volume.
- Mild non-organized gallbladder debris (non-mucocele).
- Normal adrenal glands.
- Mild dependent/non-dependent urine sediment/sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is consistent with benign criteria, with considerations including vacuolar or non-obstructive cholestatic hepatopathy, inflammatory/immune mediated/infectious disease, hyperplasia, or other, with hepatic neoplasia considered unlikely. Further assessment may include FNA cytology, primarily to assess for evidence of inflammation.

Given that the patient is not clinical, and without evidence of adrenal pathology, hepatosupportive medications with clinical monitoring would be reasonable. Recheck urinalysis recommended if not done.



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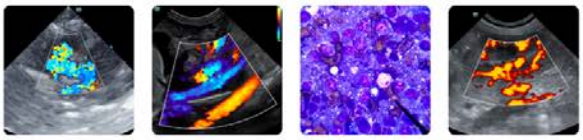

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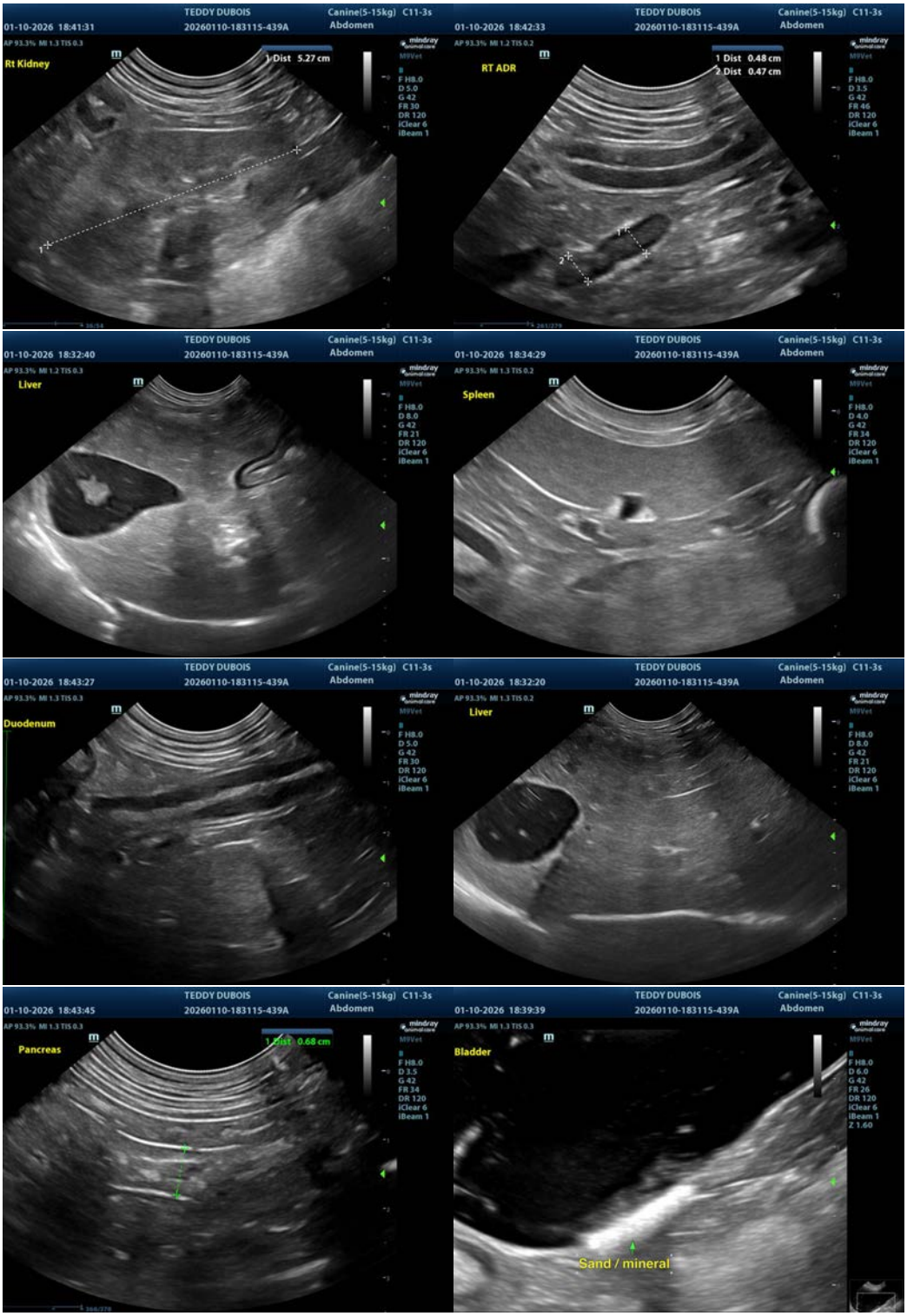

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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