



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mickey O'Connor	Not well, has been inappetent, vomiting, soft stools, abdominal discomfort. PE - bilateral KCS, adenomas, periodontal disease, arthritis. Meds include Aventi liver and Ursodial.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: SDMA 15(0-14) ALKP 643(23-212) ALT 1496(18-21)
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
Cocker X Poodle	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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
<b>SEX</b>	
MN	No overt pathology was noted in the area of the residual prostate.
<b>AGE</b>	No evidence of medial Iliac or sublumbar lymphadenopathy.
14 yr	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 6.0 cm in length.
<b>WEIGHT</b>	
18.8 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.64 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland, although indistinctly visualized owing to peritoneal free fluid and regional periadrenal omental artifact.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	The spleen was normal in size with mild capsule asymmetry exhibiting generalized heterogeneous parenchyma with no masses or nodules and normal splenic vascularity.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Snelgrove VS	The liver was enlarged with normal vascular volume and without evidence of congestive criteria. Generalized nonhomogeneous to mildly irregular parenchyma exhibiting moderate coarse echotexture and mild parenchyma mixed echogenicity was visualized with no hepatic masses or nodules noted. The gallbladder was non-distended in size with thickened hyperechoic gallbladder walls exhibiting subjective minor wall edema. The gallbladder contained anechoic content with mild, non-dependent, nonorganized, echogenic gallbladder sludge. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Gunsinger	
<b>INVOICE</b>	
15834	
<b>DATE</b>	
1/13/23	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Mickey O'Connor	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. The stomach was otherwise normal.
<b>SPECIES</b>	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing ingesta / chyme and nonobstructive ileus was noted.
<b>BREED</b>	
Cocker X Poodle	The colon walls presented intact yet mild to moderate prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty.
	<b><i>Pancreas</i></b>
<b>SEX</b>	The left pancreatic limb exhibited potential for mild prominent size with capsule asymmetry and heterogeneous, mildly hypoechoic left pancreatic parenchyma compared to adjacent omentum.
MN	
<b>AGE</b>	
14 yr	<b><i>Free Abdomen</i></b>
	Mild volume peritoneal free fluid was noted. No evidence of significant lymphadenopathy was noted. Generalized mild hyperechoic mesentery was present.
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b><i>Primary Findings</i></b>
18.8 kg	<ul style="list-style-type: none"> <li>• Heterogeneous spleen - nonspecific</li> <li>• Hepatomegaly exhibiting nonhomogeneous irregular parenchyma - chronic vs. acute on chronic hepatopathy, suspect acute or acute on chronic inflammatory disease i.e., hepatitis / cholangiohepatitis, vacuolar hepatopathy, nonobstructive cholestasis, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, all potentials</li> <li>• Suspect acute on chronic cholecystitis (non-mucocele)</li> <li>• Gastroenterocolitis pattern with gastric and mild segmental intestinal ingesta - possible gastric or gastrointestinal stasis assuming NPO</li> <li>• Potential low-grade chronic active pancreatitis</li> <li>• Mild volume peritoneal free fluid and generalized mild hyperechoic mesentery</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Snelgrove VS	
<b>REFERRING VET</b>	<b><i>Secondary Findings</i></b>
Dr. Gunsinger	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes</li> </ul>
	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>INVOICE</b>	Assuming normal clotting status and using a 25-gauge needle, hepatic +/- splenic FNA cytology, as well as effusion analysis, cytology +/- C/S if evidence of inflammatory cells, is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
15834	
<b>DATE</b>	No overt evidence of hepatic congestive criteria, although three view chest radiographs to rule out concurrent cardiomegaly or thoracic pathology as a contributing factor is suggested.
1/13/23	



**PATIENT**

Mickey O'Connor

Empirically, aggressive therapy for chronic or acute on chronic inflammatory hepatobiliary disease and pancreatitis with as-needed gastrointestinal support and assessment of clinical response would be reasonable. A guarded prognosis is indicated.

**SPECIES**

Canine

**BREED**

Cocker X Poodle

**SEX**

MN

**AGE**

14 yr

**WEIGHT**

18.8 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

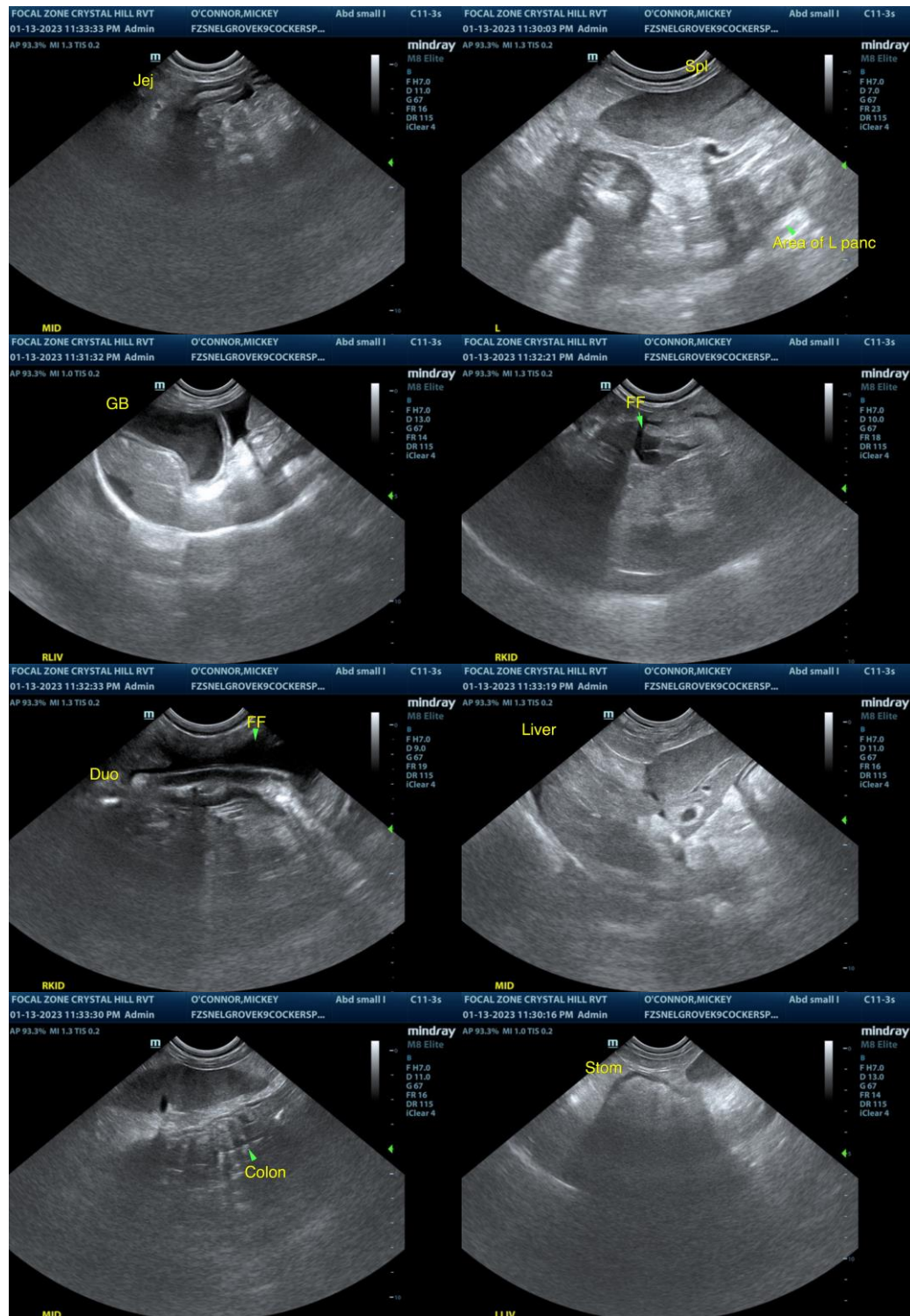
Dr. Gunsinger

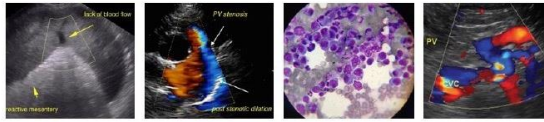
**INVOICE**

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**DATE**

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**PATIENT**

Mickey O'Connor

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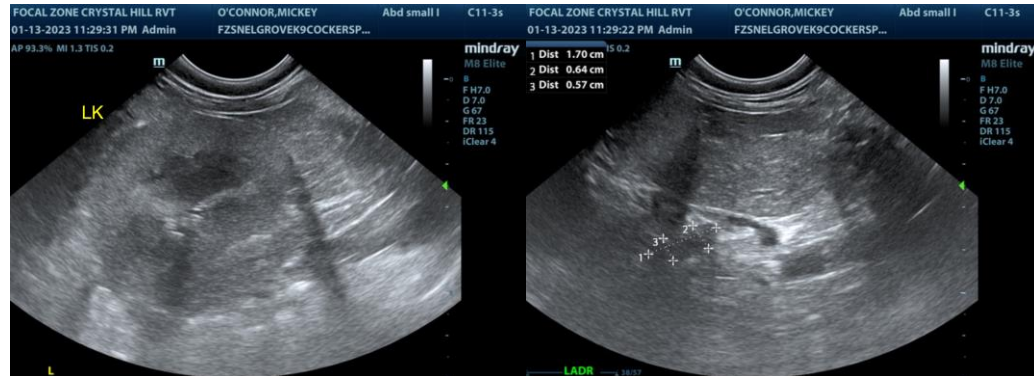
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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