



PATIENT

Penny Schwarz

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

9.5 years

WEIGHT

13.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Dr. Taryn Mooney

INVOICE

15850

DATE

1/17/23

PRESENTING CLINICAL SIGNS

No current clinical signs reported. Hx elevated liver enzymes, currently on ursodiol and famotidine daily

Abnormal PE/Chem/CBC/UA Results: BCS 7/9, grade 2 pddz, possible hepatomegaly but difficult to palpate due to excessive abdominal fat. Moderate brachycephalic syndrome. ALP 1606 U/L, otherwise NSF. Urine analysis pending and not done previously.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was 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. The left kidney measured 4.3 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight. Intact yet minor asymmetrical capsule contour with subtle nonhomogeneous adrenal parenchyma was present. The left adrenal gland measured 1.9 cm length x 0.64 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.69 cm width at the caudal pole. No adrenal tumors were noted.

Spleen

The spleen was normal in size and contour with a primarily finely textured homogeneous splenic parenchyma. Discrete areas of hyperechoic parenchyma to uniform, non-disruptive, hyperechoic nodules were noted in the medial parenchyma adjacent to the hilus. An example measured 0.35 cm diameter. No splenic masses were noted.

Liver/ Gallbladder

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme, likely consistent with retained food or recent meal ingestion, without signs of 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 pancreas base and right pancreatic limb were normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - most suggestive of benign vacuolar hepatopathy pattern
- Sonographically normal gallbladder
- Borderline prominent adrenal glands - likely incidental / nonspecific
- Mild heterogeneous to hyperechoic pancreas base / right pancreatic limb - suspect mild remodeling potentially owing to previous inflammatory episode, potential for chronic pancreatitis / fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lack of clinical signs in this patient, clinical adrenal disease is considered unlikely. However, adrenal workup could be considered if clinical signs suggestive of Cushing's Syndrome arise.

Hepatosupportive medications including Denamarin +/- Ursodiol, due to its antioxidant and immunomodulatory effects within the liver, with continued monitoring of ALP elevations would be reasonable. A spec cPI could be considered if recent or future clinical signs suggestive of chronic pancreatitis are noted.



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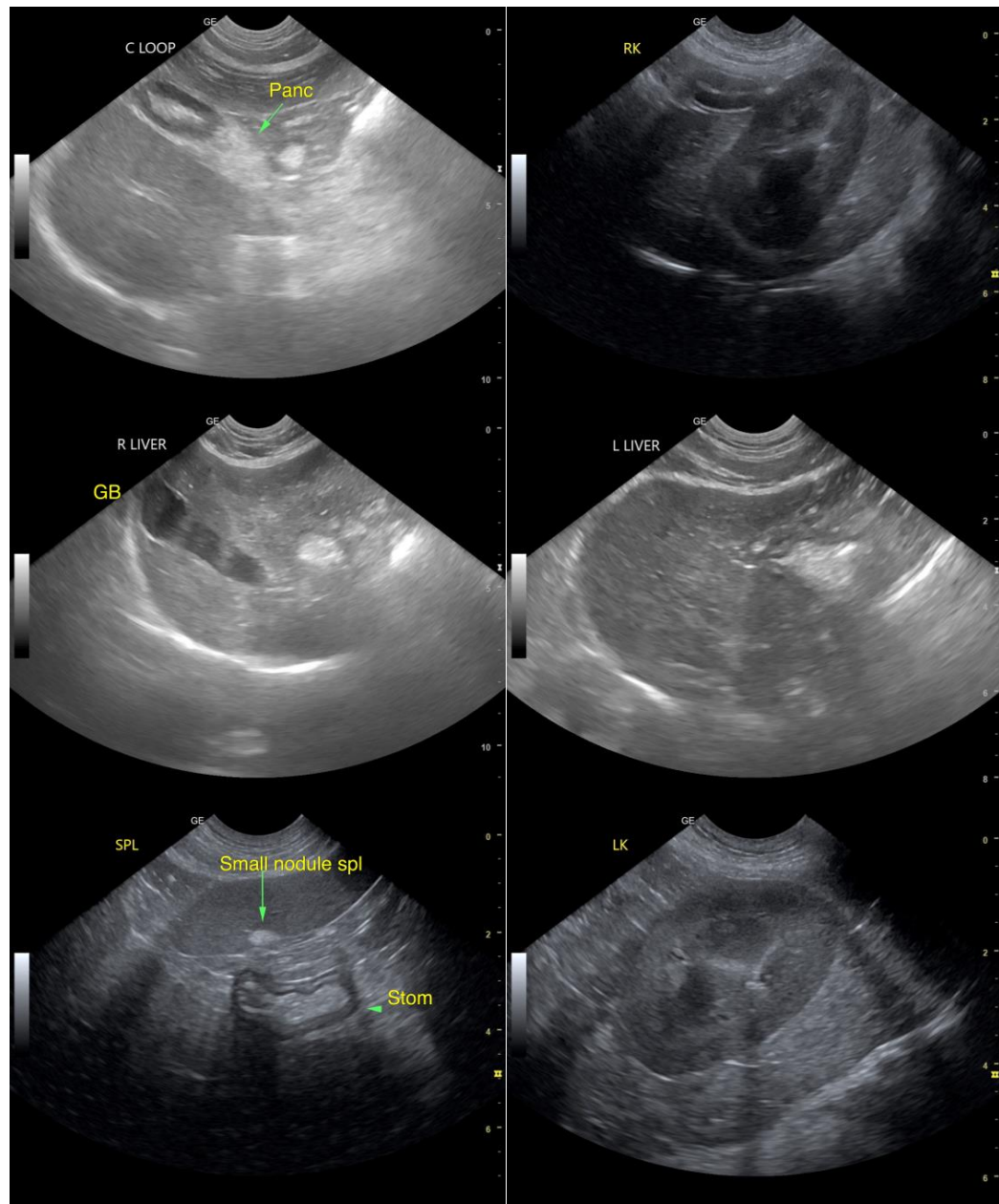
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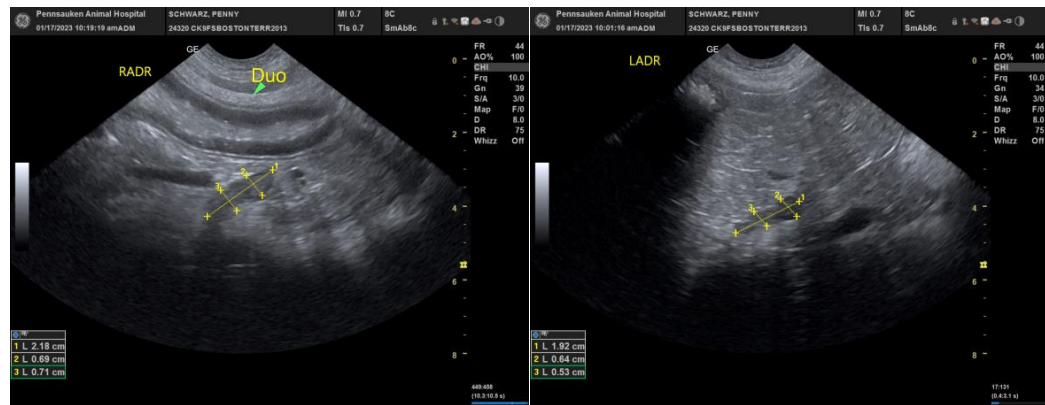
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com