



PATIENT	PRESENTING CLINICAL SIGNS
Maya Redfearn	Ongoing ITP since Nov 22. Marked liver enzyme elevations 12/28/22 Tick borne vector PCR negative. Lepto PCR negative. Rule out elevations due to steroid use vs other. Has been on Prednisone 5mg 1 BID(tapering now) Zentonil, Ursodial, Vitamin E, Sulcrate.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC WNL, Urea 14.3(3.2-11.0) CI 99(108-119) ALT 560(18-121) AST 115(16-55) ALP 1075(5-160) Bilirubin 5.5(0-5.2)prev 8.5.
BREED	
Australian Shep	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	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, 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.
FI	
AGE	The uterus and bilateral ovaries were sonographically unremarkable.
8 mo	The area of the aortic trifurcation was free of pathology.
WEIGHT	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 7.0 cm in length. The right kidney measured 7.5 cm in length.
20.3 kg	
INTERPRETED BY	Adrenal Glands
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 0.72 cm width at the caudal pole and 0.79 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.70 cm width at the caudal pole.
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	Spleen
Hartzel AH	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.
REFERRING VET	
Dr. Morris	
INVOICE	Liver/ Gallbladder
15882	The liver was mild to possibly moderately enlarged with symmetrical capsule contour and generalized uniform mild increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture. No masses or nodules were noted. Adequate to normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
DATE	
1/20/23	



PATIENT

Gastrointestinal

Maya Redfearn

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized intestinal gas and segmental ingesta was noted.

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

BREED

Australian Shep

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.

SEX

FI

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

AGE

8 mo

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity
- Sonographically normal gallbladder
- Normal gastrointestinal tract with gastrointestinal ingesta / gas

WEIGHT

20.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The liver was nonspecific yet consistent with benign hepatopathy / hepatomegaly. Potential considerations may include vacuolar hepatopathy, inflammatory parenchymal disease i.e., nonspecific hepatitis/cholangiohepatitis, lipidosis, or other hepatopathy with infiltrative neoplasia considered unlikely. No evidence of extrahepatic / intrahepatic portosystemic shunt. Hepatic functionality is likely normal, given BUN level and assuming normal glucose, albumin, and cholesterol levels.

IMAGING PERFORMED BY

Crystal Hill

Further assessment may include screening FNA cytology, assuming normal clotting status, and using a 25-gauge needle, primarily to assess for evidence of inflammatory cells +/- bile acids. Continued empirical hepatosupportive medications are indicated.

HOSPITAL NAME

Hartzel AH

If persistent or possibly progressive hepatic enzyme elevations despite hepatosupportive medications and tapering Prednisone, hepatic surgical biopsy potentially at the time of ovariohysterectomy (if the patient is not intended for breeding purposes), should be considered.

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

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REFERRING VET

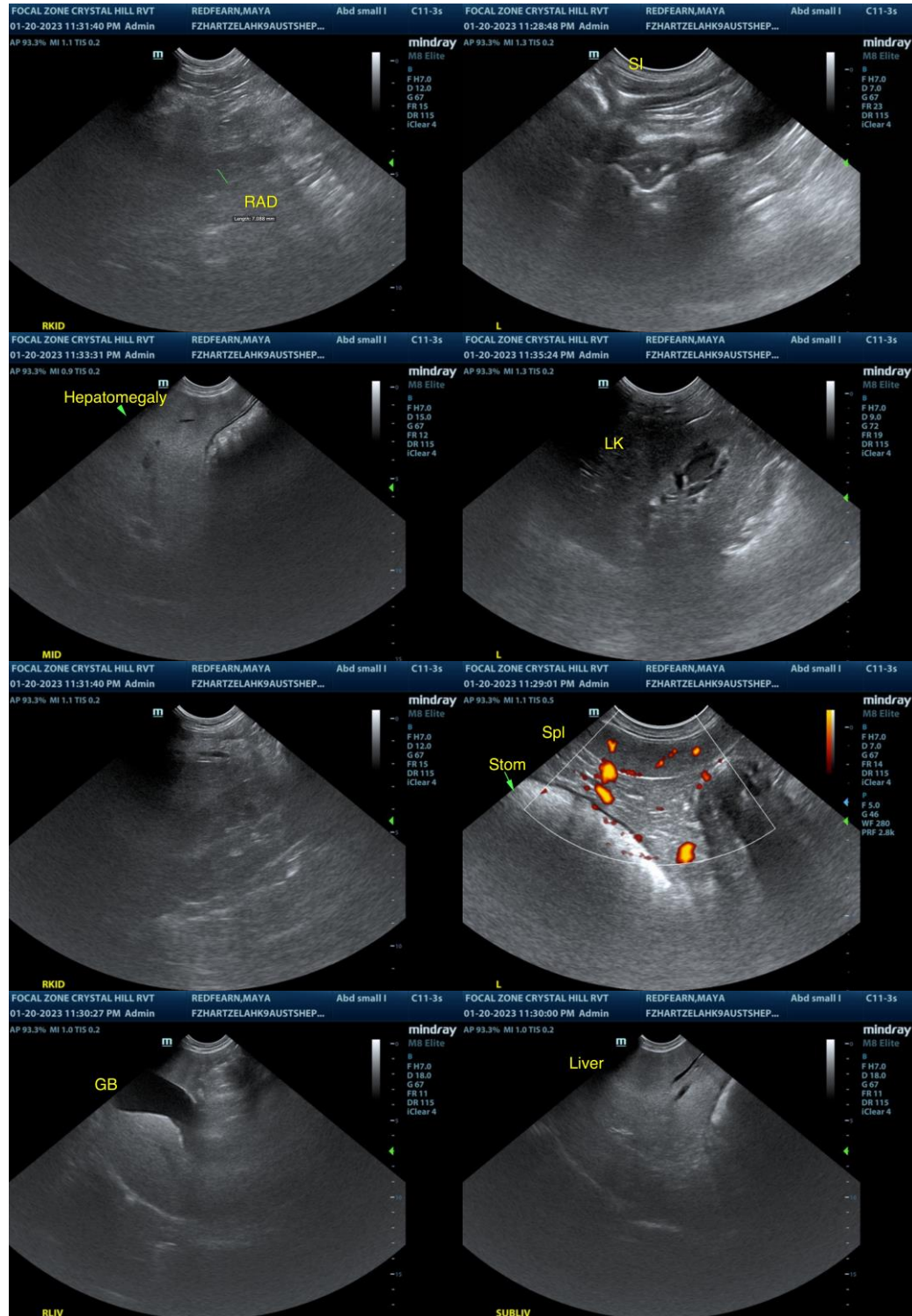
Dr. Morris

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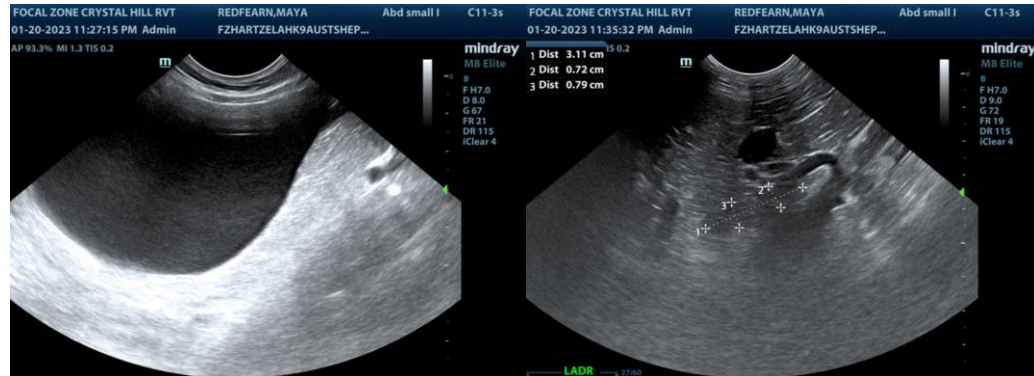
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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