



PATIENT

Riley Poulin

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

71.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Eastham VH

REFERRING VET

Dr. Jay Jakubowski

INVOICE

13624

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: On exam: overweight, skin and SQ masses; heart/lungs NSF; abdominal palpation NSF. Progressively increasing ALT, now 423. ALP 137. Urine SG 1.030; normal creatinine values. *Sedated with dexdomitor

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 were noted. Aortic trifurcation was normal.

Normal size and margination was 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 5.9 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.54 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.68 cm width at the cranial pole.

Spleen

The spleen was normal in size with mild asymmetrical medial capsule contour with generalized mild parenchyma heterogeneity with intermittent non-expansive hyperechoic parenchymal nodules. Splenic vascularity was normal. No splenic tumors noted.

Liver

The liver was normal in size and contour with uniform parenchyma exhibiting normal echogenicity with subtle increased prominence of the portal vascular borders. The gallbladder was non-distended in size with sonographically unremarkable gallbladder walls without evidence of inflammatory criteria. Moderate congealed yet nonorganized nonmineralized debris present in the gallbladder. The cystic and common bile ducts were normal.

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. The duodenum wall measured 0.49 cm. The jejunum wall measured 0.40 cm.

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

Pancreas



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Riley Poulin

Free Abdomen

SPECIES

No overt lymphadenopathy or peritoneal effusion was present.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Hepatopathy- subjectively benign
- Mild congealed gallbladder debris- non-mucocele
- Benign intermittent splenic nodules- suggestive of probable benign myelolipomas
- Heterogenous pancreas- suspect age-related pancreatic changes and considered incidental, minor potential for remodeling or low-grade pancreatitis which may present sonographically similar possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Primary consideration for low-grade yet potentially progressive inflammatory hepatopathy or hepatobiliary disease given the ALT elevation and presence of gallbladder debris. No overt evidence of hepatic or hepatobiliary neoplasia which is considered an unlikely differential diagnosis. Some degree of potential nonclinical vacuolar hepatic changes and cholestasis given the ALP also possible. Assuming normal clotting status, hepatic FNA, using a 25-gauge needle could be considered for screening cytology and potential identification of inflammatory cell type, if present. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

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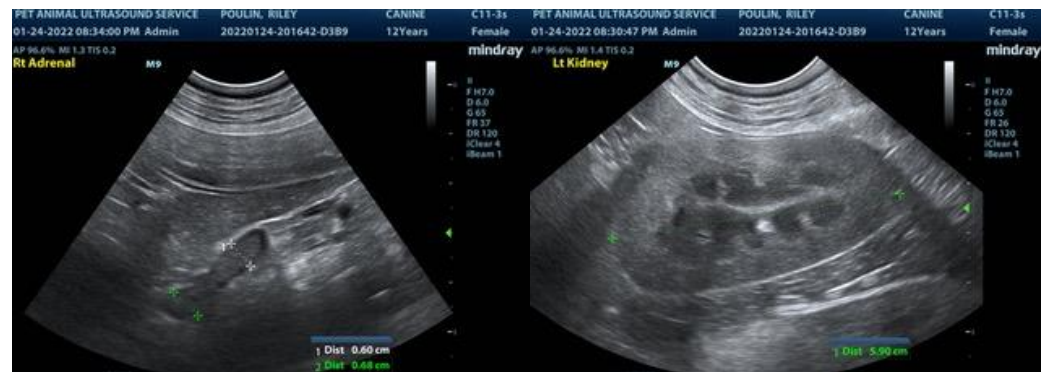


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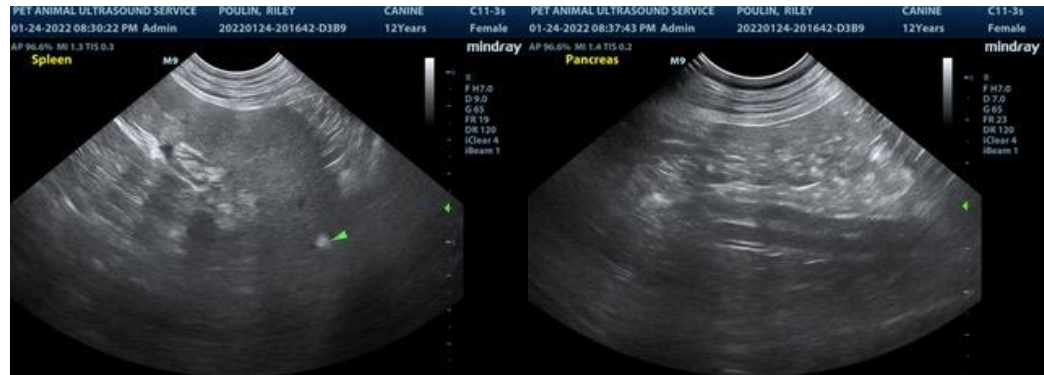
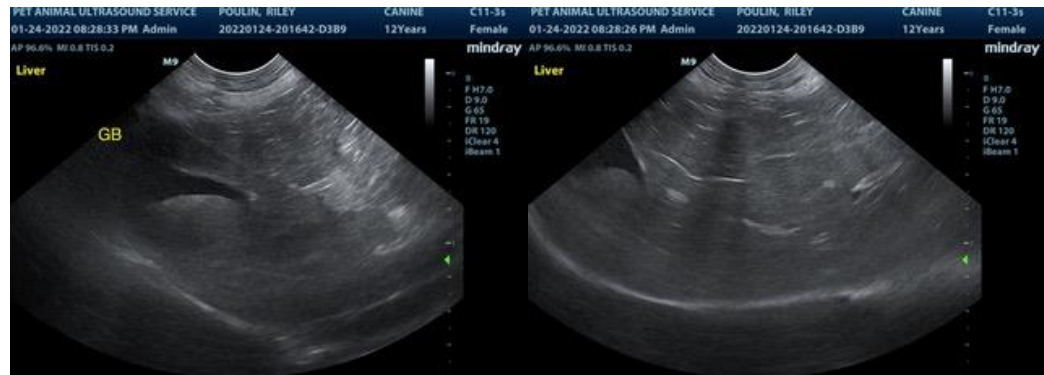
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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