



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charleston Somers	Significantly increased Liver enzymes, presented for dental
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder was mildly subnormal in size. Possible mild ventroapical to dorsoapical cystitis pattern is noted. The ventroapical urinary bladder wall width measured 0.32 cm. Minimal anechoic urine was present with no sediment, calculi, or tumors. The urethra exhibited normal structure and tone to a depth of 1.0 cm.
Poodle	
<b>SEX</b>	No evidence of pathology was noted in the area of the residual prostate.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
13	
<b>WEIGHT</b>	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 3.1 cm in length. The right kidney measured 3.2 cm in length.
4.7	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.57 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 0.44 cm width at the caudal pole and 0.36 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Rockaway AH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
15953	
<b>DATE</b>	<b>Gastrointestinal</b>
1/26/23	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.



**PATIENT**

Charleston Somers

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.

**SPECIES**

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

Canine

**Pancreas**

Poodle

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**

**Free Abdomen**

MN

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

13

- Nonspecific yet benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Possible mild cystitis pattern

**WEIGHT**

4.7

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

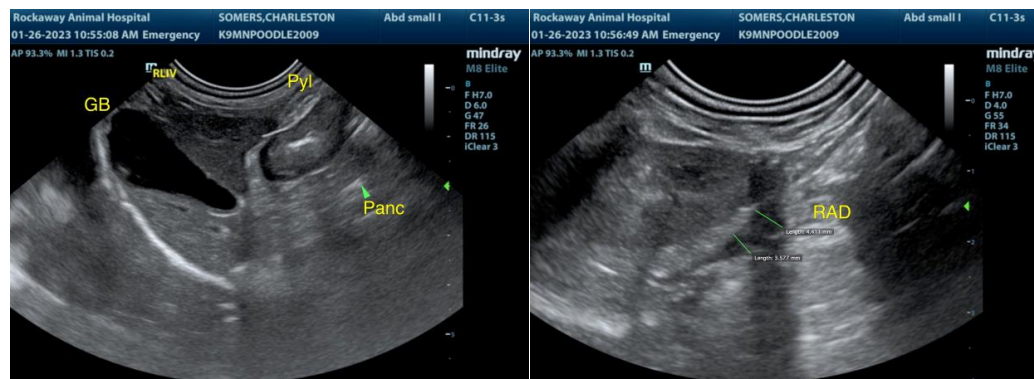
The overall liver was nonspecific yet sonographically consistent with benign hepatopathy without evidence of hepatic parenchymal or hepatobiliary neoplastic criteria or post hepatic obstruction. Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment. No overt anesthetic contraindications, if evidence of hepatic normal function is indicated by normal albumin, glucose, cholesterol, and BUN levels. No evidence of a portosystemic shunt is noted. Hepatosupportive medications may prove beneficial. Leptospirosis titers / PCR is suggested if potential exposure.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH



**REFERRING VET**

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**PATIENT**

Charleston Somers

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**AGE**

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**WEIGHT**

4.7

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**HOSPITAL NAME**

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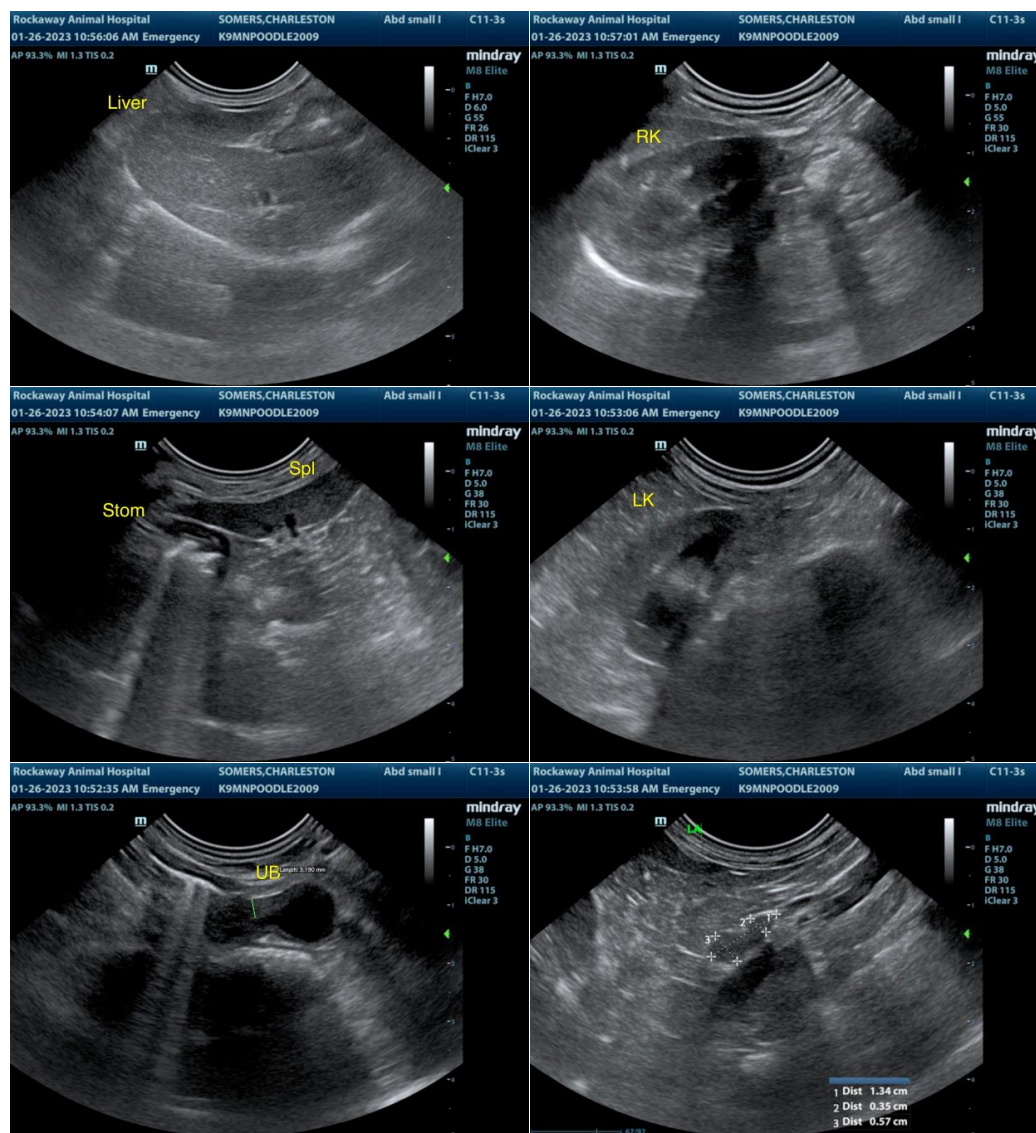
Dr. Maniar

**INVOICE**

15953

**DATE**

1/26/23



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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