**PATIENT**

Lucy Burtch

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

13yr

WEIGHT

12lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Dr. Hendricks
Briarwood AH**INVOICE**

12805ag

DATE

01/30/2023

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes, LDDST pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. Bilateral pinpoint hyperechoic cortical foci were present which may indicate areas of fibrosis or microinfarction. The left kidney measured 4.9 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.44 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 0.43 cm width at the caudal pole and 0.42 cm width at the cranial pole.

Spleen

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.

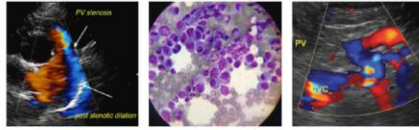
Liver/Gallbladder

The liver exhibited generalized enlargement, symmetrical to rounded contour and generalized mild non-homogenous increased parenchyma echogenicity with intermittent discrete hypoechoic nodules, an example measuring 1.1 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with evidence of minor ventrocranial wall edema measuring ~ 0.19 cm width. Moderate non-dependent non-organized variably echogenic gallbladder debris was present with suspect mild concurrent peripheral luminal mucus. 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 contained minor fluid and chyme 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.



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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes/minor benign remodeling and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly with mild non-homogenous parenchyma hyperechogenicity, intermittent non-specific non-disruptive hypoechoic nodules
- Moderate gallbladder debris with evidence of minor wall edema-potential early to partial mucocele and mild cholecystitis
- Overtly normal bilateral adrenal glands
- Mild chronic renal changes
- Mild pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the hepatic parenchymal changes may include vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.

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Correlation with pending LDDST +/- hepatic FNA cytology assuming normal clotting status could be considered. The appearance of the adrenals is not consistent with adrenomegaly and without evidence of neoplastic criteria.

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Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the gallbladder is recommended if evidence of increasing cholestasis or cranial abdominal/subxiphoid discomfort on palpation.

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svsimagingmi@gmail.com



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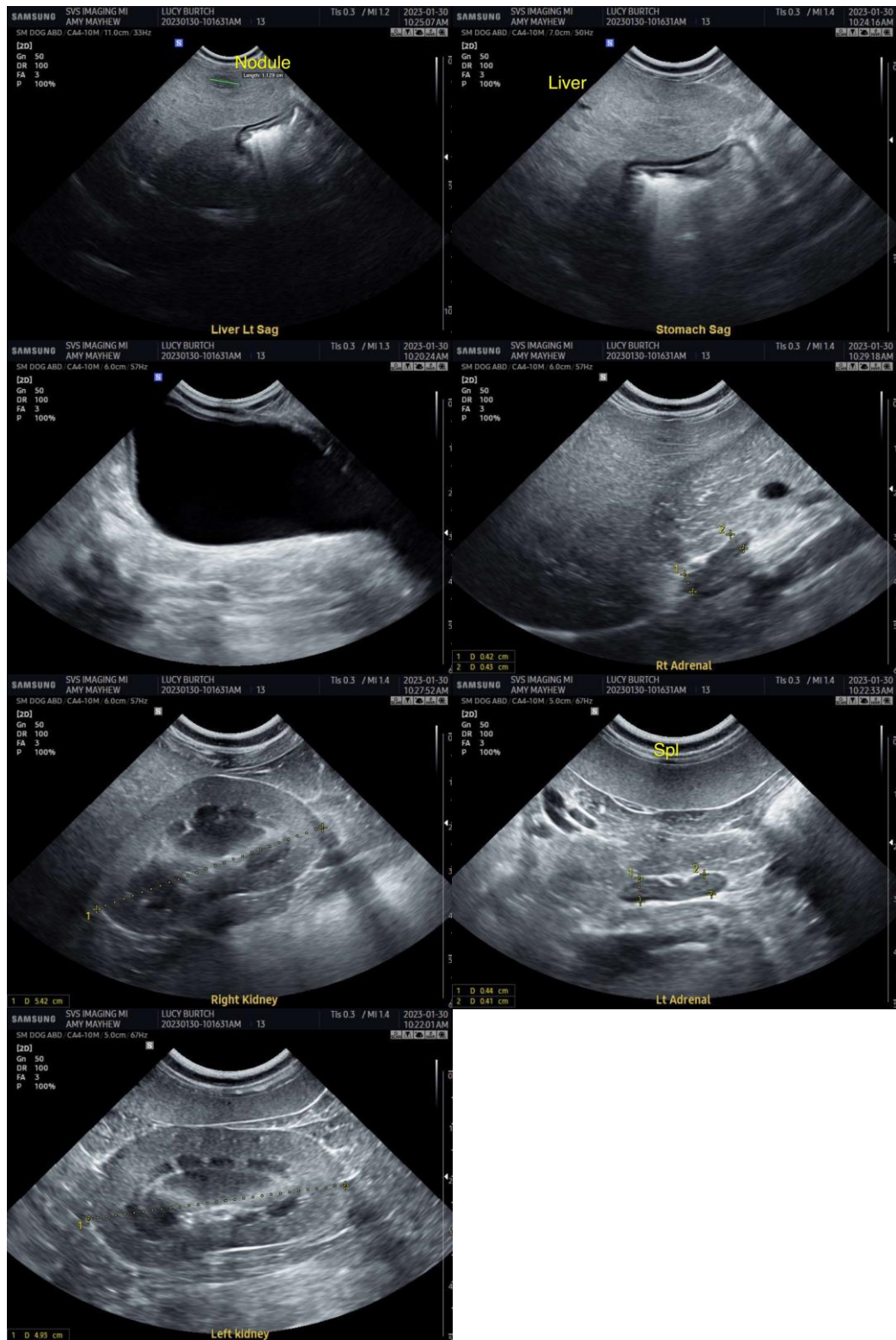
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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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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