



PATIENT

Sandy Iansito

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

FS

AGE

4 years

WEIGHT

13.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Jones

INVOICE

13122

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Liver values elevated, otherwise ok. Current meds: Denamarin 13-34lb 1-tab po sid.
Abnormal PE/Chem/CBC/UA Results: 12/21/21- ALT 711

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The area of the aortic trifurcation was free of pathology.

Subjective normal size and contour were present in the kidneys. Mild loss of corticomedullary border demarcation with nonuniform increased medullary echogenicity along with pinpoint medullary mineral present. Minor pyelectasia was noted in the left kidney. No evidence of pyelectasia in the right kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 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 1.4 cm in length x 0.34 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.1 cm in length x 0.24 cm width at the caudal 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 potential for mild subnormal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were subjectively normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate shadowing ingesta without overt evidence of obstruction to pyloric outflow.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental digesta.
Sandy Iansito	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Cocker Spaniel Mix	
SEX	Free Abdomen
FS	No overt lymphadenopathy or peritoneal effusion was present.
AGE	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
4 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
13.5 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Normal hepatic structure with potential mild subnormal overall liver size • Sonographically unremarkable gallbladder • nonspecific increased renal medullary echogenicity with pinpoint medullary mineral
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary Findings
IMAGING PERFORMED BY	• Gastric ingesta- probable postprandial presentation, minor potential for gastric hypomotility if documented NPO
Shari Reffi, CVT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Potential considerations for the liver may include primary hepatic parenchymal disease such as inflammatory or reactive hepatopathy given the ALT elevation with potential for portal hypoplasia/microvascular dysplasia. No overt evidence of a portosystemic shunt which is considered unlikely. Further assessment prior to anesthesia may include fasting and postprandial bile acids, although hepatic functionality is likely normal if normal BUN, glucose, albumin and cholesterol levels. Hepatic core surgical biopsy may be required for a definitive diagnosis.
Tranquility VC	
REFERRING VET	Overall, increased renal medullary echogenicity and pinpoint mineral are nonspecific. Potential for some degree of renal dystrophic changes given the patients age. Baseline renal staging, including urinalysis, urine culture and sensitivity and UPC recommended.
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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com