**PATIENT**

Lily Carr

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

20 Pounds

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Barbara Shields

INVOICE

20365

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History: Recent history of reduced appetite and increased liver enzymes. Currently on Denamarin and was given it morning of scan with a treat and water.

Abnormal PE/Chem/CBC/UA Results: ALT=882 ALP=870

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length. Pinpoint minor medullary mineral was present in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.48 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 1.7 cm length x 0.40 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

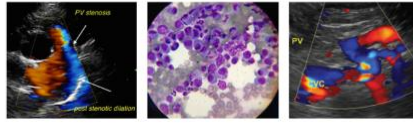
The liver was mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with anechoic content and mild to moderate congealed yet nonorganized variably echogenic sludge. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Very minor retained pyloric fluid was present.

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.

**PATIENT**

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

Lily Carr

Pancreas**SPECIES**

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

Canine

Free Abdomen**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific yet subjective benign hepatopathy- vacuolar hepatopathy, nonspecific chronic inflammatory hepatopathy, i.e., cholangiohepatitis, nonobstructive cholestasis, hyperplasia, hematopoiesis or other hepatopathy with infiltrative neoplasia considered less likely.
- Moderate congealed gallbladder debris- not consistent with mucocele criteria
- Mild pancreatic remodeling- age-related change, remodeling owing to previous inflammatory episode or low grade to chronic pancreatitis is possible
- Overtly normal gastrointestinal tract, possible low-grade gastritis
- Bilateral moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include, assuming normal clotting status, FNA cytology, primarily to assess for evidence of inflammatory cells and rule out less likely potential for occult neoplasia. Leptospirosis titers/PCR is suggested if clinically indicated.

Empirically, continued hepatosupportive medications with the addition of Ursodiol may prove beneficial. Potential for low grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL is suggested.

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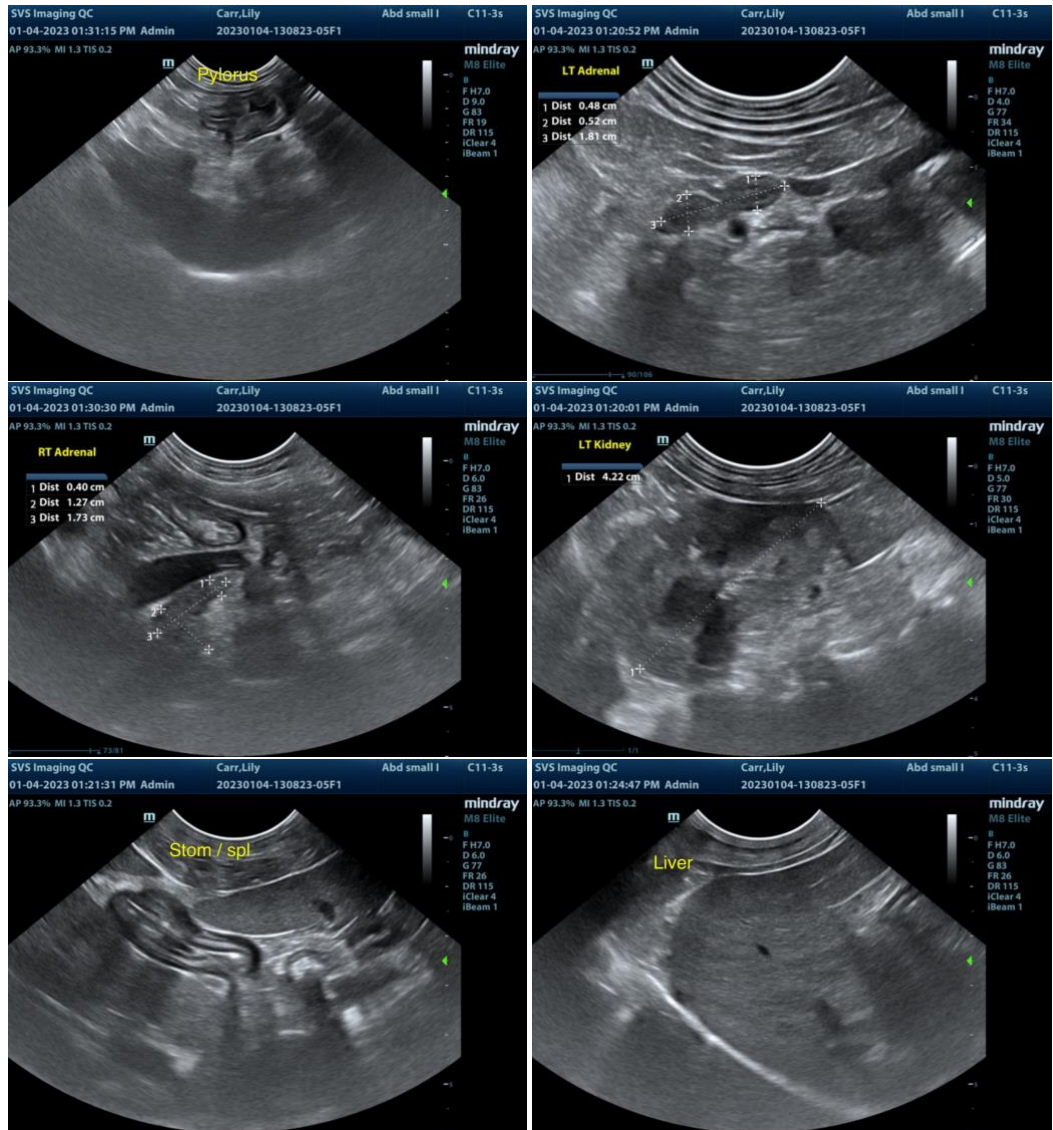
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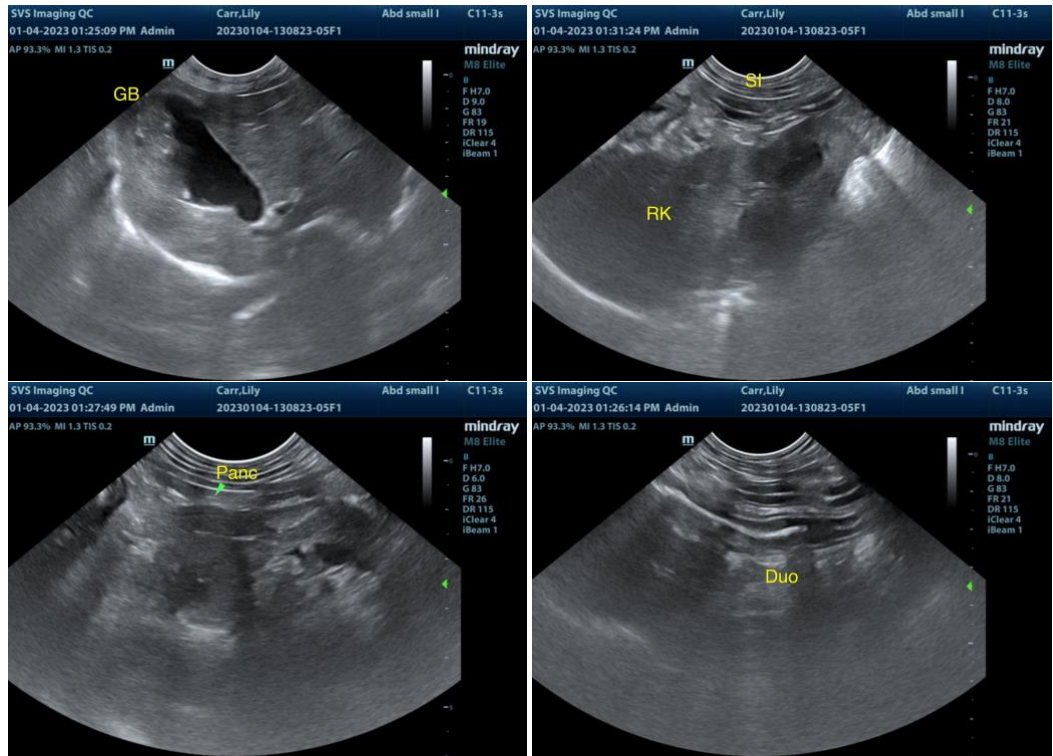
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com