



PATIENT	PRESENTING CLINICAL SIGNS
Bridgette Gerhart	Lethargy, inappetance
SPECIES	Abnormal PE/Chem/CBC/UA Results: GGT 15, ALT 1700, ALT 602, BUN 47, Creat 3.3, total calcium 13.7 T4 1.2 USG 1.017, rest of UA WNL pending PTH/ionized ca/PTHrp
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. There is no evidence of obstruction to urine outflow.
Female Spayed	
AGE	No evidence of pathology in the area of the aortic trifurcation.
13.5 years	
WEIGHT	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. Mild right kidney pyelectasia was present. Lateral cortical left kidney infarct was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.
Mixed	
INTERPRETED BY	Adrenal Glands
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 0.61 cm width at the caudal pole. The right adrenal gland was normal in size and contour, although indistinctly visualized. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The right adrenal gland subjectively measured 0.69 cm width at the caudal pole.
IMAGING PERFORMED BY	
Dr. Scott	
HOSPITAL NAME	Spleen
Wyckoff Veterinary Hospital	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.
REFERRING VET	Liver/ Gallbladder
Dr. Eisenberg	The liver was subjectively mildly enlarged. Adequate hepatic vascular volume was present. 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
INVOICE	
10512	
DATE	
1/6/25	



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containing primarily anechoic content with mild to moderate, congealed, nonorganized gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy
- Nonorganized gallbladder debris (non mucocele)
- Bilateral chronic nephropathy exhibiting cortical infarcts and mild right kidney pyelectasia
- Overtly normal bilateral adrenal glands
- Sonographically normal spleen / gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although unremarkable urinalysis, renal staging to include screening C/S and UPC level, if clinically indicated, may be considered. Considerations for the liver may include vacuolar changes, inflammatory disease, i.e., nonspecific hepatitis, hepatotoxicosis, i.e., copper, cholestasis, hyperplasia, or occult neoplasia. Further assessment may include, assuming normal clotting status, hepatic FNA cytology +/- Leptospirosis titer/PCR, given concurrent azotemia. Three-view chest radiographs and rectal palpation if not done, in conjunction with pending hypercalcemia panel, are suggested. Hepato-gastrointestinal and renal support, pending additional diagnostics, is recommended.



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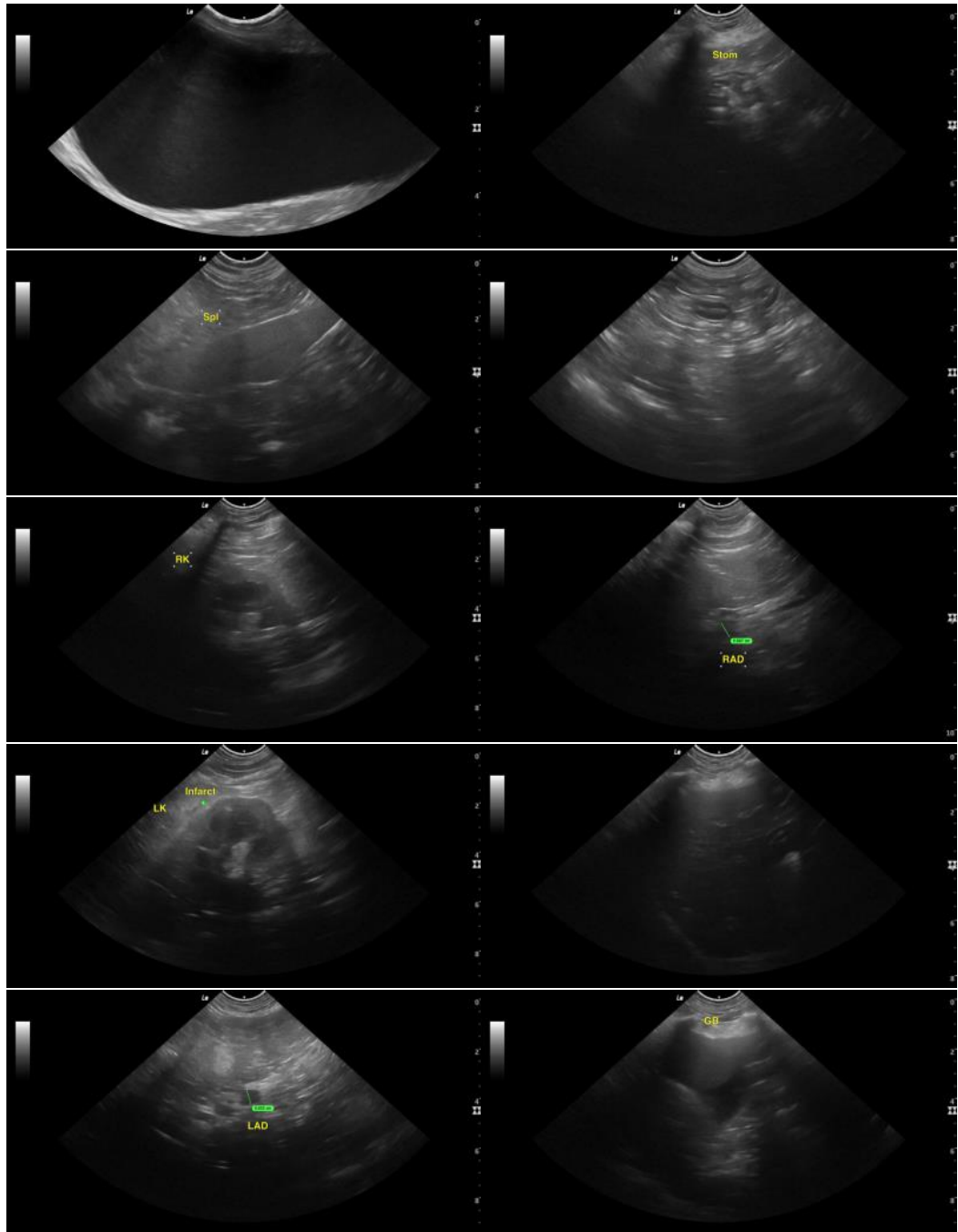
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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