



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Butter Graham	elevated ALT
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, and cystourethral junction 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 was noted.
Labrador Retriever	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
FS	
<b>AGE</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 pyelectasia was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.
10 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
81 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.69 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 2.3 cm length x 0.91 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Shari Reffi, CVT	The liver was normal in size and contour exhibiting normal overall hepatic parenchyma echogenicity with mild increased prominence of the portal vascular borders and moderate coarse echotexture. A solitary, nonuniformly echogenic nodule was noted dorsal to the gallbladder, measuring approximately 4.4 cm in diameter. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway	The visualized gastric walls exhibited sonographically intact and unremarkable wall layering. The ventral gastric body wall width measured 0.38 cm. Mild retained anechoic to echogenic fluid and luminal gas was present in the stomach. No overt evidence of foreign material or mechanical pyloric outflow obstruction was noted.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
13001	
<b>DATE</b>	
1/7/21	



<b>PATIENT</b>	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestinal lumen was primarily empty with areas of minor segmental metabolic ileus. No evidence of mechanical small intestinal obstruction or overt foreign material was noted.
Butter Graham	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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.
Labrador Retriever	
<b>SEX</b>	<b>Free Abdomen</b>
FS	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Mild age-related kidneys</li> <li>• Hepatopathy with solitary nonspecific intraparenchymal nodule</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• gastroenteritis pattern with mild gastric hypomotility</li> </ul>
81 lbs.	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Depending on the degree of ALT elevation, considerations for the liver may include reactive hepatopathy potentially owing to gastrointestinal inflammatory episode, nonspecific hepatitis (infectious, immune-mediated, etc.), or other hepatopathy. The solitary hepatic nodule was nonspecific with considerations including nodular to regenerative hyperplasia, lipogranuloma, without overt neoplastic criteria which is considered less likely yet cannot be definitively excluded.
<b>IMAGING PERFORMED BY</b>	
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	
Rockaway	
<b>REFERRING VET</b>	Further assessment may include hepatic FNA for screening cytology primarily to assess for inflammatory cells and if accessible, as well as Leptospiriosis titers / PCR, given the concurrent PU/PD. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Fasting and post prandial bile acids to assess hepatic functionality may also be indicated. As-needed gastrointestinal and hepatic support is recommended.
Dr. Maniar	
<b>INVOICE</b>	
13001	
<b>DATE</b>	
1/7/21	



**PATIENT**

Butter Graham

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

10 years

**WEIGHT**

81 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

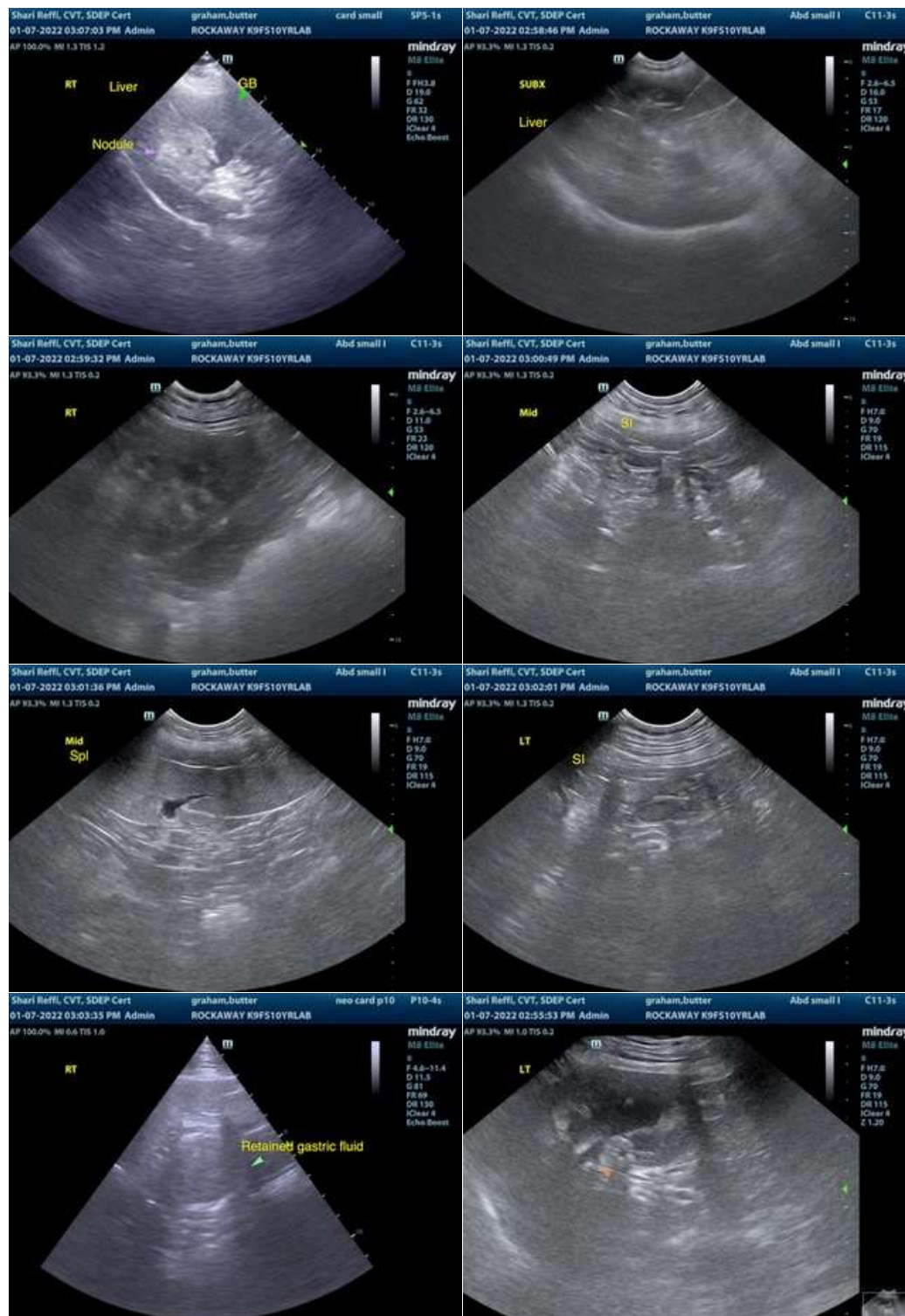
Dr. Maniar

**INVOICE**

13001

**DATE**

1/7/21





**PATIENT**

Butter Graham

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

10 years

**WEIGHT**

81 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

Dr. Maniar

**INVOICE**

13001

**DATE**

1/7/21



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