



**PATIENT PRESENTING CLINICAL SIGNS**

Ginger Pahl History splenectomy (lymphoma) in 2019. Has been fine since then; recently some chronic vomiting.  
Abnormal PE/Chem/CBC/UA Results: ALP 173; amylase 1193; PSL 571

**SPECIES *Urinary System***

Canine The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

Vizsla The area of the aortic trifurcation was free of pathology.

**SEX**

Spayed Female Normal size and margination were present in the left kidney. 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. The left kidney measured 6.6 cm in length. The right kidney was not definitively visualized owing to patient conformation.

**AGE**

12 years

***Adrenal Glands***

**WEIGHT**

47 lbs.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient conformation.

***Spleen***

The area of the previous spleen was sonographically unremarkable, without evidence of residual pathology.

***Liver/ Gallbladder***

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the falciform fat and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent areas of nonobstructive biliary tree mineral were present. 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 mild gallbladder debris. The cystic and common bile ducts were normal.

***Gastrointestinal***

The visualized ventral gastric walls were sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy. A mild amount of echogenic ingesta exhibiting subtle progressive distal acoustic shadowing was present. The ventral gastric body wall width measured 0.50 cm.

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The visualized overall 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. The visualized duodenum wall width measured 0.56 cm. The visualized jejunum wall width measured 0.38-0.46 cm.

**DATE**

10/11/21

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

VCA Palmer AH

**REFERRING VET**

Michelle Haroules,  
DVM



**PATIENT**

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

Ginger Pahl

**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 intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

Vizsla

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

- Vacuolar hepatopathy pattern with intermittent nonobstructive biliary tree mineral
- Mild gallbladder debris (non-mucocele)
- Subtly heterogenous pancreas
- Sonographically unremarkable visible stomach and visualized small bowel

Spayed Female

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

47 lbs.

The nonobstructive areas of biliary tree mineral are nonspecific and likely an incidental finding. Potential for previous or current hepatobiliary inflammation, given the presence of mild concurrent gallbladder debris, is possible. Vacuolar hepatic changes and nonclinical cholestasis is suspected. Hepatic neoplasia is considered a less likely differential diagnosis.

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Feline)

Assuming normal clotting status, screening hepatic FNA may be considered given the previous history of lymphoma.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

The presence of minor gastric ingesta may correlate with recent meal ingestion. Some degree of mild metabolic stasis or delayed gastric emptying is possible if documented NPO. Empirically, gastroprotectant protocol which may include Omeprazole, Sucralfate, as well as canned novel protein or hydrolyzed diet trial would be reasonable with an assessment of clinical response. Three view chest radiographs are suggested if not recently done to rule out occult thoracic or esophageal pathology.

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**SPECIES**

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**BREED**

Vizsla

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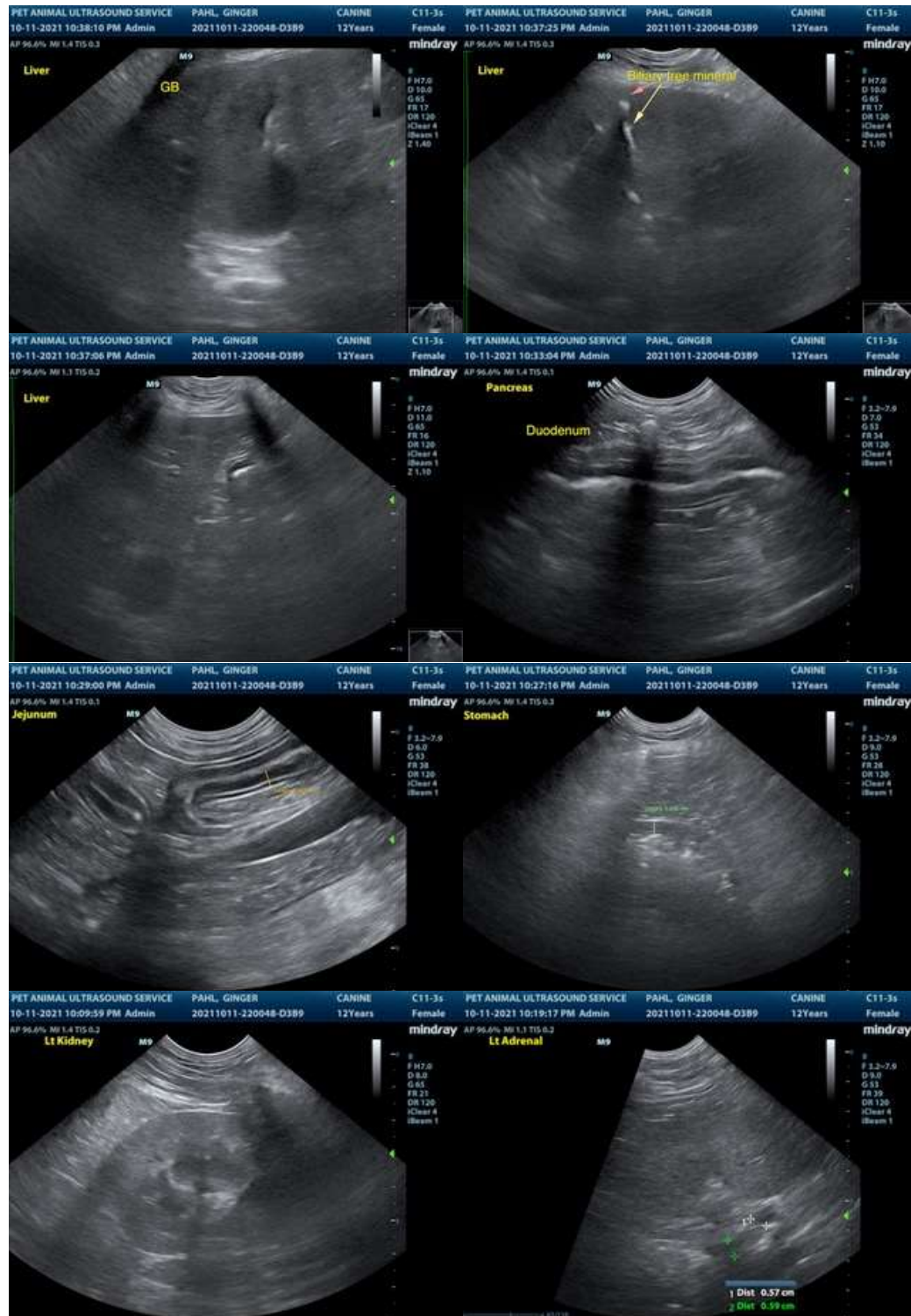
Michelle Haroules,  
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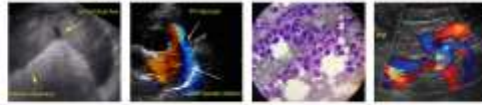
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



**PATIENT**

visible in the image/video clips provided.

Ginger Pahl

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.

**SPECIES**

Canine

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**BREED**

Vizsla

**SEX**

Spayed Female

**AGE**

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