

**PATIENT**

Aly McKeown

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

FS

**AGE**

8 yrs

**WEIGHT**

34 kg

**PRESENTING CLINICAL SIGNS**

Chronic liver enzyme elevations (ALT, AST). Intermittent diarrhea. Strict diet but history of food allergies.

Abnormal PE/Chem/CBC/UA Results: Chronic hx of ALT and AST elevations.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 7.2 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.42 cm width at the cranial pole.

No overt pathology was noted in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**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.

**HOSPITAL NAME**

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Hospital

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Mizen

The liver was mildly enlarged with maintained symmetrical capsule contour. Normal hepatic parenchyma echogenicity was noted, exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling and subtly increased yet indistinct portal vascular borders. No masses or nodules were noted.

**INVOICE**

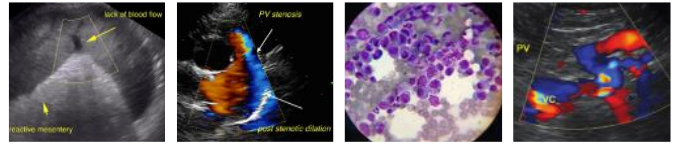
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The gallbladder was non distended in size with mild mildly inspissated echogenic debris, primarily in the caudal lumen area of the gallbladder neck. No obstruction to the bile outflow was noted. The cystic duct and common bile ducts were normal without evidence of dilation.

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**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.41 cm.

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. The duodenum wall measured 0.51 cm. The jejunum wall measured 0.40 cm.

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

***Pancreas***

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

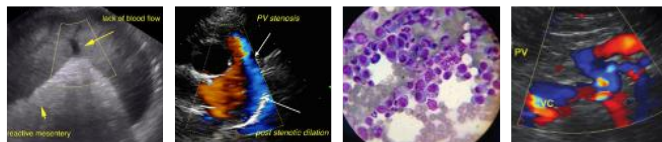
- Nonspecific hepatopathy- subjectively benign
- Mild inspissated gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract
- Heterogeneous pancreas- minor remodeling owing to age or potential previous inflammatory episode, potential for low grade or chronic pancreatitis is possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver may include primary concern for nonspecific inflammatory parenchymal disease (i.e., cholangiohepatitis with some degree of nonobstructive cholestasis), toxic hepatopathy (i.e., copper), or other hepatopathy without evidence of neoplastic criteria. Screening hepatic FNA cytology could be considered for further assessment, primarily to potentially identify inflammatory cell type if present. Hepatic core or surgical biopsy is likely required for a definitive diagnosis.

Given the history of gastrointestinal signs in this patient, or if not currently instituted, hydrolyzed diet trial with as needed hepatic support and monitoring of hepatic response would be reasonable.

Spec CPL could be considered to assess for evidence of low grade to chronic pancreatic inflammation.



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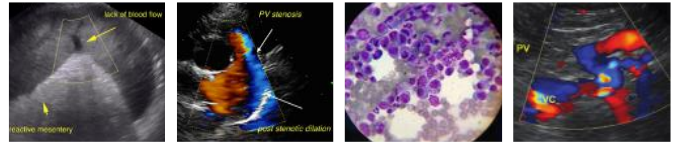
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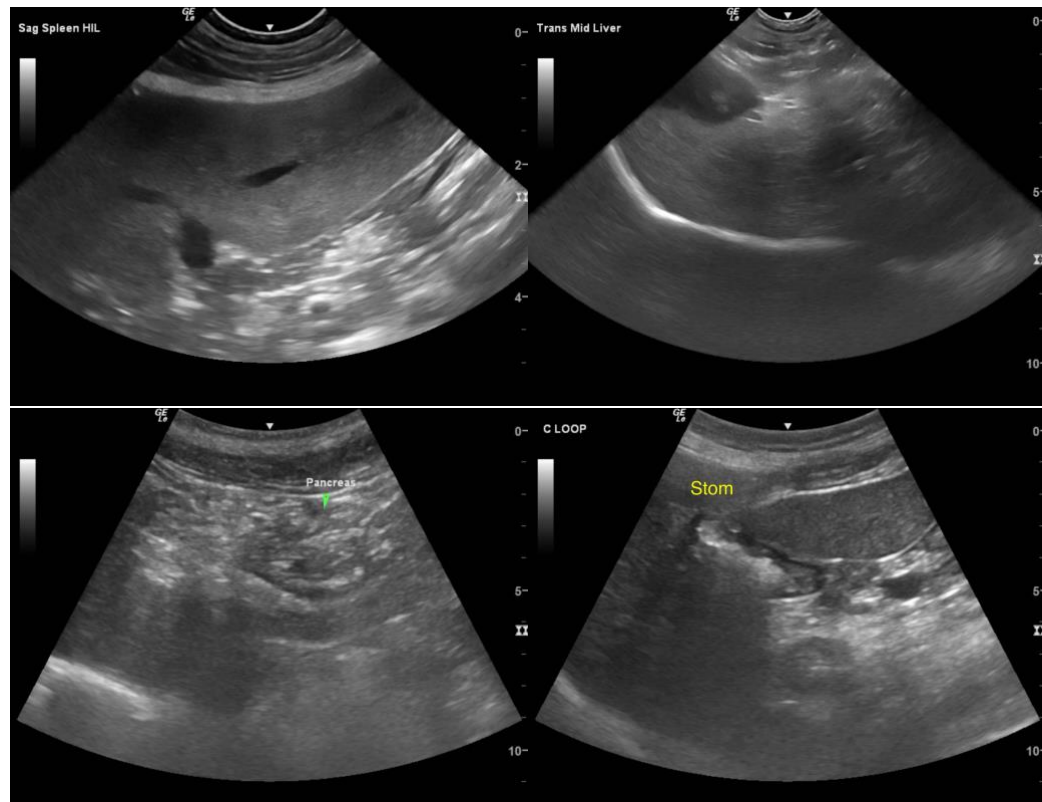
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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