

**PATIENT**

Bella Morey

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

SF

**AGE**

5 years

**WEIGHT**

57 lbs.

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Casey Youngren, DVM

**INVOICE**

15233

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Presented to ER on 10/1/22 for urinating excessively, drinking more than usual, lethargic and just not herself. Started panting alot. Exam unremarkable at ER. We saw her on 10/3/22 for a follow up. O said she thought she was still PU/PD. Has gone back to somewhat of being herself but still seems down. Abnormal PE/Chem/CBC/UA Results: At ER: Exam - panting, rest normal labs- ALT elevated, USG 1.009, lepto test negative, xrays- no specific findings. They placed her on amoxicillin and Denamarin for suspected Hepatitis or UTI. Lab findings with us on 10/3/22-CBC- WNL, Chem- ALT moderately elevated, chol moderatly elevated. USG- 1.007, 30 mg/dL proteinuria, 100mg/dL glucose, 250 Ery/uL- Blood, pH 7.0. no crystals detected. Urinary Culture pending as of 10/10/22. fecal- negative

**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 pyelectasia or pyelonephritis. The left kidney measured 6.7 cm in length. The right kidney measured 7.4 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.49 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 3.1 cm length x 0.41 cm width at the caudal pole. No evidence of adrenomegaly or tumors is noted.

**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/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic volume was noted. No overt evidence of a portosystemic vascular anomaly. The gallbladder was non-distended in size with mild

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to moderate, primarily dependent to mildly nondependent mildly echogenic, nonorganized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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.

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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.

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**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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy
- Mild to moderate gallbladder debris (non-mucocele) - no overt sonographic evidence of cholecystitis
- Structurally normal bilateral kidneys - no evidence of pyelonephritis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING****PERFORMED BY**

Sarah Pender, CVT

Although nonspecific, the overtly normal liver combined with moderately elevated ALT is suggestive of hepatic or potential hepatobiliary inflammatory process, i.e., cholangiohepatitis, in conjunction with the gallbladder debris. Additional considerations may include reactive hepatopathy, vacuolar hepatopathy, toxic hepatopathy i.e., copper, without evidence of hepatobiliary neoplastic criteria, or post hepatic obstruction.

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Screening hepatic FNA cytology is warranted primarily to assess for or possibly identify inflammatory cell type if present. Leptospirosis PCR may be considered. Pending urine C/S, baseline UPC level is warranted, given quiet urinary bladder sediment with evidence of mild proteinuria.

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Hepatosupportive medications including Denamarin and Ursodiol, given the presence of gallbladder debris, may prove beneficial. Hepatic core surgical biopsy may be required for a definitive diagnosis.

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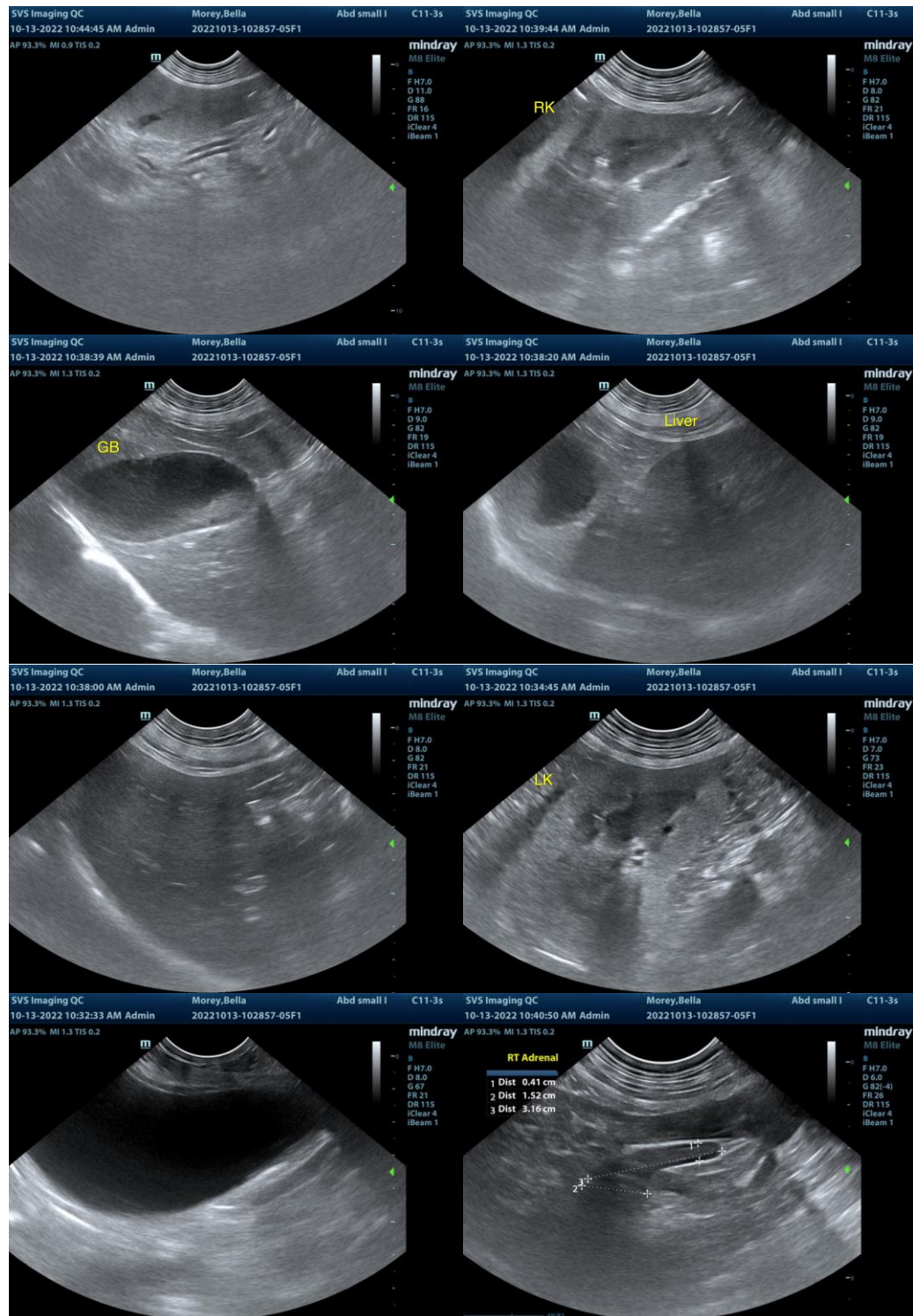
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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