



PATIENT

Bo Ovis

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

5

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Legacy VC

REFERRING VET

Dr. Jajouei

INVOICE

15219

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Patient non clinical

Abnormal PE/Chem/CBC/UA Results: Chronic history of elevated liver enzymes with present severe elevation of ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was free of overt pathology.

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 5.7 cm in length. The right kidney measured 6.6 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 0.5 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole.

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 exhibited subjective moderately generalized enlargement with areas of capsule asymmetry. Diffuse, severe, non-uniform, irregular to nodular hepatic parenchyma was present exhibiting mixed parenchyma echogenicity. The gallbladder was normal in size containing anechoic content with mild echogenic luminal debris. Potential gallbladder displacement owing to hepatic parenchymal disease is suspected. No evidence of post hepatic obstructive criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained primarily anechoic fluid.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental duodenojejunal nonobstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

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Pancreas

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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

Focal to intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Mild volume primarily anechoic peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly exhibiting diffuse, severe, nonuniform, irregular to nodular parenchyma - vacuolar hepatitis, chronic inflammatory / immune-mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, hepatic parasitic disease, infiltrative neoplasia or other hepatopathy possible
- Subjective mild displaced gallbladder containing mild sludge
- Gastroenteritis pattern with gastric hypomotility
- Mild volume peritoneal free fluid with focal to intermittent subjective benign / reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic sampling is required for further assessment. As-needed GI support is recommended if evidence of inappetence, vomiting, or similar.

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A guarded prognosis, given the hepatic presentation and pending hepatic sampling.

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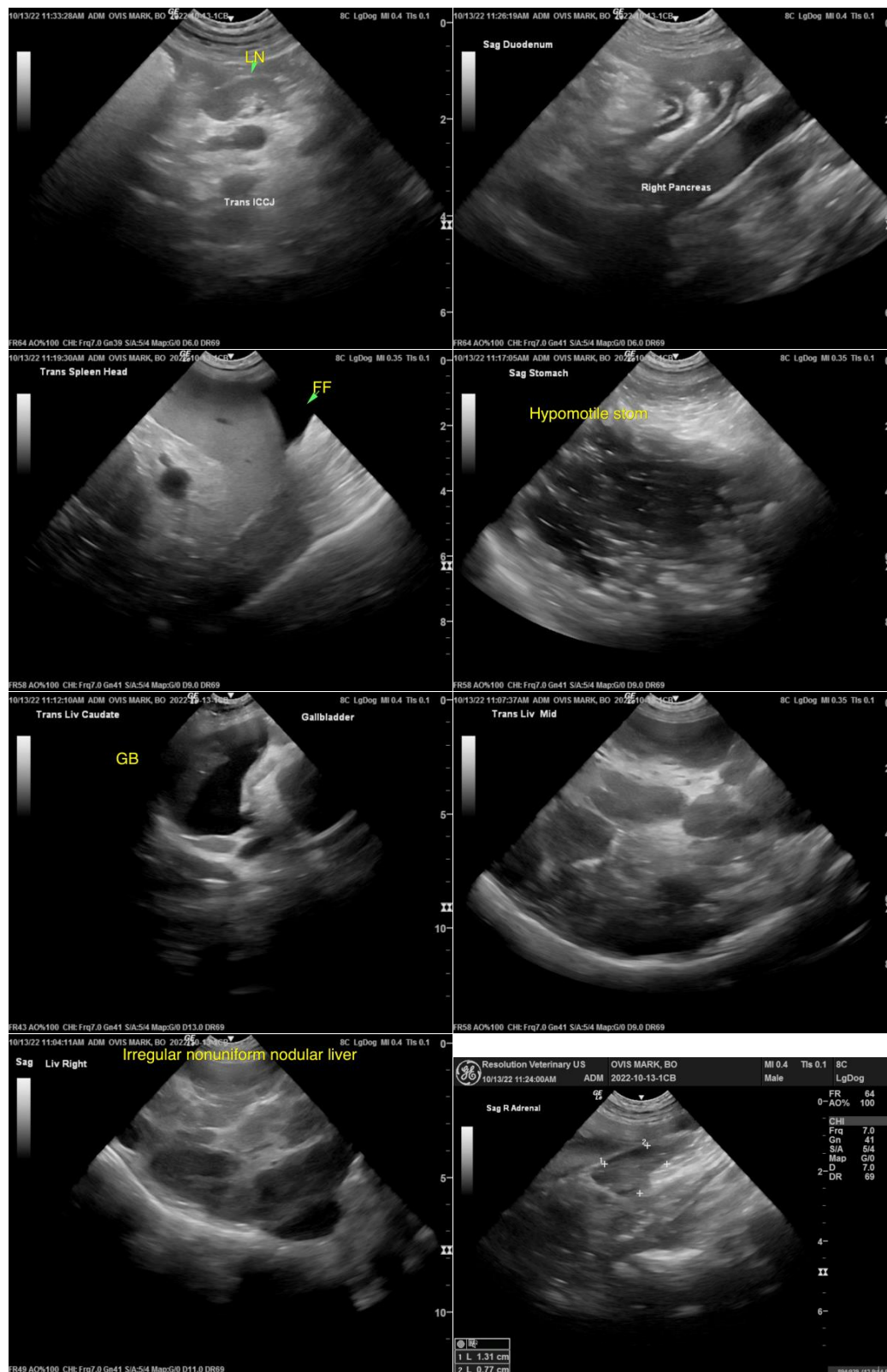
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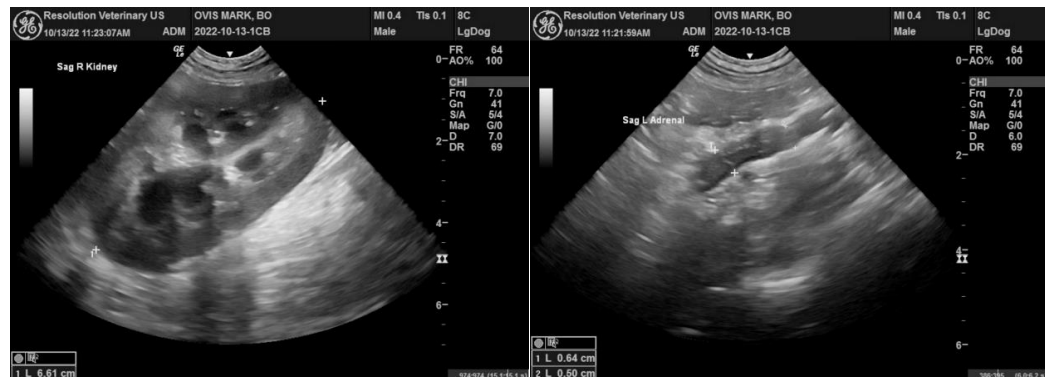
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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