



PATIENT

Pippa Fooks

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

13yr

WEIGHT

20kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Chemainus Animal
Hospital

INVOICE

11906ag

DATE

10/17/2022

PRESENTING CLINICAL SIGNS

Pippa belongs to a veterinary technician. She has had mildly elevated ALT for past two year with no clinical signs of illness. Recently she has been slowing down a bit. Her most recent ALT value is moderately elevated, so a pre/post bile acids test was done. The pre-prandial value was at the high end of normal, and the post-prandial value was mildly elevated. At the same exam, a new 2/6 murmur was noted. She has mild mitral valve disease (Stage B1). An E. faecalis UTI was also found, sensitive to almost all antibiotics. She has been treated for this (verbal history, and I do not recall which antibiotic was chosen). Bloodwork and abdominal radiographs are attached.

Abnormal PE/Chem/CBC/UA Results: October 8: ALT=385 E. faecalis UTI October 11: Pre-prandial bile acids=14.8 (0-15) Post-prandial bile acids=30.5 (0-22)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 corticomodullary symmetry and definition expected for the age of the patient. Scant pyelectasia was present in the right kidney. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Minor asymmetrical left adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.98 cm width at the caudal pole and 0.71 cm width at the cranial pole. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to measuring 1.0 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent non-organized luminal debris in the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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.

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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.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Potential for right pancreatic parenchyma cysts was present, an example measuring 1.6 cm in diameter.

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No omental masses or peritoneal effusion was present.

Several well demarcated cystic hepatic lymph nodes vs right pancreatic parenchyma cysts adjacent to the portal vein were present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with scant right kidney pyelectasia
- Mildly prominent left adrenal gland-nonspecific
- Suspect low grade to mild inflammatory hepatopathy
- Minor gallbladder debris (non-mucocele)
- Cystic hepatic lymph nodes vs right pancreatic cyst-benign
- Benign splenic nodule-consistent with probable myelolipoma
- Sonographically normal urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered. No evidence of a portosystemic vascular anomaly was observed. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. No evidence of intra-abdominal neoplastic criteria was observed.

IMAGING PERFORMED BY

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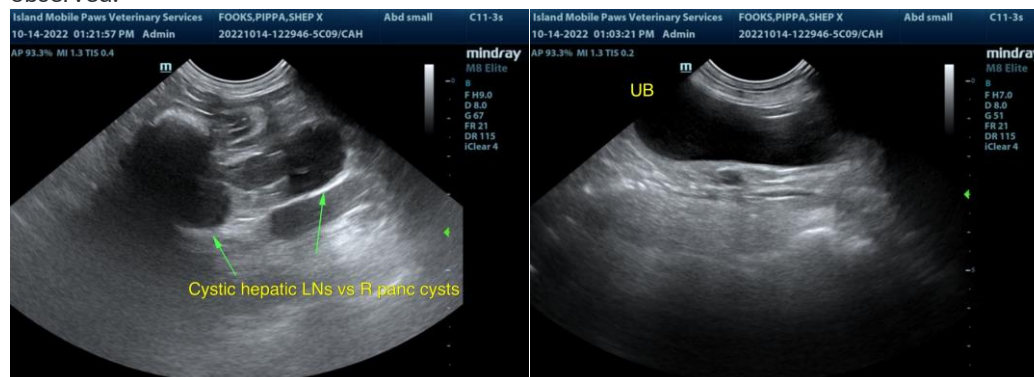
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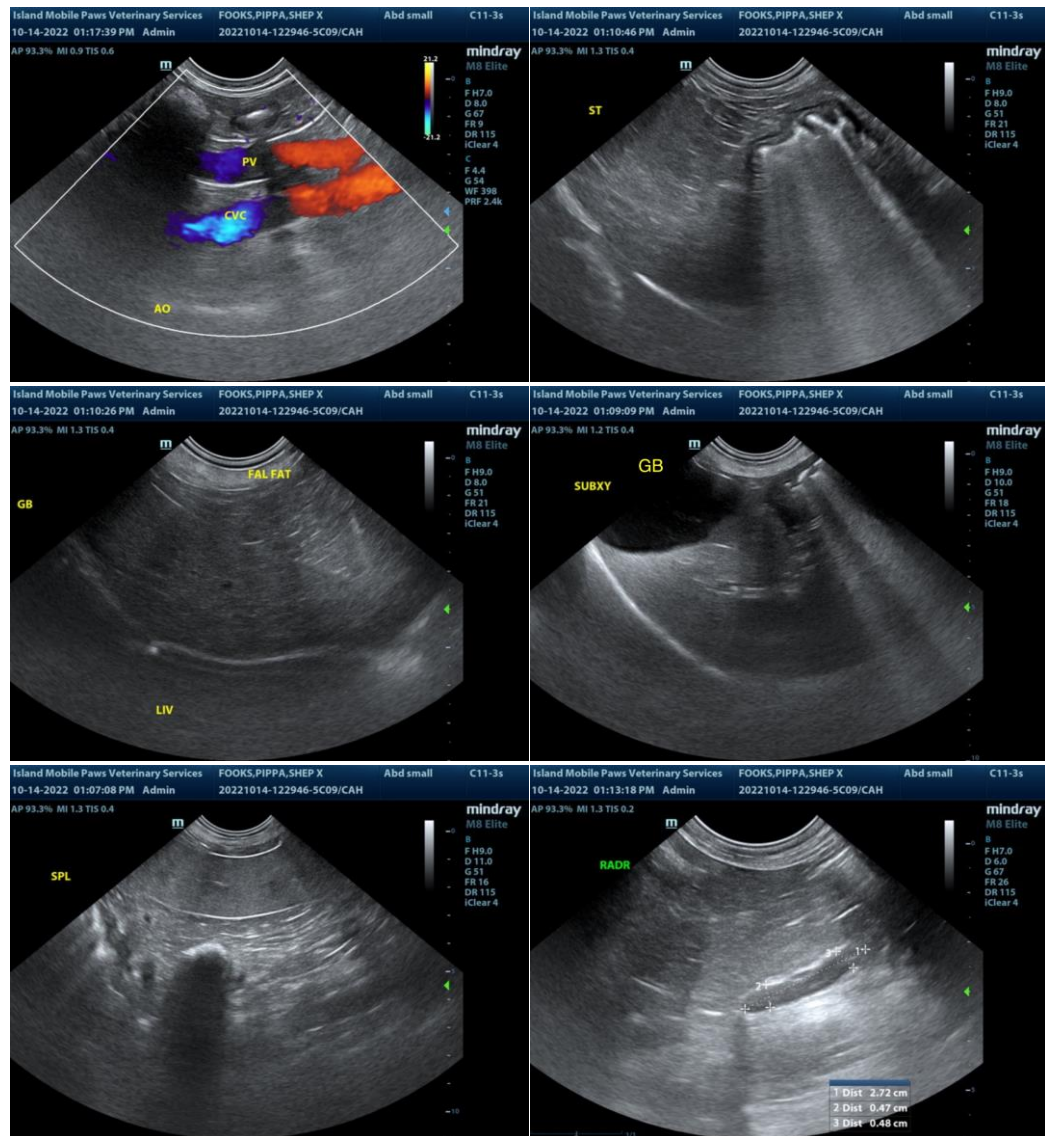
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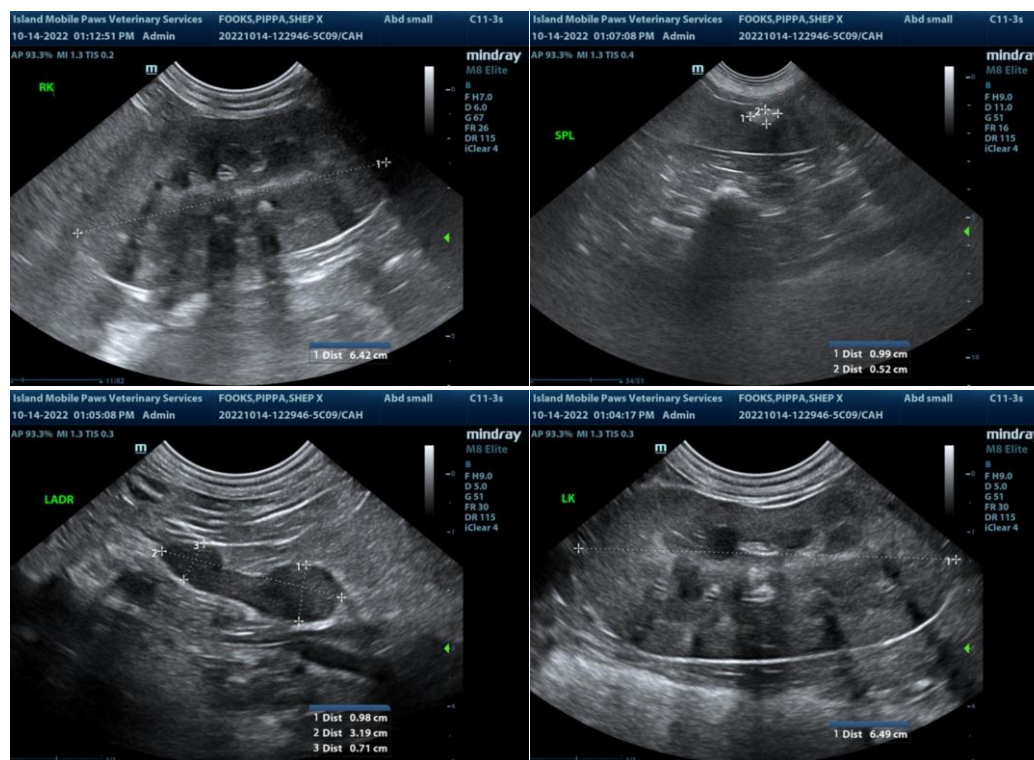
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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