



PATIENT

Graycee Viveiros

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

18.3 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Kathryn Peabody, DVM

INVOICE

12373

DATE

10/18/21

PRESENTING CLINICAL SIGNS

Presented for dental prep- Elevated ALKP on prep labwork. Doing well besides the dental disease, slightly diminished appetite of about 3 weeks duration, and some crusted skin that is being managed by the primary veterinarian. Heartgard, Clindamycin
 Abnormal PE/Chem/CBC/UA Results: ALKP 712; Glob 4.1; TP 8.0; All else WNL

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 aortic trifurcation was free of pathology.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 4.8 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 0.65 cm width at the caudal pole and 0.45 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 0.55 cm width at the caudal pole and 0.50 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Subtle areas of increased medial parenchymal and capsular echogenicity were noted primarily around the splenic hilus. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 to moderate, nondependent yet nonorganized, echogenic gallbladder debris. No evidence of peripheral inflammation associated with the gallbladder was noted. The cystic and common bile ducts were normal.



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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 width measured 0.33 cm.

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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. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.30 cm.

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

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.3 lbs.

Primary Findings

- Mild to moderate age-related renal changes
- Vacuolar hepatopathy pattern - subjectively benign
- Mild to moderate gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall liver was nonspecific, yet most consistent with benign hepatopathy. Given the ALP elevation, vacuolar hepatic changes with potential for mild cholestasis are suspected. The potential for an inflammatory hepatobiliary process, given the presence of gallbladder debris, cannot be excluded. Neoplasia is considered an unlikely differential diagnosis.

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Screening hepatic FNA using a 25-gauge needle and assuming normal clotting status could be considered for further clarification. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Hepatic core biopsy may be required for a definitive diagnosis. No overt anesthetic contraindications, assuming normal BUN, cholesterol, glucose, and in light of normal albumin levels.

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The potential for underlying endocrinopathy is considered unlikely, given the lack of reported clinical signs and sonographic appearance of bilateral adrenal glands.

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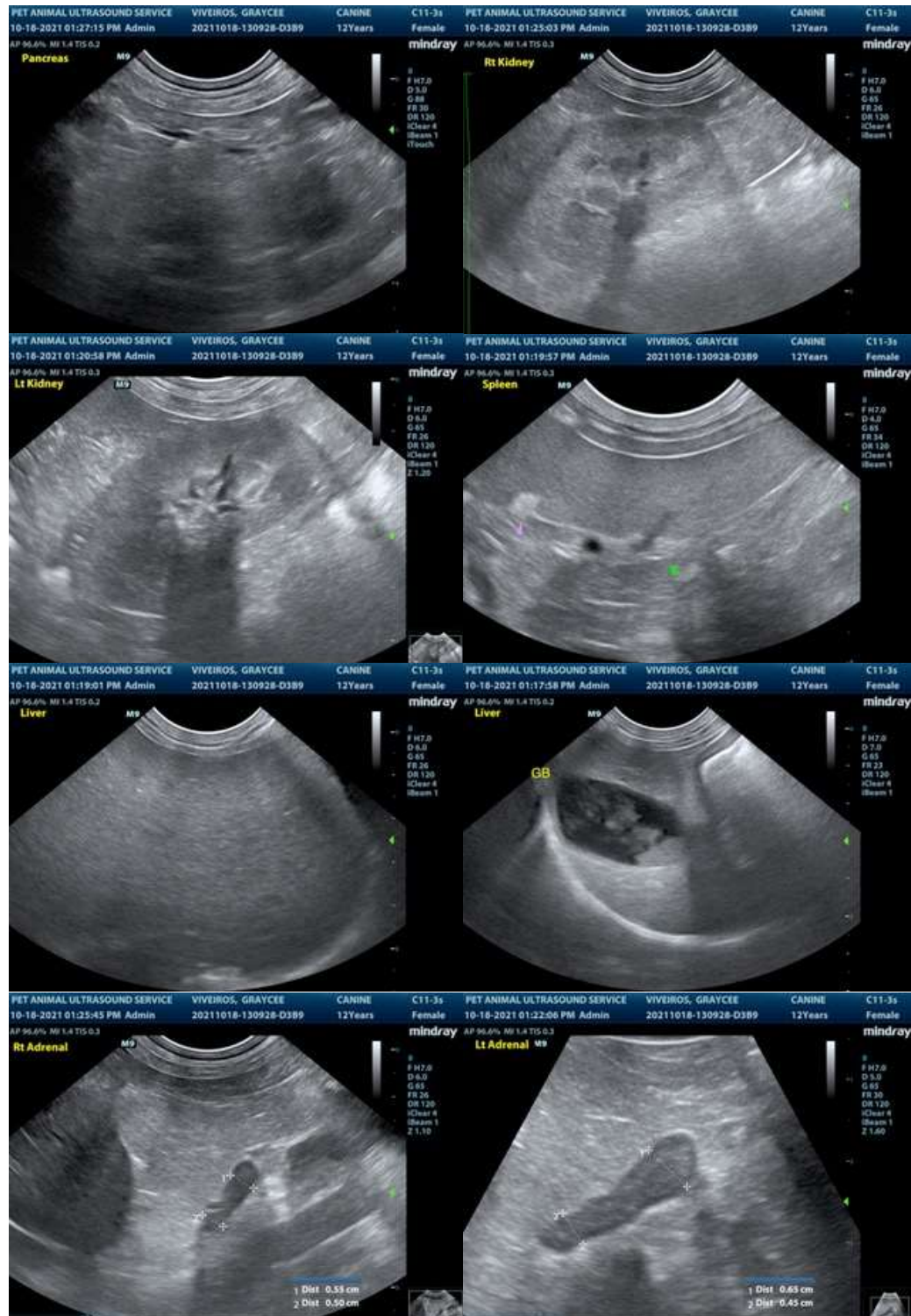
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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