



PATIENT	PRESENTING CLINICAL SIGNS
Sassy Dillon	PE-WNL
	Abnormal PE/Chem/CBC/UA Results: ELEVATED ALT
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.
Havanese	
SEX	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 4.5 cm in length. The right kidney measured 4.5 cm in length.
NA	
AGE	The area of the aortic trifurcation was free of pathology.
4	
WEIGHT	Adrenal Glands
16	No overt pathology in the area of the left or right adrenal gland.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Sharkaway	The liver exhibited subjective borderline to mild decreased size, symmetrical contour and uniform parenchyma exhibiting a mild coarse echotexture. Normal hepatportal vascular volume was present. The portal vein was indistinctly visualized yet subjectively exhibited normal volume. 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. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Kew Gardens Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
REFERRING VET	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.
Dr. Sharkaway	
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11937ag	Pancreas
DATE	
10/19/2022	



PATIENT

Sassy Dillon

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 was evident.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Havanese

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-suspect inflammatory hepatopathy, potential for portal hypoplasia/microvascular dysplasia

SEX

NA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of macroscopic portosystemic shunt was present which is considered unlikely given normal hepatoportal vascular volume as well as lack of secondary signs such as renal or cystic calculi. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered to assess for inflammatory cell type. Bile acid testing is warranted. Hepatic core surgical biopsy may be required for a definitive diagnosis. If post prandial bile acids are elevated to a degree that may suggest a non-visualized portosystemic vascular anomaly, additional advanced imaging such as gold standard CT with contrast may be indicated.

AGE

4

WEIGHT

16

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

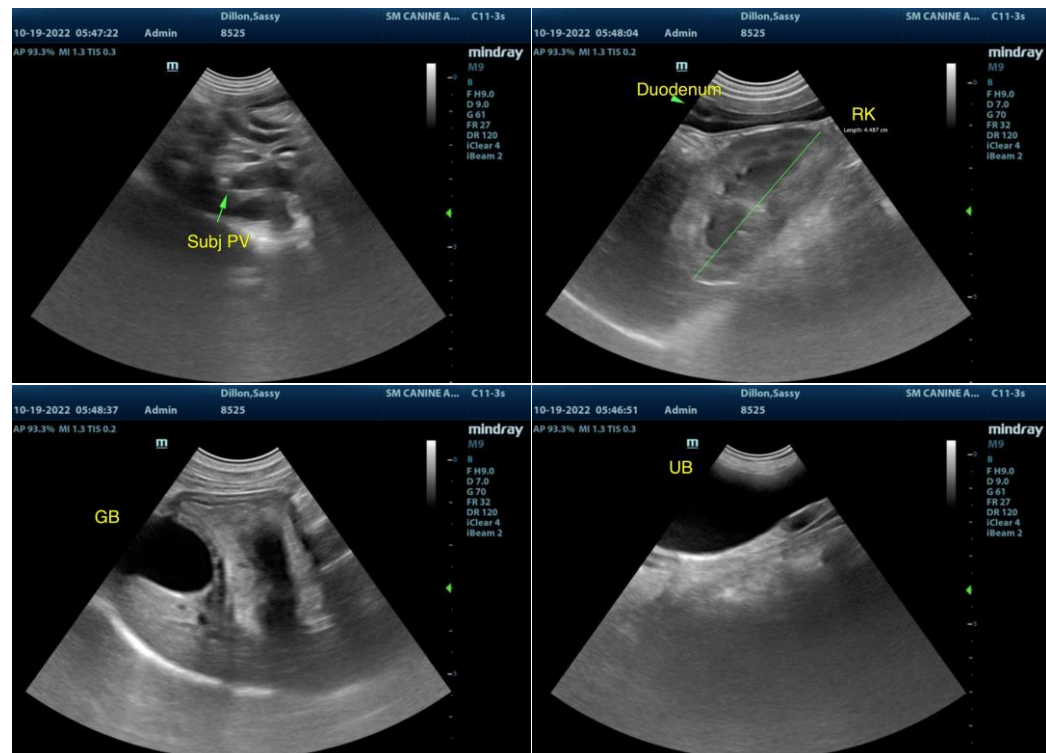
Dr. Sharkaway

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SPECIES

Canine

BREED

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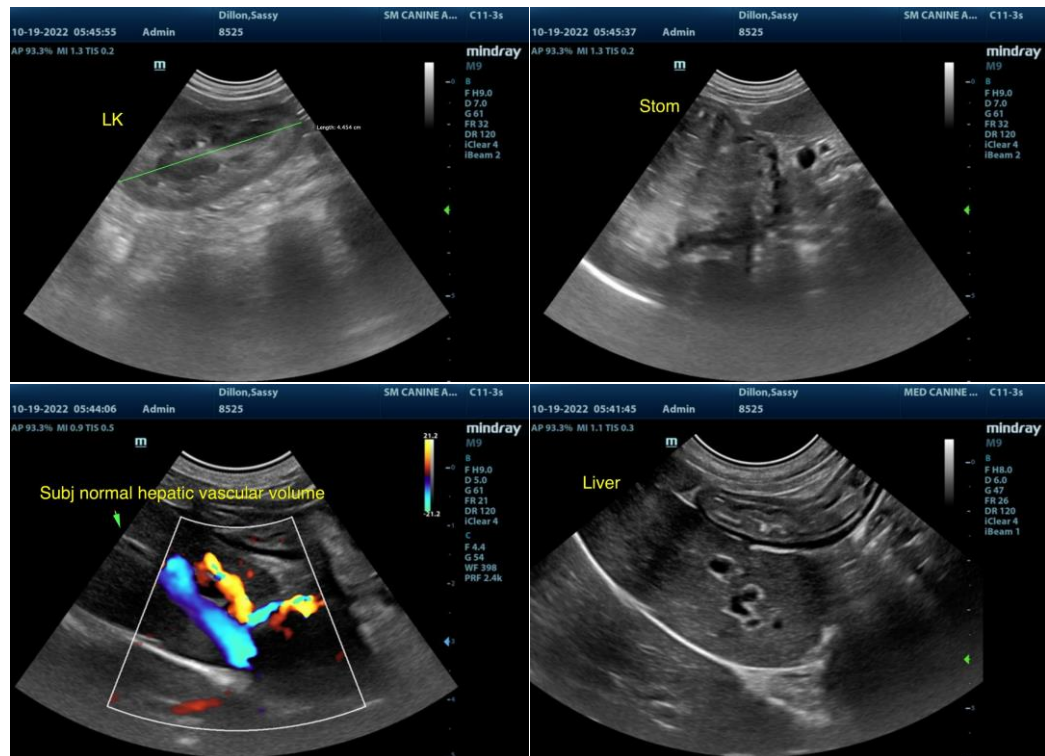
Dr. Sharkaway

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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)

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