



PATIENT PRESENTING CLINICAL SIGNS

Gizzie Butler hypothyroid - being treated dental disease allergic dermatitis - doing well on HP diet

SPECIES Abnormal PE/Chem/CBC/UA Results: Results: NSF in CBC. ALT = 223 (was 92), ALP 1434 (was 1029), GGT 16 (was 11) T4 is wnl at 3.1 Urinalysis: spgr 1.034, ph = 6, 1+protein, 6-10 wbc, moderate rods, 3+ epi cells Elevation in liver enzymes.

Canine

BREED Current Medications Levothyroxine 0.1mg 1 tablet once daily, Amoxi tabs 125mg 1 tablet every 12 hours

Lhasa Apso **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX *Urinary System*

FS 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.

AGE
10yr

WEIGHT 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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

17.9lb

INTERPRETED BY The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was enlarged in size based on caudal pole width in light of patient body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm length and 0.72 cm width in the caudal pole. The right adrenal gland measured 1.2 cm length and 0.50 cm width in the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Cox

Liver

The liver presented mildly 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 primarily anechoic luminal content and minor echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

INVOICE

11954ag

DATE

10/20/2022



PATIENT

Gizzie Butler

Gastrointestinal

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

10yr

WEIGHT

17.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Cox

INVOICE

11954ag

DATE

10/20/2022

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 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

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This finding is likely consistent with age related pancreatic changes and is incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild chronic renal changes
- Normal urinary bladder
- Benign hepatopathy-vacuolar hepatopathy, inflammatory/immune mediated disease, hepatic cholestasis or other hepatopathy possible. No evidence of neoplastic criteria
- Minor gallbladder debris (non-mucocele)
- Mildly prominent to non-homogeneous left adrenal gland-nonspecific

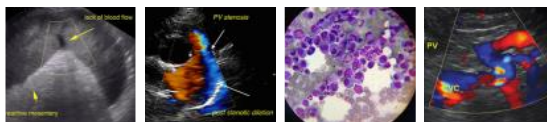
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment.

The prominent left adrenal gland is non-specific given lack of reported clinical signs which may suggest Cushing's syndrome i.e. PU/PD, polyphagia etc. A full adrenal workup is suggested if these clinical are noted or if clinical suspicion for adrenal hyperfunction. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Adrenal neoplastic criteria is considered unlikely. Sonographic monitoring of the left adrenal gland for evidence of progression would likely be ideal.

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.

Recheck urine C/S 7 days post completion of current antibiotic is suggested.



PATIENT

Gizzie Butler

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

10yr

WEIGHT

17.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

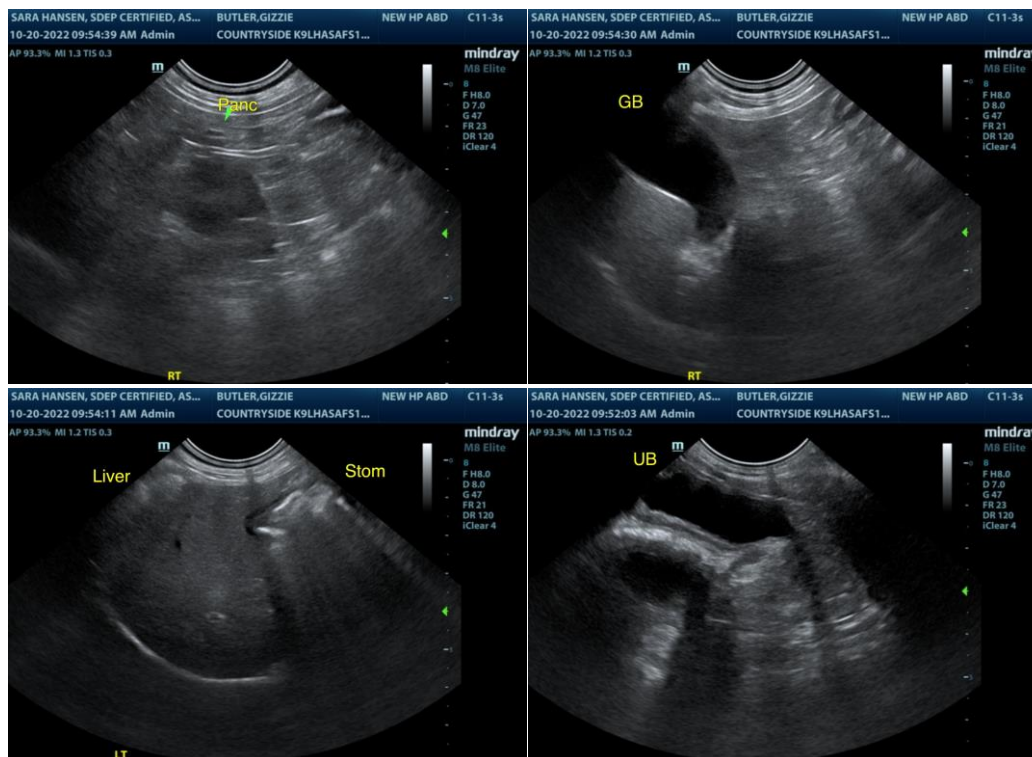
Dr. Cox

INVOICE

11954ag

DATE

10/20/2022





PATIENT

Gizzie Butler

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

10yr

WEIGHT

17.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

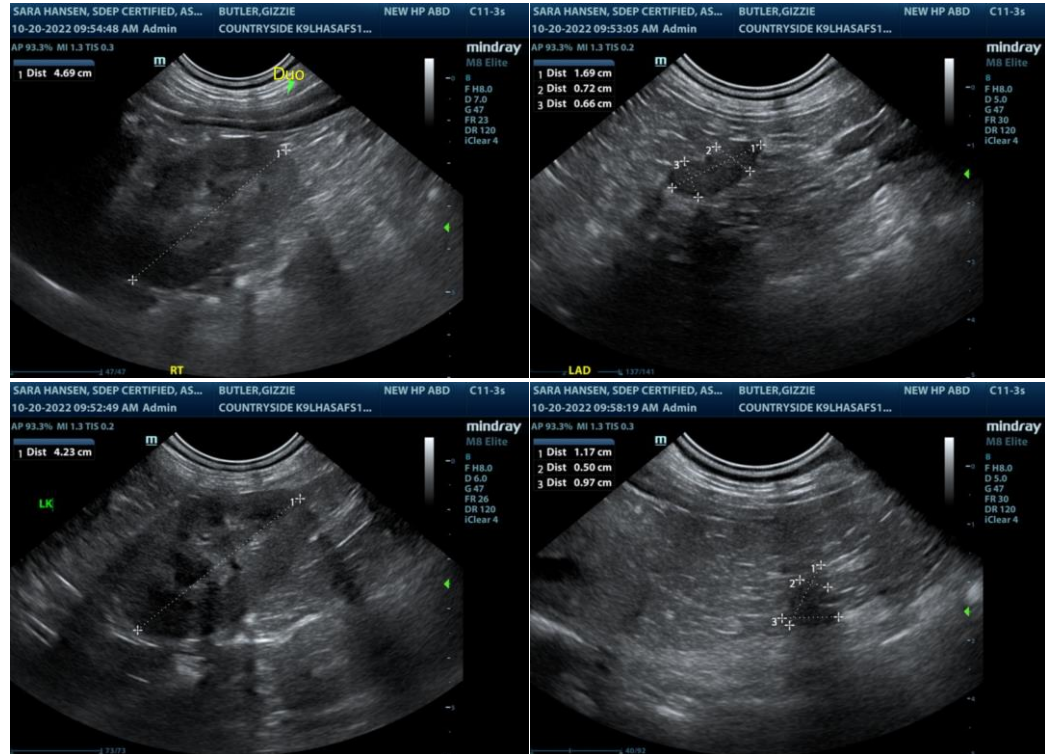
Dr. Cox

INVOICE

11954ag

DATE

10/20/2022



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