



PATIENT

Gladstone Weimer

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

18 yrs 8 months

WEIGHT

17.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Stephanie Welch-

INVOICE

15276

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Severe liver enzyme elevations. Recent diarrhea noted, although improving with medical management and diet. Current medication: Propectalin

Abnormal PE/Chem/CBC/UA Results: HCT: 57, Hgb: 21.3, Cl: 106, Anion Gap: 28, ALT: 779, AST: 403, ALP: 562, GGT: 17, Chol:556

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology exhibiting mild heterogeneous parenchyma yet overly normal in size, position and shape. The left adrenal gland measured 0.62 cm width.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.51 cm width at the caudal pole. No overt evidence of adrenal tumors.

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. 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. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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 is consistent with age-related pancreatic changes and incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy - subjectively benign
- Sonographically unremarkable gallbladder and common bile duct
- Bilateral mild chronic renal changes
- Overtly normal gastrointestinal tract / colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver, although nonspecific, is suggestive of benign hepatopathy with considerations including vacuolar hepatopathy, inflammatory / immune-mediated disease, nonobstructive cholestasis, or other hepatopathy with occult hepatic neoplastic criteria considered unlikely.

Further assessment may include screening hepatic FNA cytology, assuming normal clotting status, as well as Leptospiriosis titers / PCR if endemic to the area or potential exposure. Hepatosupportive medications including Denamarin +/- Ursodiol and empirical antibiotic therapy, if evidence of inflammatory cells on hepatic cytology, with an assessment of hepatic response, would be reasonable. As-needed GI support is recommended.



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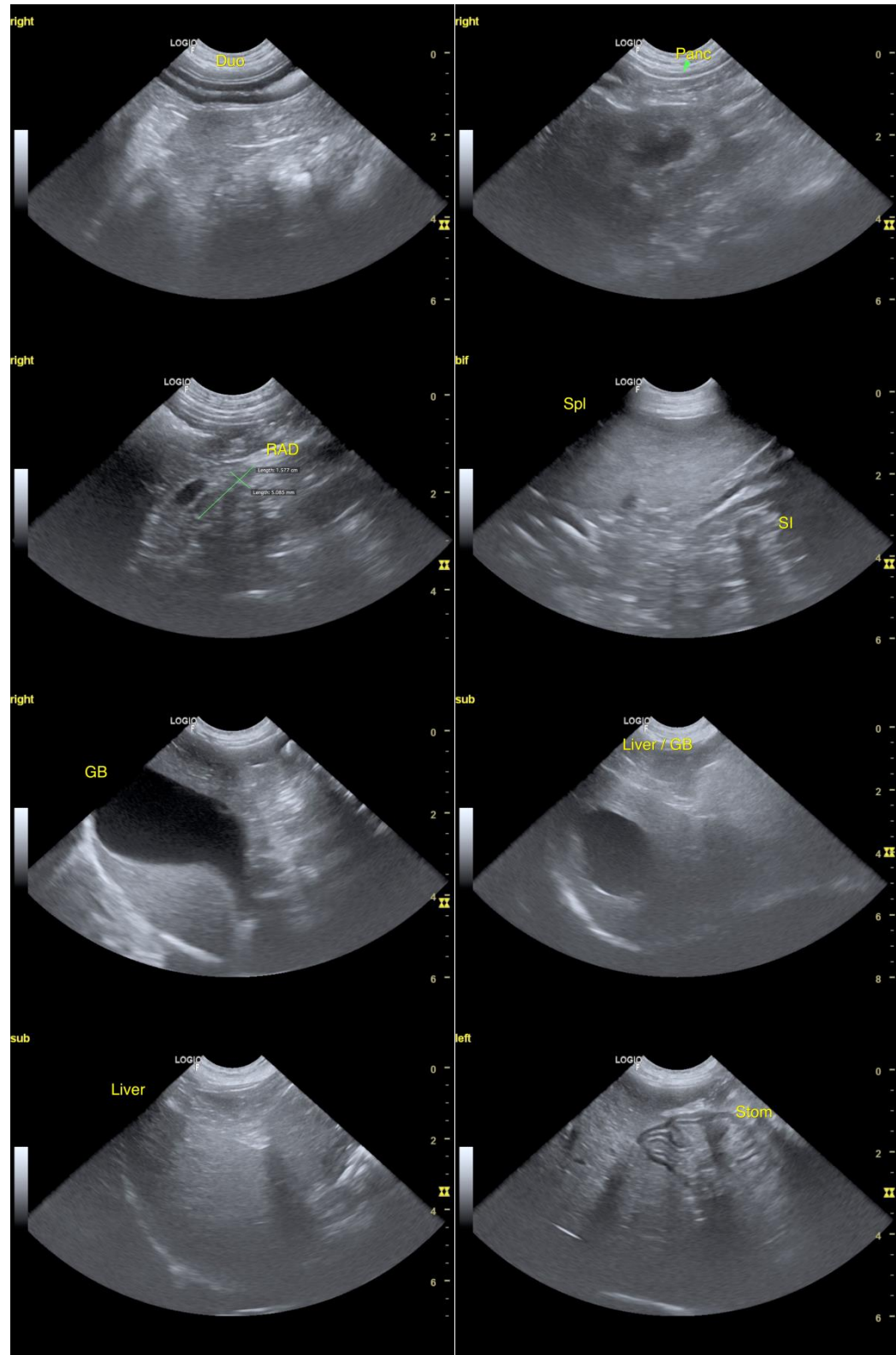
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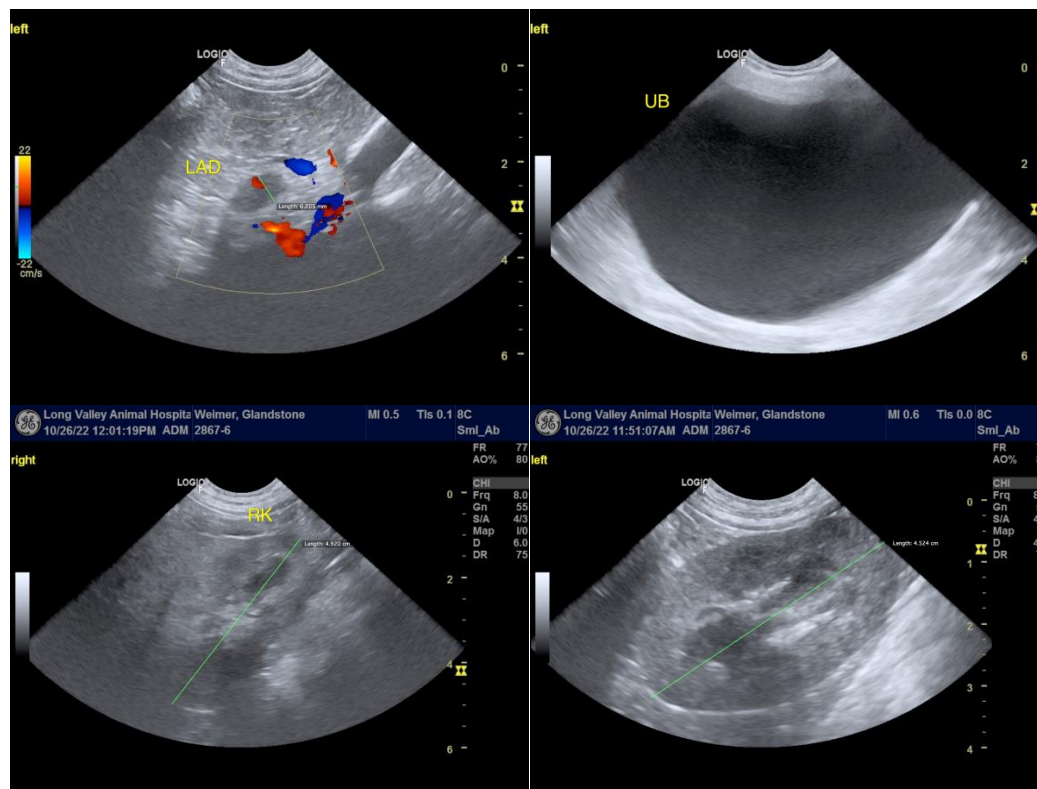
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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