



**PATIENT**

Tucker Randall

**SPECIES**

Canine

**BREED**

Pug

**SEX**

MN

**AGE**

1 yr 6 mo

**WEIGHT**

22.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Berman

**INVOICE**

15294

**DATE**

10/27/22

**PRESENTING CLINICAL SIGNS**

Continued lethargy and inappetence despite medical therapy on 10/22/22 and bland diet Otherwise normal on exam, normal vitals and BAR 10/22/22: Diagnostics (comp plus): - CBC - mild elevated HCT (56.9%), otherwise wnl -- linked - Chemistry - mild elevated ALT (187) \*\*likely secondary to recent continued vomiting\*\* \*\*No concerning changes at this time\*\*

Abnormal PE/Chem/CBC/UA Results: Mild elevated ALT (187) on 10/22/22 labwork Current Medications Cerenia 24mg PO Q24h, Provable Forte SID Radiographic Findings Radiographs (L lateral, VD): - Mild distention at descending colon and proximal transverse SI, otherwise normal gas pattern - Fecal material at distal colon - Mild thickened gastric walls - Small amount of gas in fundus and pylorus - Caudal most aspect of thorax appears normal - Otherwise no soft tissue or skeletal changes noted

**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 sediment or calculi. 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 residual prostate was free of overt pathology.

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 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 5.2 cm in length. The right kidney measured 5.3 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 2.0 cm length x 0.34 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.31 cm width at the caudal pole.

**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.



**PATIENT**

***Liver/ Gallbladder***

Tucker Randall

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 mild echogenic gallbladder debris. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**BREED**

Pug

**SEX**

MN

**AGE**

1 yr 6 mo

***Gastrointestinal***

The stomach exhibited sonographically unremarkable wall layering. The lumen of the stomach contained mild primarily nonshadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.28 cm.

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 measured 0.40 cm width. The jejunum wall measured 0.34 cm width.

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

**WEIGHT**

22.5 lbs.

***Pancreas***

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 were evident.

**INTERPRETED BY**

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**IMAGING  
PERFORMED BY**

Sara Hansen

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta / chyme
- Low-grade hepatopathy

**HOSPITAL NAME**

The Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology as an obvious cause of the patient's clinical signs.

Dietary indiscretion / food allergy, inflammatory bowel episode, occult parasitism, or occult Addison's Disease could be possible. A resting cortisol level is suggested to rule out occult Addison's Disease, even though the bilateral adrenal glands appear to be sonographically normal.

**REFERRING VET**

Dr. Berman

**INVOICE**

15294

Suspect low-grade reactive or potential inflammatory hepatopathy, given the ALT elevation. No overt evidence of a macroscopic portosystemic shunt is noted. Potential for microvascular dysplasia / portal hypoplasia, if persistent or increasing ALT elevation, cannot be excluded. Bile acid testing may be considered for further assessment.

**DATE**

10/27/22

Empirically, as-needed continued GI support would be appropriate.



**PATIENT**

Tucker Randall

**SPECIES**

Canine

**BREED**

Pug

**SEX**

MN

**AGE**

1 yr 6 mo

**WEIGHT**

22.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

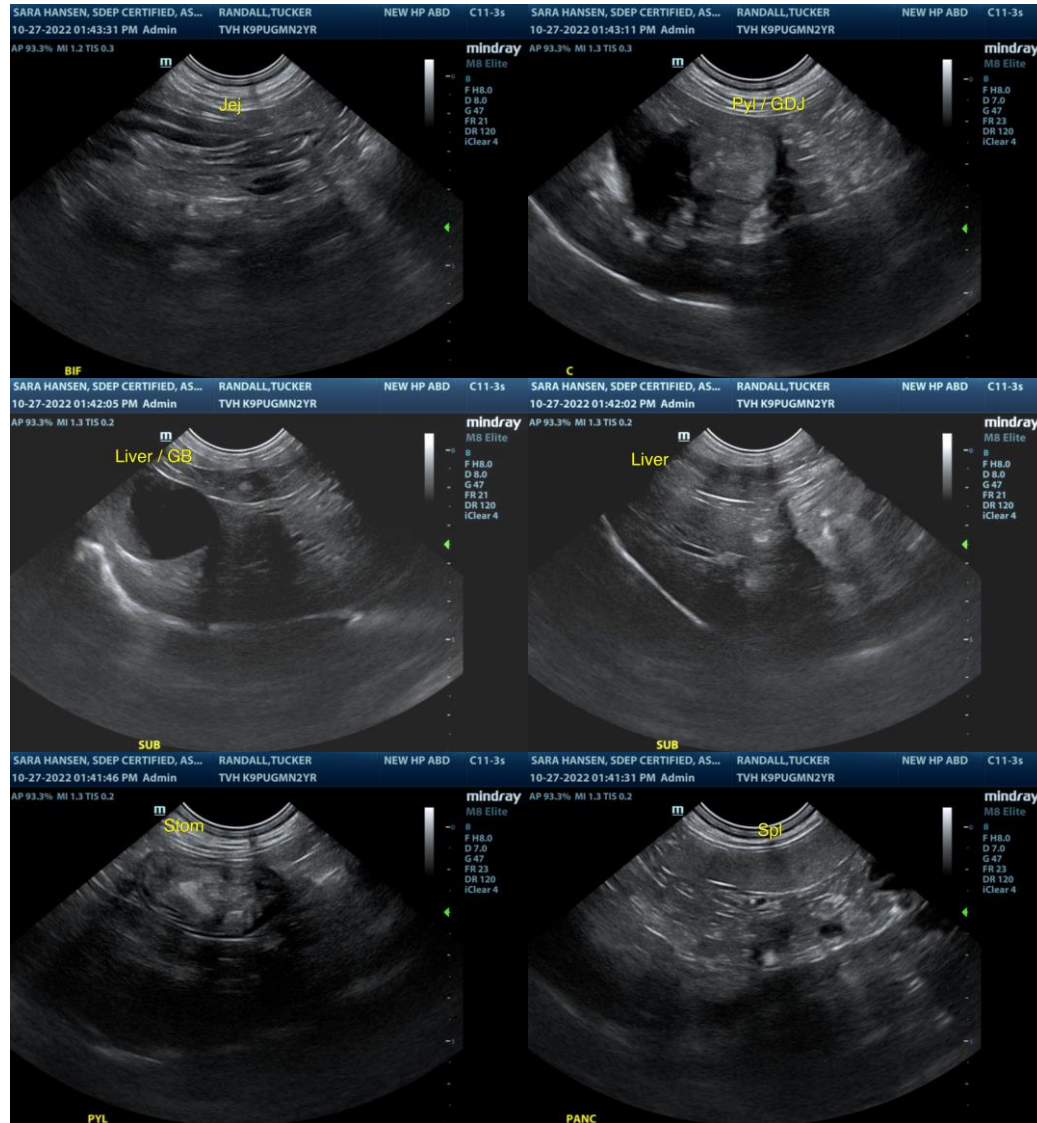
Dr. Berman

**INVOICE**

15294

**DATE**

10/27/22





**PATIENT**

Tucker Randall

**SPECIES**

Canine

**BREED**

Pug

**SEX**

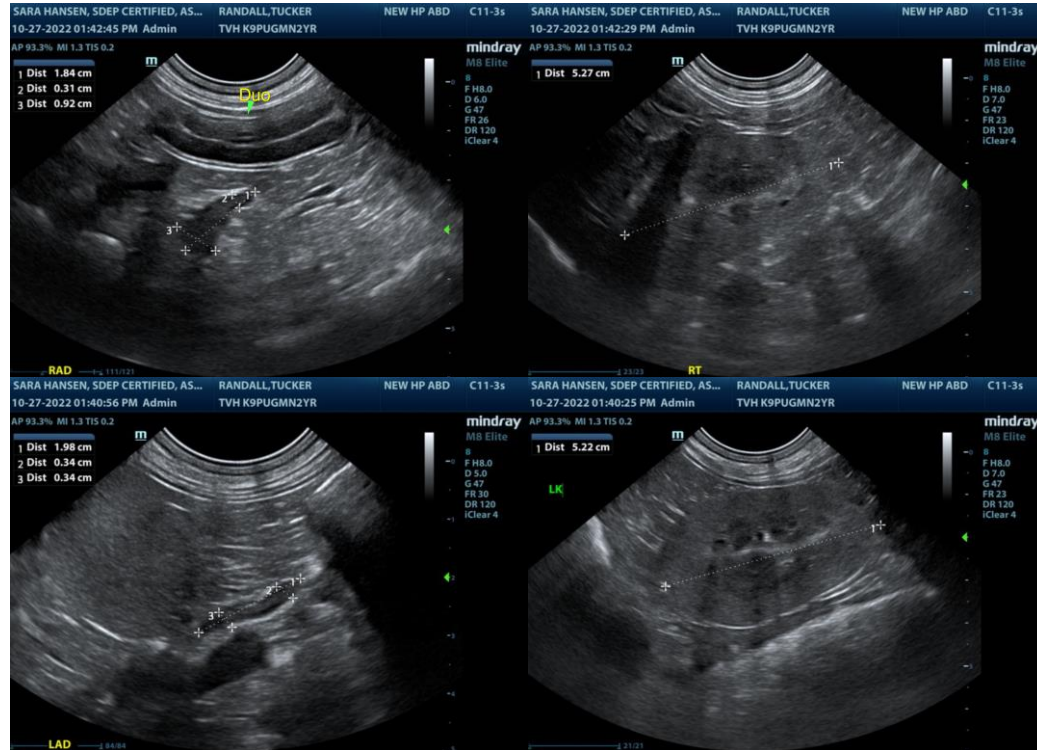
MN

**AGE**

1 yr 6 mo

**WEIGHT**

22.5 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Berman

**INVOICE**

15294

**DATE**

10/27/22

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