



PATIENT

Asha Tsekrekos

SPECIES

Canine

BREED

GDS X

SEX

FS

AGE

11 years

WEIGHT

27 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Cumyn

INVOICE

15308

DATE

11/1/22

PRESENTING CLINICAL SIGNS

Elevated ALP persistently. No clinical signs.
Abnormal PE/Chem/CBC/UA Results: Persistent ALP elevation 1700+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.1 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 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland, although indistinctly visualized.

Spleen

The spleen was normal in size and contour with generalized minor splenic parenchyma heterogeneity including intermittent, very discrete, hypoechoic parenchymal nodules, likely consistent with areas of hyperplasia, hematopoiesis, or potential for incidental splenitis. No overt evidence of neoplastic criteria. Normal splenic vascularity was noted.

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. Focal to intermittent nondisruptive hyperechoic intraparenchymal nodules were present.

The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall, which may suggest entrapped mucus or possible mucosal hyperplasia. No signs of peripheral inflammation.



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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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Partial / emerging gallbladder mucocele
- Hepatopathy exhibiting focal to intermittent subjective benign intraparenchymal nodules - overall liver sonographically suggestive of vacuolar hepatopathy, potential for nonobstructive cholestasis, nodules likely indicative of areas of nodular hyperplasia or benign lipogranulomas
- Mild age-related renal changes
- Minor benign splenic parenchyma changes - likely consistent with areas of hyperplasia, hematopoiesis, or potential for incidental splenitis, no overt evidence of neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for underlying adrenal disease in this patient is considered unlikely, given lack of reported clinical signs. Assessment of T4 levels is recommended if not done.

Hepatosupportive medications including Denamarin and Ursodiol with monitoring for evidence of cranial abdominal / subxiphoid discomfort on palpation associated with the gallbladder and/or evidence of increasing cholestasis would be reasonable. Sonographic monitoring of the gallbladder is likely ideal and recommended, especially if evidence of increasing cholestasis.



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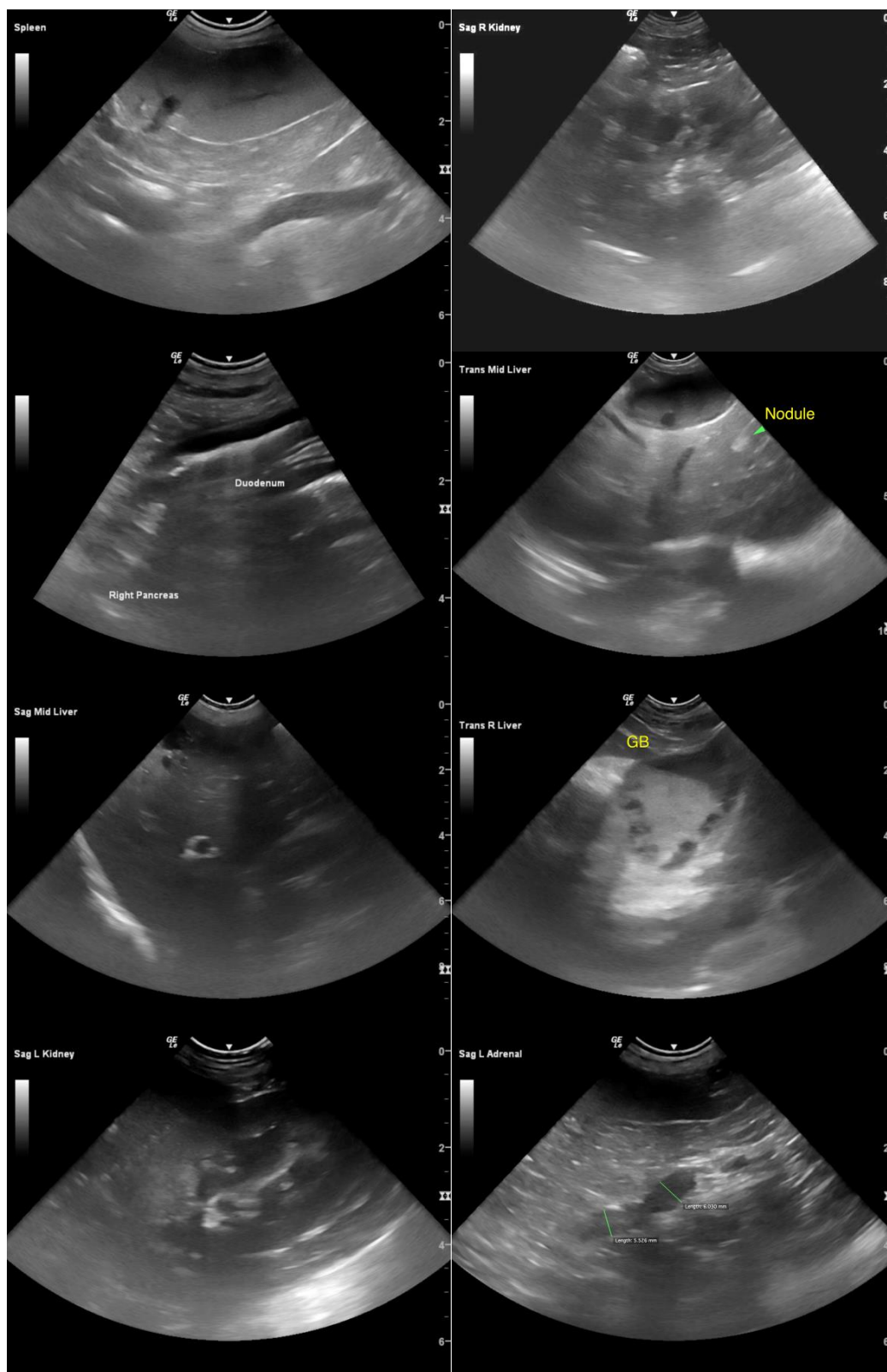
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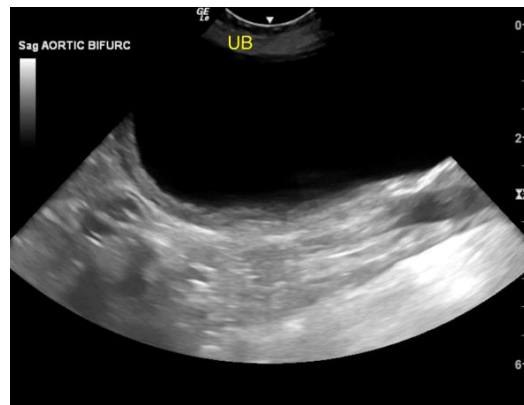
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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(Canine and Feline)

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