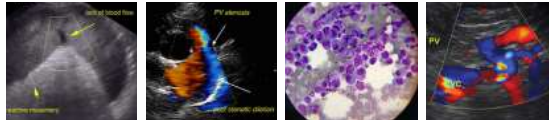


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Willow Young	Patient has chronic anxiety, seems heat intolerant, pants all the time, has a ravenous appetite. Occasional cough. Physical exam overall unremarkable. Ran baseline bloodwork in October to determine safety of fluoxetine use and noted elevated liver enzymes. We opted against fluoxetine at that time.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 10-16-21: ALT 177, ALP 501, triglyceride 447. Remainder of superchem, CBC, T4 was normal (T4 2.2). 11-6-21: ALT 270, ALP 471. Low dose dexamethasone test was normal. Pre cortisol 2.7, 4hrs post 0.5, 8hrs post 0.2.
Canine	
<b>BREED</b>	
American Eskimo Mix	
<b>SEX</b>	
FS	
<b>AGE</b>	
10 years	
<b>WEIGHT</b>	
16.8 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Urinary System</i>  The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
<b>IMAGING PERFORMED BY</b>	<i>Adrenal Glands</i>  The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of hyperplasia or adrenal tumors. The left adrenal gland measured 0.42 cm width in the cranial pole and 0.51 cm width in the caudal pole. The right adrenal gland measured 0.40 cm width in the cranial pole and 0.33 cm width in the caudal pole.
Jenna Walsh, CVT	<i>Spleen</i>  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.
<b>HOSPITAL NAME</b>	<i>Liver/ Gallbladder</i>  The liver presented mildly to potentially moderately 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.
Q Street AH	The gallbladder was non distended in size with mild nondependent yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of inflammatory criteria.
<b>REFERRING VET</b>	
Dr. Haerauf	
<b>INVOICE</b>	
48314	
<b>DATE</b>	
11/12/21	



**PATIENT**

***Gastrointestinal***

Willow Young

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 gastric body wall measured 0.38 cm width.

**SPECIES**

Canine

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 measures 0.40 cm width and the jejunum wall measured 0.26 cm width.

**BREED**

American Eskimo  
Mix

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

**SEX**

FS

***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.

**AGE**

10 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

16.8 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy - subjectively benign.
- Mild gallbladder debris (nonmucocele).
- Bilateral mild chronic renal changes.
- Sonographically unremarkable gastrointestinal tract.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver, although nonspecific, was consistent with benign hepatopathy without evidence of neoplastic criteria which is considered an unlikely differential diagnosis, vacuolar hepatopathy and nonclinical cholestasis, given the ALP elevation, with potential for primary concurrent nonspecific hepatitis (infectious, immune mediated), given the ALT elevation possible.

**HOSPITAL NAME**

Q Street AH

Further assessment may include hepatic FNA, assuming normal clotting status, for screening cytology and potential identification of inflammatory cell type, if present, +/- leptospirosis titers/pcr, if clinically indicated. Hepatosupportive medications including denamarin and ursodiol may prove beneficial.

**REFERRING VET**

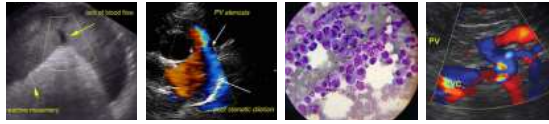
Dr. Haerauf

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**DATE**

11/12/21



**PATIENT**

Willow Young

**SPECIES**

Canine

**BREED**

American Eskimo  
Mix

**SEX**

FS

**AGE**

10 years

**WEIGHT**

16.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

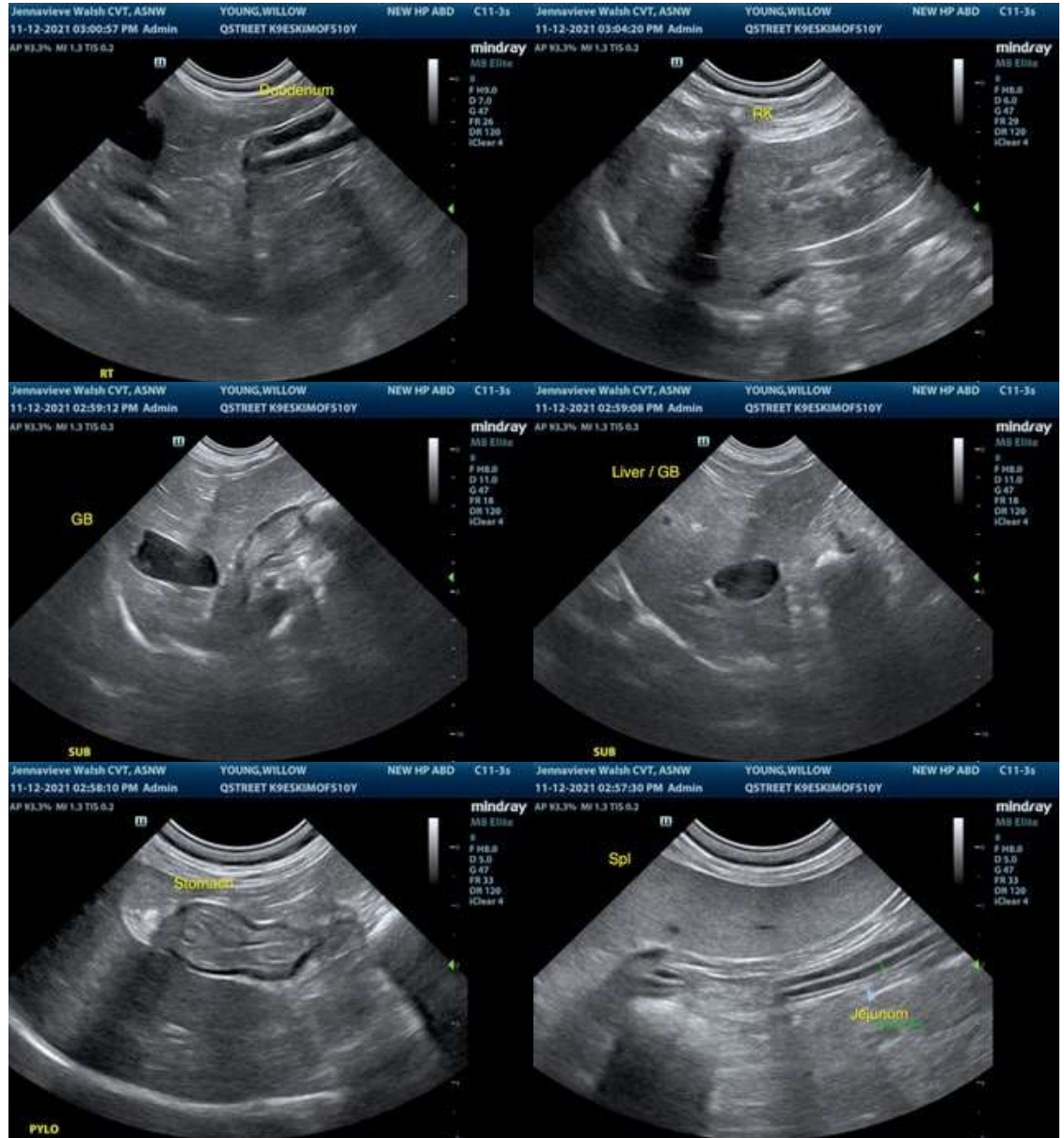
Dr. Haerauf

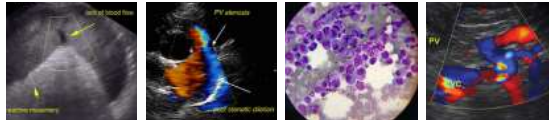
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**PATIENT**

Willow Young

**SPECIES**

Canine

**BREED**

American Eskimo  
Mix

**SEX**

FS

**AGE**

10 years

**WEIGHT**

16.8 lbs.

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

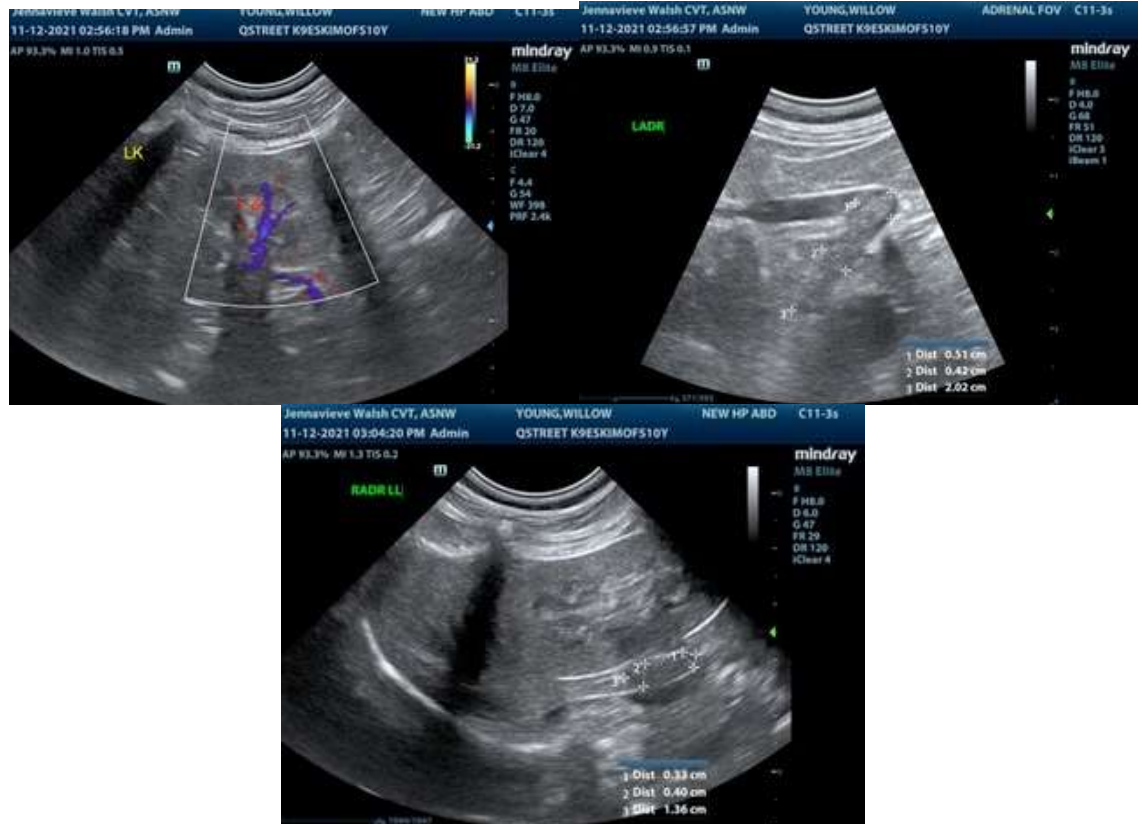
Dr. Haerauf

**INVOICE**

48314

**DATE**

11/12/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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