



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Murphy Gualandi	Progressive increase in ALT/ALP and recent changes to appetite and some weight loss noted. No meds currently.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 561 ALP
Canine	
<b>BREED</b>	
Labrador Retriever	
<b>SEX</b>	
FS	
<b>AGE</b>	
11 yr	
<b>WEIGHT</b>	
34.5 kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Chippawa AH	
<b>REFERRING VET</b>	
Dr. Van Leeuwen	
<b>INVOICE</b>	
15326	
<b>DATE</b>	
11/2/22	

## 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, 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 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 6.8 cm in length. The right kidney measured 6.9 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 2.6 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size/conformation, without overt pathology. The right adrenal gland subjectively measured 0.59 cm width at the caudal pole.

### *Spleen*

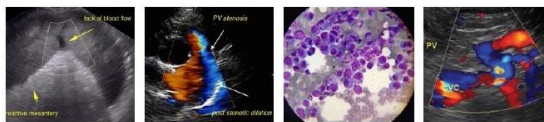
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver/ Gallbladder*

The liver was normal in size with areas of asymmetrical caudal capsule contour and generalized mild nonuniform to remodeled hepatic parenchyma. No masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with minor, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

### *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.



**PATIENT** 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.

Murphy Gualandi

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

**SPECIES** *Pancreas*

Canine 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.

**BREED**

Labrador Retriever

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 yr

- Chronic hepatopathy exhibiting mild asymmetrical caudal hepatic margination
- Minor gallbladder debris - non-mucocele
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract

**WEIGHT**

34.5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall liver was nonspecific with considerations including chronic vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, fibrosis, some degree of mild nonobstructive hepatic cholestasis, or other hepatopathy with hepatic neoplasia considered an unlikely differential diagnosis.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

Hepatic sampling is required for further assessment. If accessible, screening hepatic FNA cytology could be considered initially, primarily to assess for or possibly identify inflammatory cell type if present. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and thorough muscular/skeletal/neurological examination could be considered to assess for or rule out concurrent occult disease as a contributing factor to the patient's weight loss.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

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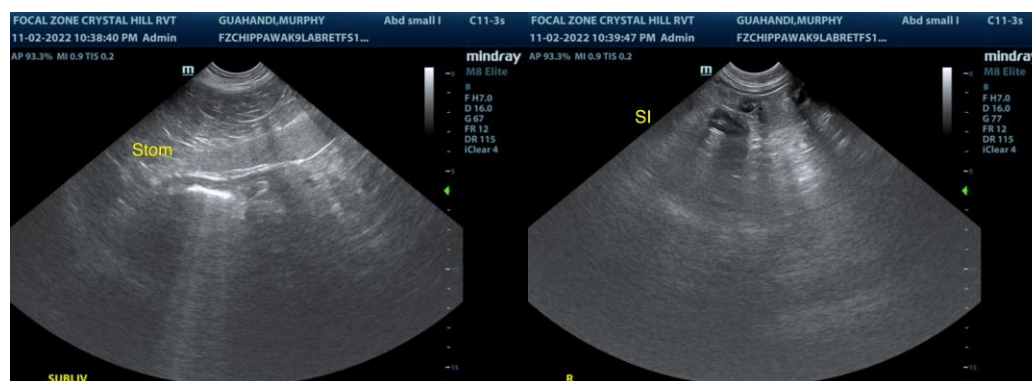
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**PATIENT**

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**SPECIES**

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**SEX**

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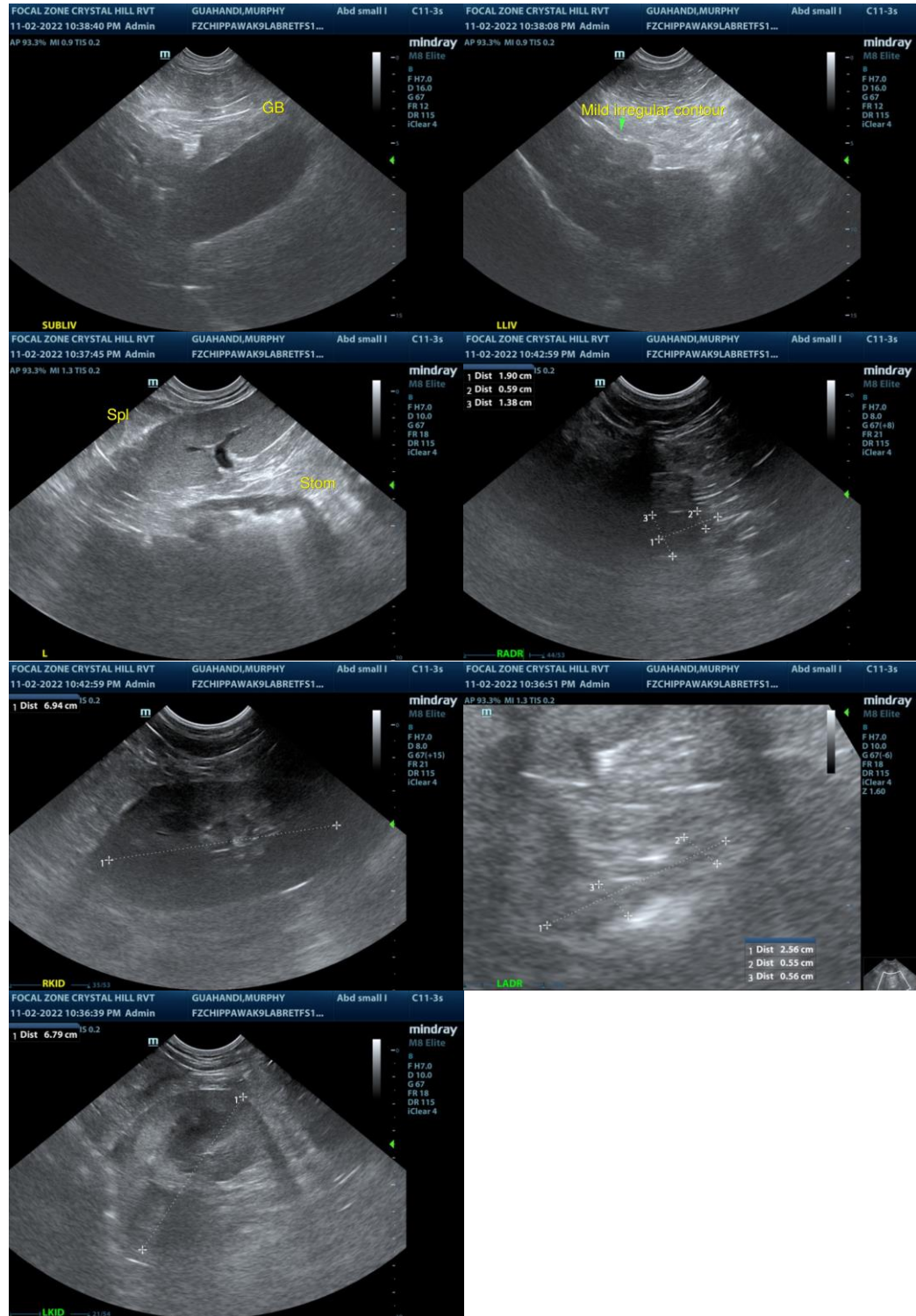
Dr. Van Leeuwen

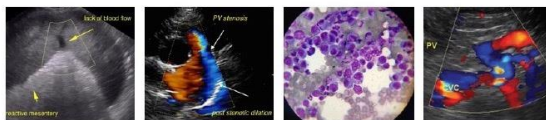
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## PATIENT

Murphy Gualandi

**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.**

## SPECIES

Canine

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.

## BREED

Labrador Retriever

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**[info@SonoPath.com](mailto:info@SonoPath.com)**

## SEX

FS

## AGE

11 yr

## WEIGHT

34.5 kg

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