



PATIENT PRESENTING CLINICAL SIGNS

Zoe Kreis persistent elevated ALP post suspect hepatitis episode in March 22, multiple episodes of acute vomiting that resolve w supportive treatment-pre and post march episode (possibly due to frequent dietary indiscretions) meds: Denamarin, ursodiol-no improvement to ALP levels

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: please see attached labs ALP 1328 ALT 38 Na:K 34 normal pre and post prandial bile acids

BREED

Doodle **Urinary System**

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

AGE

2yr

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 6.0 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

18kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 2.6 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

Liver

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 thin walls and primarily anechoic luminal content with mild echogenic non-organized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schroeder

INVOICE

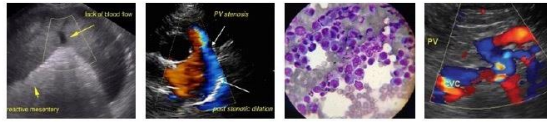
12200ag

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.

DATE

11/21/2022



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.
Zoe Kreis
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 was evident.

BREED

Free Abdomen

Doodle

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Non-specific benign hepatopathy
- Mild gallbladder debris-incidentally potentially secondary to fasting or mild cholestasis
- Sonographically normal GI tract

AGE

2yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18kg

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The appearance of the liver may suggest metabolic or vacuolar hepatic changes or mild cholestasis given the ALP and presence of gallbladder debris. Potential for cholangiohepatitis cannot be definitively excluded. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment primarily to assess for presence of inflammatory cells and/or antigenic stimulation.

INTERPRETED BY

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Given the previous vomiting episodes a limited antigen or hydrolyzed diet trial with potential long term dietary therapy with continued hepatosupportive medications may prove beneficial.

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PATIENT

Zoe Kreis

SPECIES

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Doodle

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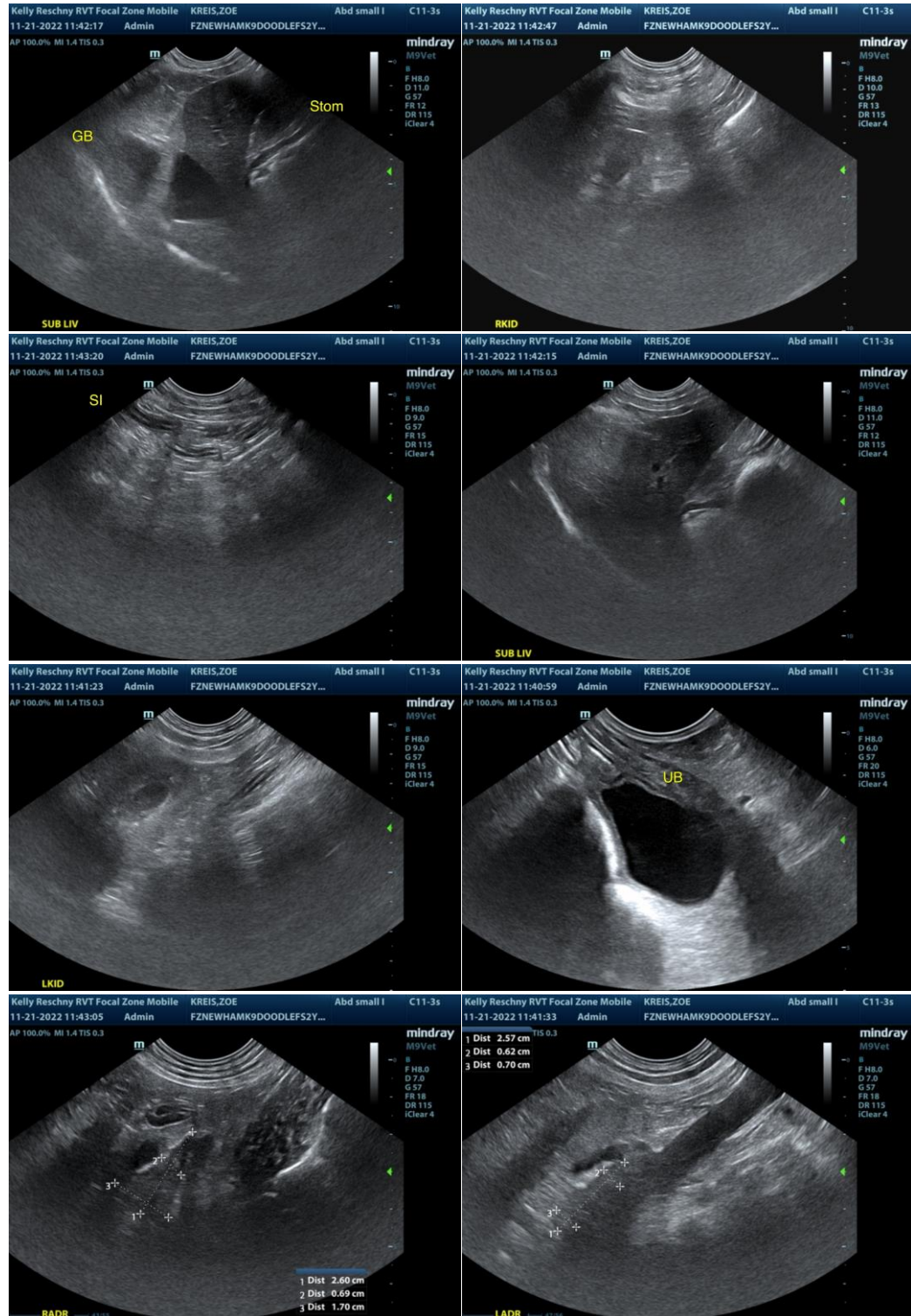
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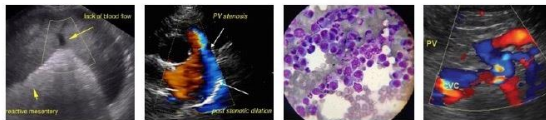
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT can be of any further assistance please contact me.

Zoe Kreis **R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

info@SonoPath.com

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Canine

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