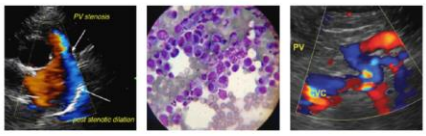
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Bella Morgner

SPECIES
Canine

BREED
Terrier Mix

SEX
FS

AGE
4 years 9 months

WEIGHT
60.6 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
15551

DATE
11/22/22

PRESENTING CLINICAL SIGNS

Current Medications: Denamarin Adv Large SID Simparica Trio diphenhydramine 25mg 2 tab PO BID
Patient History: AUS on 11/22/22. Checking AUS to monitor changes from last year. Increase in monocytes, ALT, and low thyroid.

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: 11/4/22 Exam: 3. OD- epiphoria, moderately hyperemic conjunctiva, mild chemosis. recommend eye diagnostics- O declined today OS -WNL 4. gray crusts lining edges of ear pinna AU, canals clean/normal- suspect allergic/vasculitis consider trial of animax oint BID on edges of ear flaps- reviewed contains steroid, wear gloves when handling- O declined ointment. INI consider addition of niacinamide 5. Mild generalized tarter 7. Wheezing noted when p laying down, lungs clear. Discussed possibly related to weight gain, rule-out allergies given concurrent eye/ear changes, vs other pulmonary disease. 8. Prominent fat pad cranial sternum- monitor closely for mass formation, consider FNA- O declines today, will continue to monitor 13. overweight- O recently started monitoring diet reducing treats/table food - P lost 2 lbs since diet change

ALT 369, ALP 20

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 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 both kidneys. A normal 1:3 cortex / medulla ratio was maintained exhibiting overall normal corticomedullary echogenicity. Discrete, increased medullary echogenicity just inside the corticomedullary border was present consistent with subtle medullary rim sign. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. No evidence of pyelectasia was noted in either kidney. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

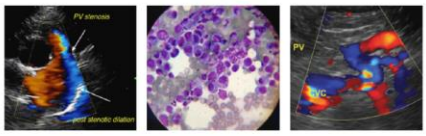
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.52 cm width at the cranial 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.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Bella Morgner

SPECIES
Canine

BREED
Terrier Mix

SEX
FS

AGE
4 years 9 months

WEIGHT
60.6 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
15551

DATE
11/22/22

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 presented normal in size with uniform hyperechoic parenchyma compared to the falciform fat and spleen. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with moderate, non-dependent yet nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

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

- Discrete, nonspecific, bilateral medullary rim sign
- Hepatopathy exhibiting uniform parenchyma hyperechogenicity
- Moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the hepatic parenchyma echogenicity in combination with ALT elevation may include; chronic hepatitis / cholangiohepatitis or hepatic cholestasis in conjunction with concurrent gallbladder debris, vacuolar hepatic changes, less likely fibrosis, or infiltrative hepatic neoplasia.

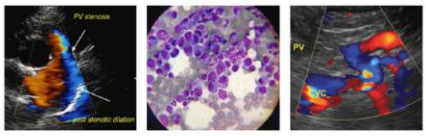
Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification and potential identification of Inflammatory cell type if present. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic reassessment of the liver and gallbladder is suggested if progressive hepatic enzyme elevations or cholestasis are noted.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711

svsimagingmi@gmail.com

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Morgner

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

4 years 9 months

WEIGHT

60.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

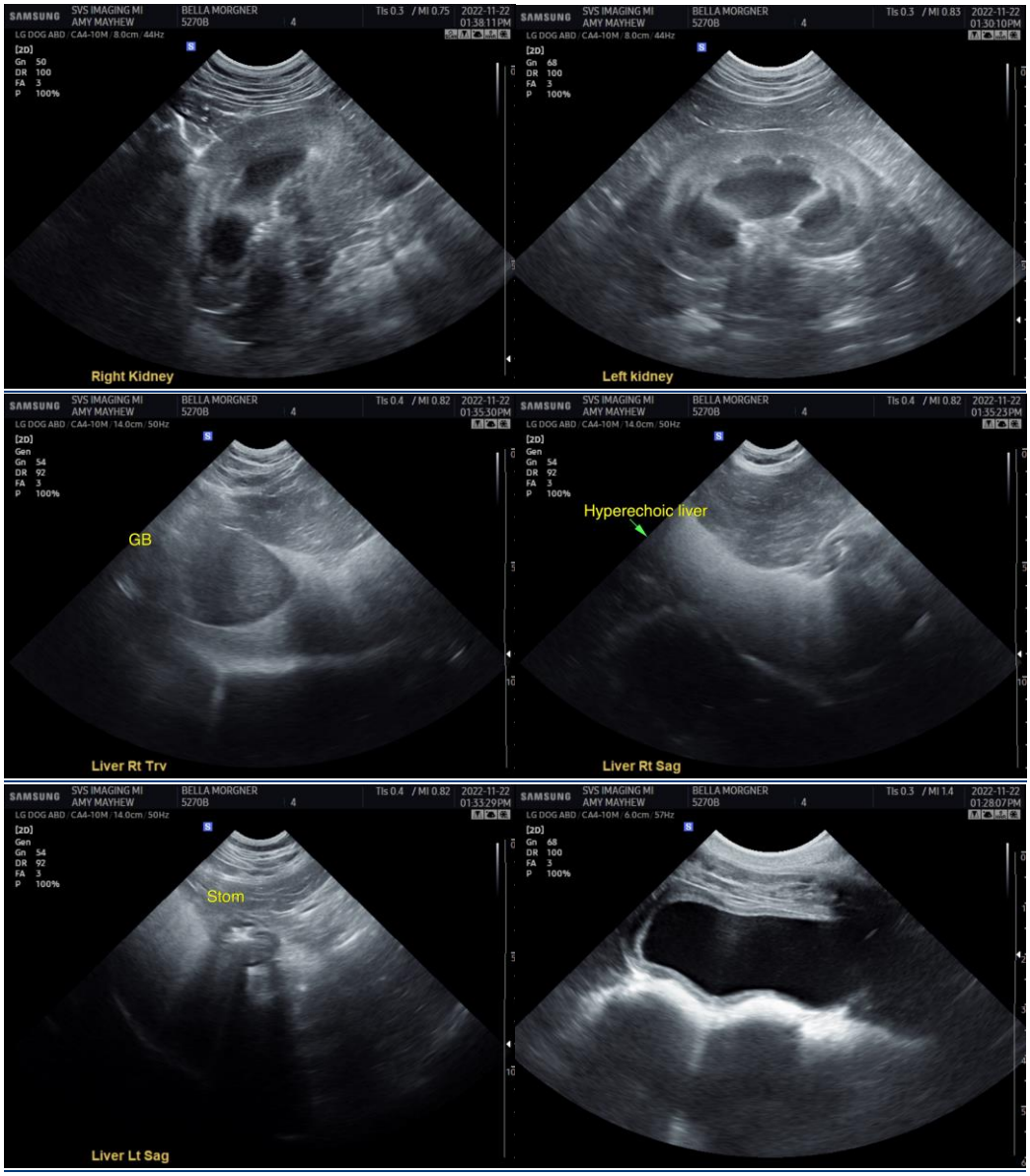
Family Pet Practice

INVOICE

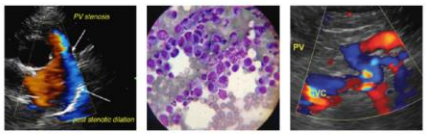
15551

DATE

11/22/22



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Morgner

SPECIES

Canine

BREED

Terrier Mix

SEX

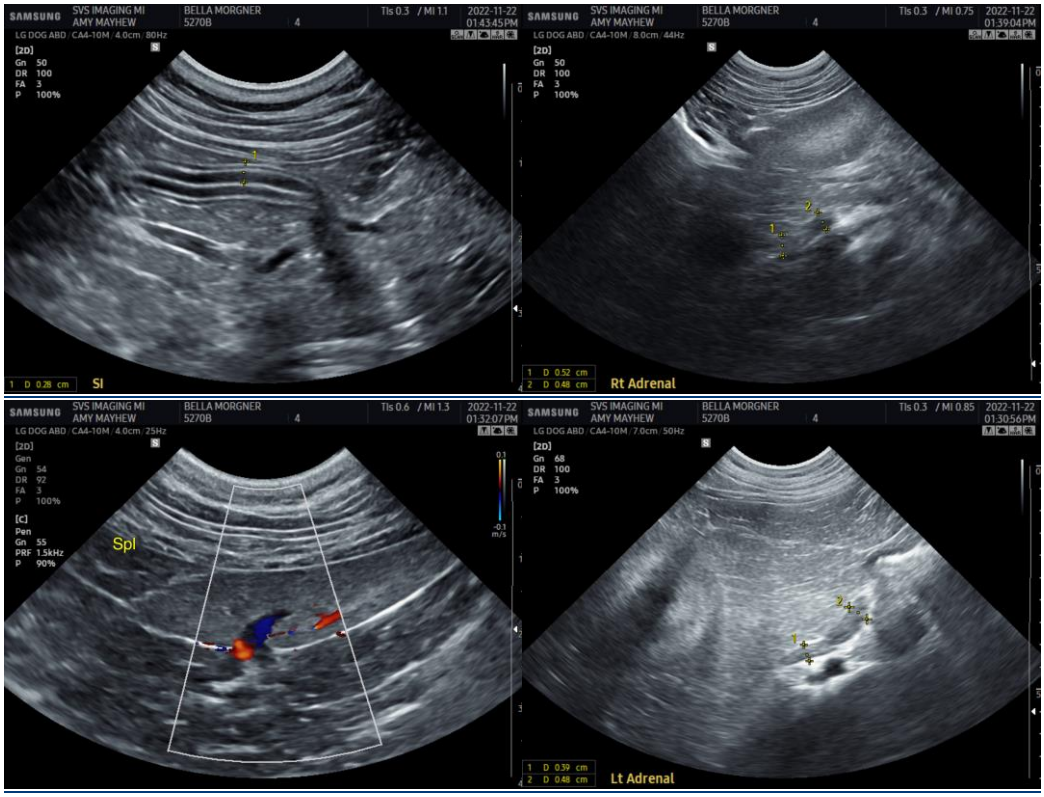
FS

AGE

4 years 9 months

WEIGHT

60.6 lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

15551

DATE

11/22/22

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