



**PATIENT**

Jade Pasko

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

1y 10m

**WEIGHT**

56.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

15547

**DATE**

11/22/22

**PRESENTING CLINICAL SIGNS**

Mild ALT elevation, hypoproteinemia, Hx of intermittent vomiting + diarrhea. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 194, Albumin 2.4, Globulin 2.3, HCT 36

**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. The urinary bladder was non-distended. Primarily content was present in the lumen. Moderate, non-dependent hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

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 6.5 cm in length. The right kidney measured 6.4 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 2.8 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.46 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 left to mid-liver was indistinctly visualized, suggestive of significant left to right microhepatica exhibiting asymmetrical hepatic contour and nonhomogeneous visualized mid to right hepatic parenchyma. The right lateral to caudate liver exhibited normal size to possible mild lobar swelling and uniform parenchyma with normal parenchyma echogenicity exhibiting mild coarse echotexture. The gallbladder was mildly distended in size containing anechoic content with no evidence of luminal debris or sludge. The gallbladder walls were sonographically normal without evidence of inflammatory criteria.



**PATIENT**

***Gastrointestinal***

Jade Pasko

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.

**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.

**BREED**

Lab

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

**SEX**

FS

***Pancreas***

The pancreas was indistinctly visualized owing to peripancreatic omental artifact. Subjective mild nonhomogeneous pancreatic parenchyma exhibiting potential for hypoechoic striations, potentially suggestive of pancreatic edema, were present. No evidence of pancreatic neoplastic criteria.

**AGE**

1y 10m

***Free Abdomen***

Moderate volume anechoic peritoneal free fluid was present. No overt lymphadenopathy or omental masses were noted. Generalized mild hyperechoic mesentery was present.

**WEIGHT**

56.5 lbs.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No evidence of right chamber enlargement.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Subjective severe left to mid microhepatica exhibiting nonhomogeneous parenchyma, normal to mildly prominent right lateral to caudate liver exhibiting uniform parenchyma
- Moderate volume anechoic peritoneal free fluid
- Overtly normal gastrointestinal tract
- Normal bilateral kidneys
- Moderate urinary bladder sediment

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Blairstown AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup with potential identification of cellular debris +/- urine C/S if evidence of inflammatory cells is suggested. Although intermittent gastrointestinal signs, small intestinal presentation was not overtly suggestive of protein-losing enteropathy, while the current degree of hypoalbuminemia was not to the decreased level which would obviously result in peritoneal free fluid. Correlation with effusion analysis cytology +/- C/S if clinically indicated is suggested.

**REFERRING VET**

Dr. Lovell

**INVOICE**

15547

**DATE**

11/22/22

The subjective lobar microhepatica in this patient is nonspecific and may suggest potential congenital hepatic abnormality (given the young age of the patient), chronic inflammatory hepatopathy, or other structural pathology not overtly visualized. Bile acid elevation is suggested to assess hepatic functionality. CT with contrast is likely ideal if possible for further assessment of the liver, as well as for nonobvious vascular abnormality.



**PATIENT**

Jade Pasko

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

1y 10m

**WEIGHT**

56.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

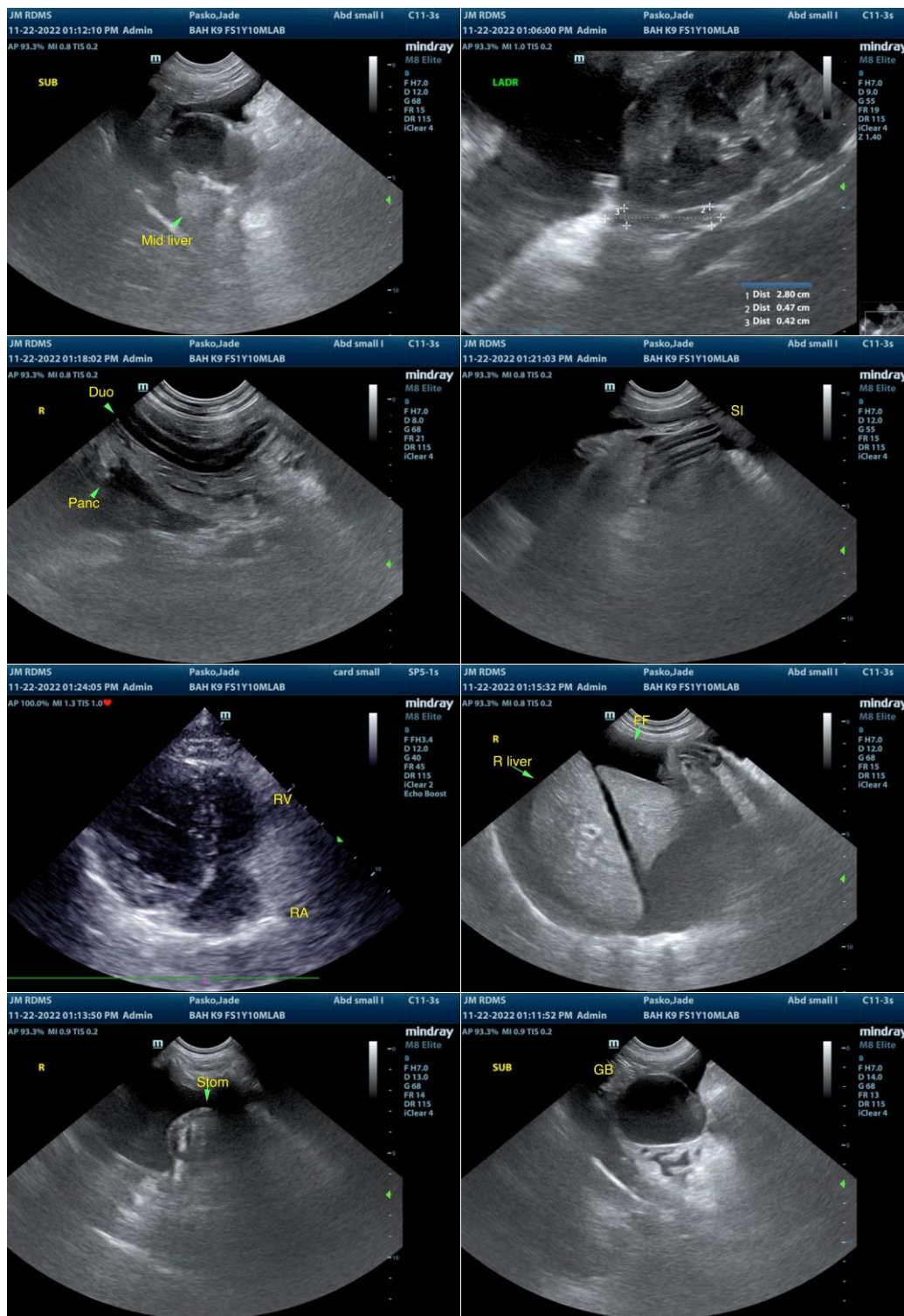
Dr. Lovell

**INVOICE**

15547

**DATE**

11/22/22





**PATIENT**

Jade Pasko

**SPECIES**

Canine

**BREED**

Lab

**SEX**

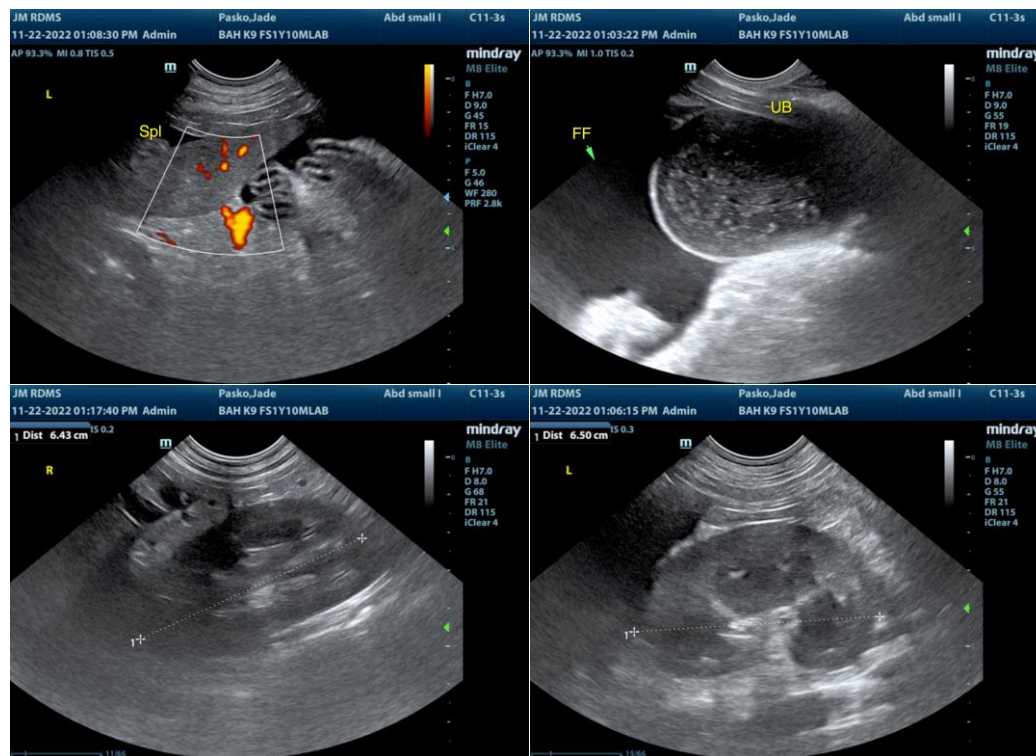
FS

**AGE**

1y 10m

**WEIGHT**

56.5 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

15547

**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