



PATIENT

Pumpkin Hartzell

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

The Pet Clinic

INVOICE

18868

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: liver and kidney needs examining

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate nondependent particulate to focally hyperechoic sediment 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 residual prostate was normal in size with minor residual prostatic urethral dilation, which is a nonspecific finding, sometimes seen in patients who were neutered later in life and is considered incidental. The residual prostate measured 1.4 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.5 cm in length. Small cortical cysts were present in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm in length x 0.56 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 1.3 cm in length x 0.47 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

The liver was normal in size and contour with mild increased parenchyma echogenicity, exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling.

The gallbladder was normal in size with mild nondependent nonorganized echogenic debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The lumen of the stomach appeared to be mildly gas distended with focal, nonspecific, spherical to ovoid, nonshadowing,



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uniform hypoechoic echo present in the area of the antrum and pylorus, measuring approximately 1.6 cm in diameter. This echo did not appear to be obstructive.

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 subjective semi-formed fecal matter.

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 was evident.

ULTRASONOGRAPHIC FINDINGS

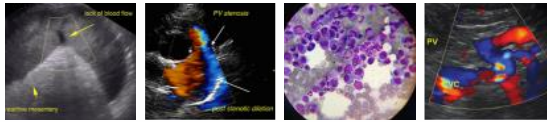
- Moderate urinary bladder sediment/mucus
- Bilateral nonspecific chronic renal changes with focal cortical cysts
- Normal liver size, exhibiting mild parenchyma hyperechogenicity-nonspecific
- Mild gallbladder debris (non-mucocele)
- Nonspecific nonshadowing nonobstructive hypoechoic gastric luminal echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Although nonspecific, the overall hepatic presentation is suggestive of potential chronic benign hepatopathy with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, hyperplasia, hematopoiesis, nonobstructive cholestasis, mild to early fibrosis or other hepatopathy with neoplastic criteria considered unlikely. Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle could be considered for further assessment, primarily to assess for evidence of inflammatory cells. Hepatic core or surgical biopsy may be required for a definitive diagnosis depending upon the degree of hepatic enzyme elevation. Bile acid testing may be considered if clinically indicated.

The nonshadowing nonspecific gastric echo may indicate treat, medication, focal ingesta, although the possibility of a small nonobstructive foreign body cannot be definitively excluded. Correlation with most recent meal ingestion is recommended. Sonographic monitoring of this echo could be considered, especially if vomiting, anorexia, etc., going forward, are noted.



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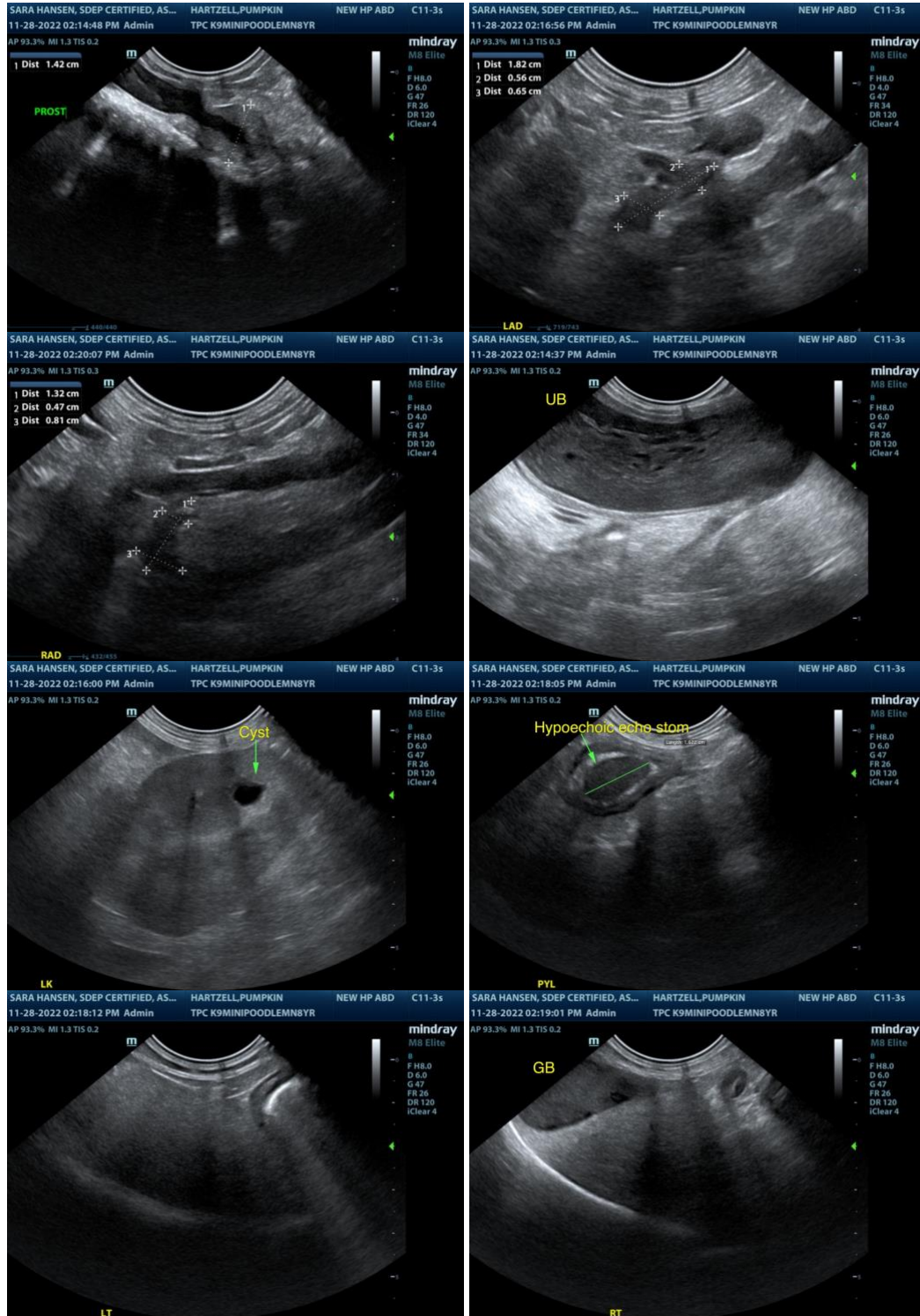
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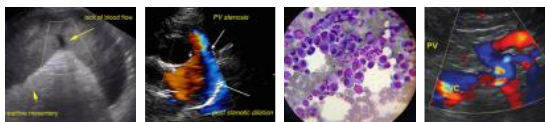
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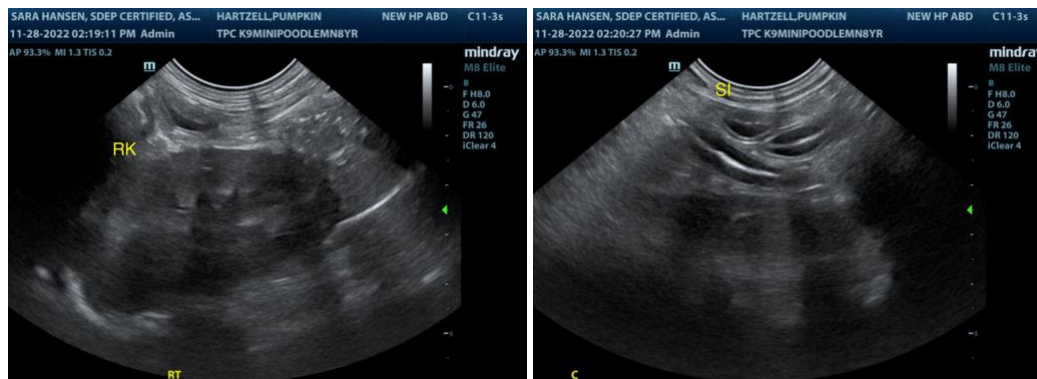
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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