



**PATIENT PRESENTING CLINICAL SIGNS**

Dino Foss History: Pre-dental bloodwork performed in May. Normal aside from elevated ALT (147; normal range 18-121). Recheck BW 10/2022 to monitor ALT - now 212.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was free of pathology.

Standard Poodle

**SEX** The residual prostate was free of pathology.

Neutered Male

Normal size and margination was 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 6.3 cm in length. No evidence of renal mineralization.

5 Years 10 Months

**Adrenal Glands**

**WEIGHT** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm in length x 0.59 cm width at the caudal pole.

63 Pounds

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm in length x 0.50 cm width at the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen was normal in size and contour with primarily finely textured homogenous parenchyma. Intermittent nondisruptive anechoic to hypoechoic potentially cyst like splenic nodules noted. An example of splenic nodule measured 1.8 cm in diameter.

**IMAGING PERFORMED BY**

Amanda Lacey-Crook,  
SDEP Certified  
Sonographer

**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.

**HOSPITAL NAME**

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The gallbladder was non-distended in size with anechoic content with mild non-organized mildly echogenic luminal debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Melody Williams

**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.

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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.

**DATE**

11/29/22

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



**PATIENT**

***Pancreas***

Dino Foss

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.

**SPECIES**

Canine

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Standard Poodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Benign hepatopathy- suspect low grade inflammatory hepatopathy
- Mild gallbladder debris non-mucocele)
- Nonspecific yet subjectively benign splenic nodules- hyperplasia, hematopoiesis, cysts, small hematomas or similar likely

**AGE**

5 Years 10 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, screening hepatic +/- splenic nodule FNA using a 25-gauge needle could be considered for screening cytology and further assessment. Given the mild yet progressive ALT elevation, nonspecific mild inflammatory hepatopathy, potential toxic hepatopathy, i.e., copper hepatopathy is considered most likely. Hepatic core or surgical biopsy is likely required for a definitive diagnosis. Sonographic monitoring of the splenic nodules, if FNA cytology is elected, would be a more conservative approach yet reasonable.

**WEIGHT**

63 Pounds

No overt anesthetic contraindications assuming evidence of normal hepatic function, i.e., normal BUN, glucose, cholesterol and BUN levels. No evidence of a portosystemic vascular anomaly.

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Hepatosupportive medications may prove beneficial.

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**SPECIES**

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**BREED**

Standard Poodle

**SEX**

Neutered Male

**AGE**

5 Years 10 Months

**WEIGHT**

63 Pounds

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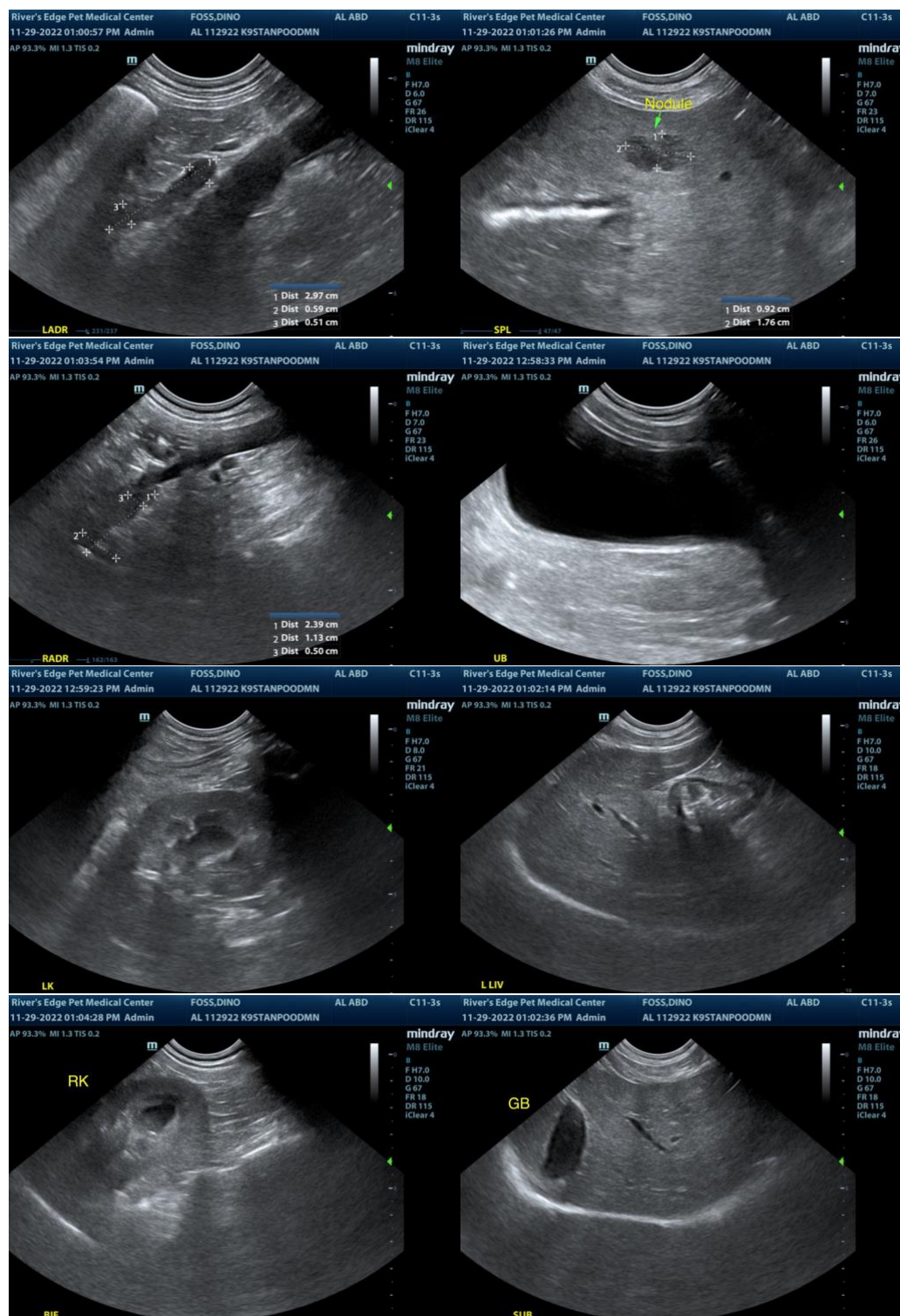
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

can be of any further assistance please contact me.

Dino Foss

**SPECIES**

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

Standard Poodle

**SEX**

Neutered Male

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