



PATIENT

Eevee Leuenberger

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

10 Years

WEIGHT

62.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

18895

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Vomiting after drinking water the past few weeks, progressive ALP elevation. Hx of VPCs (managed by cardiologist).
Abnormal PE/Chem/CBC/UA Results: ALP 1252 UA: Quiet sediment SG 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris or mucus. 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 normal.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm in length x 0.85 cm width in the caudal pole. The right adrenal gland measured 2.4 cm in length x 0.64 cm width in the caudal pole. No evidence of adrenomegaly or adrenal tumors.

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. Focal discrete areas of hyperechoic splenic parenchyma were noted, potentially consistent with emerging benign myelolipomas.

Liver

The liver was borderline enlarged in size with maintained symmetrical hepatic contour and overall normal hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture and minor parenchymal remodeling. No masses or nodules were noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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

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Pancreas

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The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

Australian Cattle Dog

No overt lymphadenopathy or peritoneal effusion was present.

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- Benign hepatopathy- suggestive of vacuolar hepatopathy pattern with potential for hyperplasia or hematopoiesis
- Chronic pancreatitis/pancreatic fibrosis pattern in the pancreas base and right pancreatic limb
- Sonographically unremarkable gastrointestinal tract
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spec CPL +/- screening hepatic FNA cytology, assuming normal clotting status, to assess for evidence of chronic pancreatitis or hepatic inflammatory cells. Bland or hydrolyzed diet trial +/- gastroprotectant protocol may prove beneficial. Hepatosupportive medications may prove beneficial. No overt evidence of significant visceral pathology, including no evidence of neoplastic criteria. No overt suspicion of primary adrenal disease given the lack of reported PU/PD, polyphagia, etc., and urine specific gravity >1.020.

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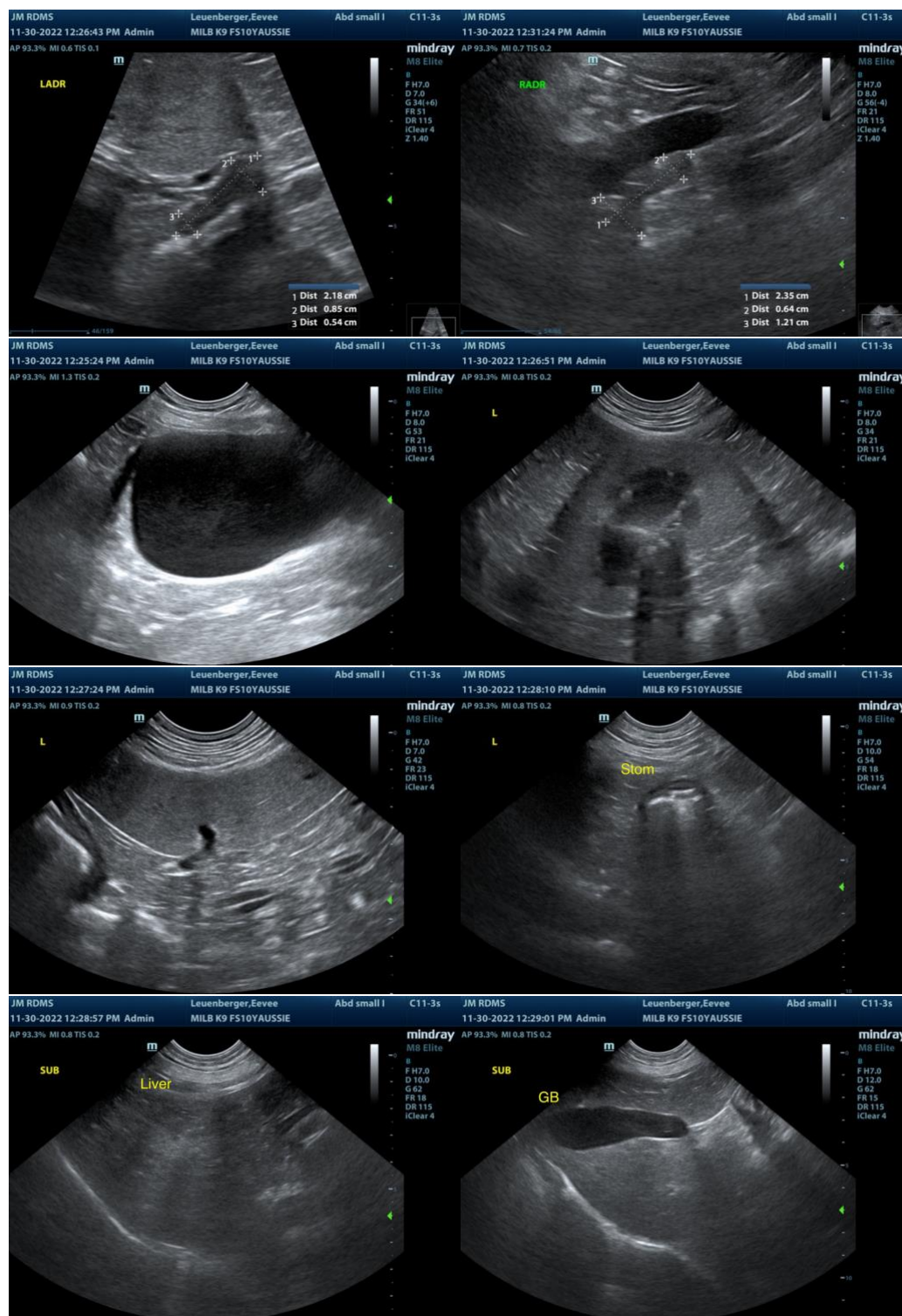
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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