



**PATIENT**

Evelyn Dorobisz

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

FS

**AGE**

8 years 4 months

**WEIGHT**

58.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River Animal  
 Hospital

**REFERRING VET**

Casey Schuelke, DVM

**INVOICE**

15382

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

History of perineal adenoma found at annual exam.

Elevated liver enzymes (ALT 312, ALP 238), AST 59) on yearly bloodwork. NO PU/PD.

**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. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

A solitary medial iliac lymph node was present, not consistent with inflammatory or neoplastic criteria and incidental to normal. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.4 cm x 0.44 cm.

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 7.1 cm in length. The right kidney measured 7.1 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 0.54 cm width at the caudal pole and 0.66 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 0.58 cm width at the caudal pole and 0.74 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. 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 was subjectively normal in size, structure, and contour. The liver parenchyma exhibited normal echogenicity with a moderate coarse echotexture and subjective mild remodeling. A solitary to possibly intermittent, nondisruptive, discrete, hyperechoic intraparenchymal nodule to nodules, consistent with benign etiologies such as small lipogranuloma or nodular hyperplasia, was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size minor particulate to echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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***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.

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

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***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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific yet benign hepatopathy
- Minor gallbladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver may include vacuolar hepatopathy, nonobstructive cholestasis given the ALP elevation, with primary concern for nonspecific inflammatory / immune - mediated parenchymal disease given the ALT/AST elevation, or other hepatopathy without evidence of neoplastic criteria.

Screening hepatic FNA cytology could be considered initially for further assessment primarily to potentially identify inflammatory cell type if present. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatic functionality is assumed to be normal if normal albumin, glucose, BUN, and cholesterol levels. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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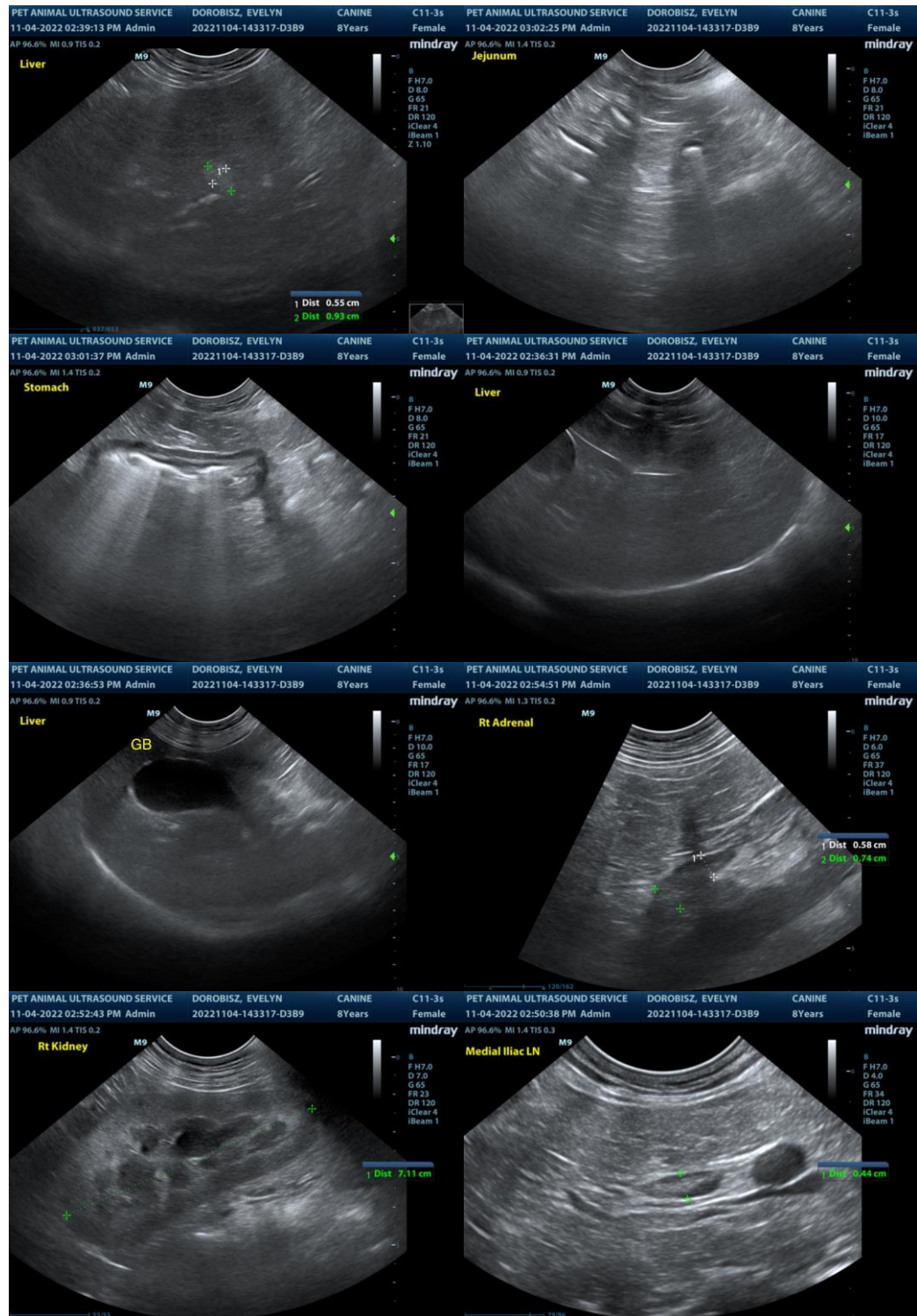
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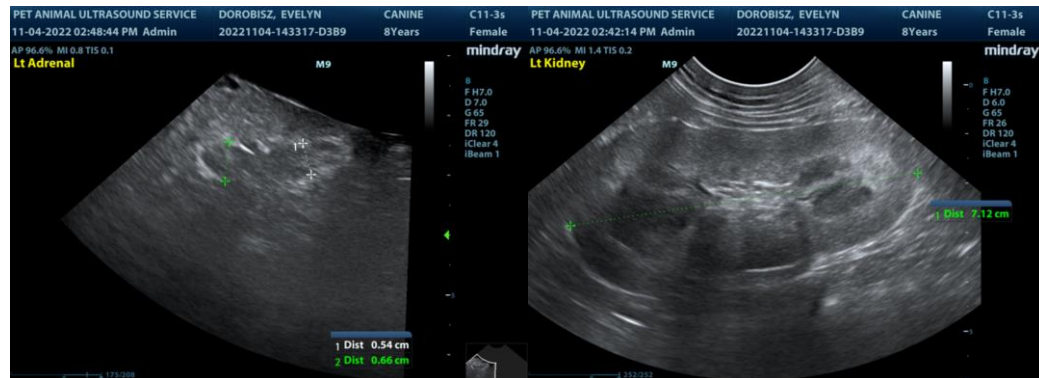
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**