



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jack Retana	Grade IV/VI cardiac murmur, asymptomatic. Liver enzyme workup. LDDS test not consistent with Cushings. No current meds,
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 10/8/2022- ALKP 1673, ALT 659, GGT 45, CHOL 385, LDDS PRE 6.1, POST 1-0.4, POST 2-0.5. 1/30/2022- AKLP 589, ALT 224, GGT 15
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mini Pinscher	<b>Urinary System</b>
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
<b>SEX</b>	
MI	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 4.8 cm in length. The right kidney measured 4.8 cm in length.
<b>AGE</b>	
12.5yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
16.3lb	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.3 cm in diameter.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral testicles exhibited normal size with a non-disruptive mildly non-homogenous left testicular nodule measuring 1.5 cm in diameter.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Shari Reffi CVT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.51 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 0.55 cm width at the caudal pole and 0.46 cm width at the cranial pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Banfield Bridgewater	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Baker	The liver was subjectively mildly enlarged in size with symmetrical contour. Mild non-uniform increased parenchyma echogenicity was present with a moderate coarse echotexture and evidence of remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>INVOICE</b>	
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<b>DATE</b>	
11/07/2022	



<b>PATIENT</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Jack Retana	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.
<b>BREED</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Non-specific mildly hyperechoic duodenojejunal mucosal speckling was present. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
Mini Pinscher	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b>Pancreas</b>
MI	The parenchyma of the pancreas base and right pancreatic 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 there is a previous history of pancreatitis. No overt signs of pancreatic neoplasia.
<b>AGE</b>	
12.5yr	
<b>WEIGHT</b>	<b>Free Abdomen</b>
16.3lb	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Mild age-related kidney changes</li> <li>• Chronic hepatopathy-subjectively benign, vacuolar hepatopathy, non-obstructive cholestasis, inflammatory/immune mediated disease, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia (less likely) or other hepatopathy possible</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Chronic pancreatitis/pancreatic fibrosis</li> <li>• Gastrointestinal ingesta with non-specific small bowel mucosal speckling-suspect post prandial presentation</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>Secondary</b>
Shari Reffi CVT	<ul style="list-style-type: none"> <li>• Mild benign prostatic hyperplasia</li> <li>• Non-disruptive, non-specific left testicle nodule</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Banfield Bridgewater	Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for potential further clarification. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels.
<b>REFERRING VET</b>	
Dr. Baker	
<b>INVOICE</b>	Potential for chronic pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
12098ag	
<b>DATE</b>	The small bowel mucosal speckling is non-specific given the lack of reported GI signs with potential for patient/age related variant.
11/07/2022	



**PATIENT**

Jack Retana

If neutering is elected, submission of the left testicle for histopathology is recommended.

**SPECIES**

Canine

**BREED**

Mini Pinscher

**SEX**

MI

**AGE**

12.5yr

**WEIGHT**

16.3lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Banfield Bridgewater

**REFERRING VET**

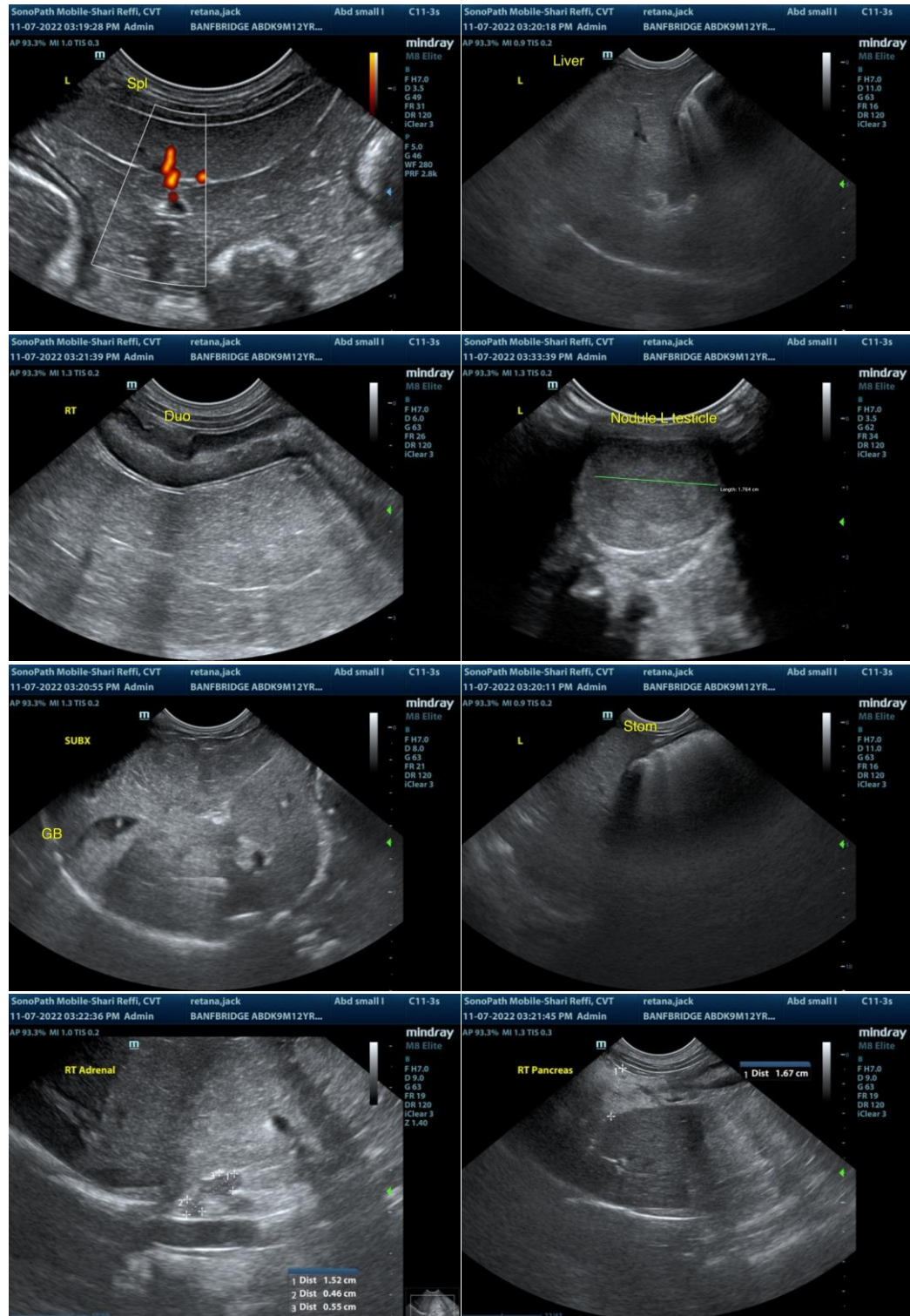
Dr. Baker

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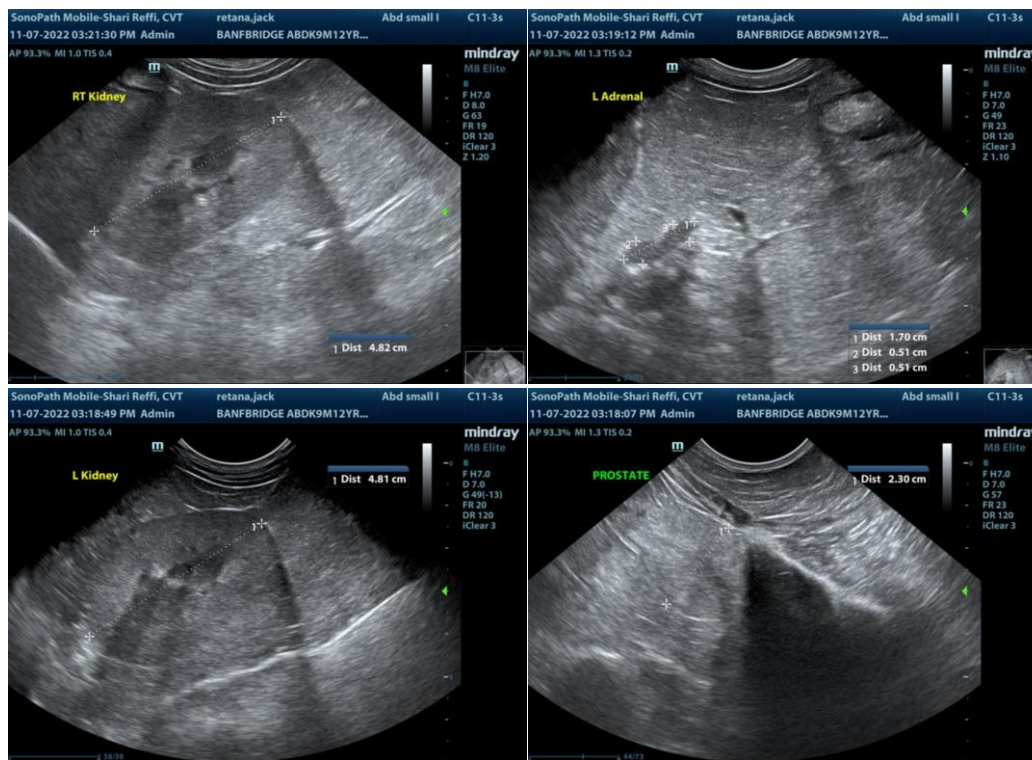
Dr. Baker

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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