



PATIENT

Rosco Rodgers

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

9 years

WEIGHT

45 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

12688

DATE

12.1.2021

PRESENTING CLINICAL SIGNS

History: Anaplasma +, increased liver values

Medication: Denamarin, Doxycycline, Dasuquin, Omegabenefits, Gabapentin

ALT 371, ALP 537, AST 97

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. 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.68 cm in width.

The area of the aortic trifurcation was free of pathology.

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 5.6 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

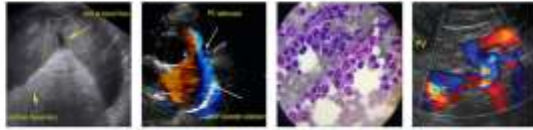
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.62 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 exhibited moderate generalized enlargement with caudoventral extension around the level of the gastric axis. Subtle asymmetrical hepatic capsule contour was noted. Generalized nonhomogeneous to mixed echogenic parenchyma exhibiting intermittent subtle nodular changes was present. An example of a subtle nodule measured 1.7 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

SPECIES

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.

Canine

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

BREED

Pancreas

Australian Shepherd

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

9 years

Primary Findings

- Hepatomegaly with generalized heterogeneous to indistinctly nodular parenchyma
- Heterogeneous to mildly echogenic pancreas

WEIGHT

45 Pounds

Secondary Findings

- Mild age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with considerations including chronic vacuolar hepatopathy with parenchymal remodeling, areas of nodular to regenerative hyperplasia, hematopoiesis, or lipogranulomas. Inflammatory / Immune-mediated disease, fibrosis with infiltrative neoplasia are possible yet thought less likely, or other hepatopathy.

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Assuming normal clotting status, ultrasound-guided FNA of the liver could be considered for screening cytology and potential identification of inflammatory cell type if present. Continued hepatosupportive medications which may include Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be appropriate. Hepatic core biopsy is likely required for a definitive diagnosis.

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The pancreas was nonspecific and may indicate age-related pancreatic changes, although potential for low-grade or chronic Inflammation which may present in a similar sonographic manner may be possible if previous history of pancreatitis.

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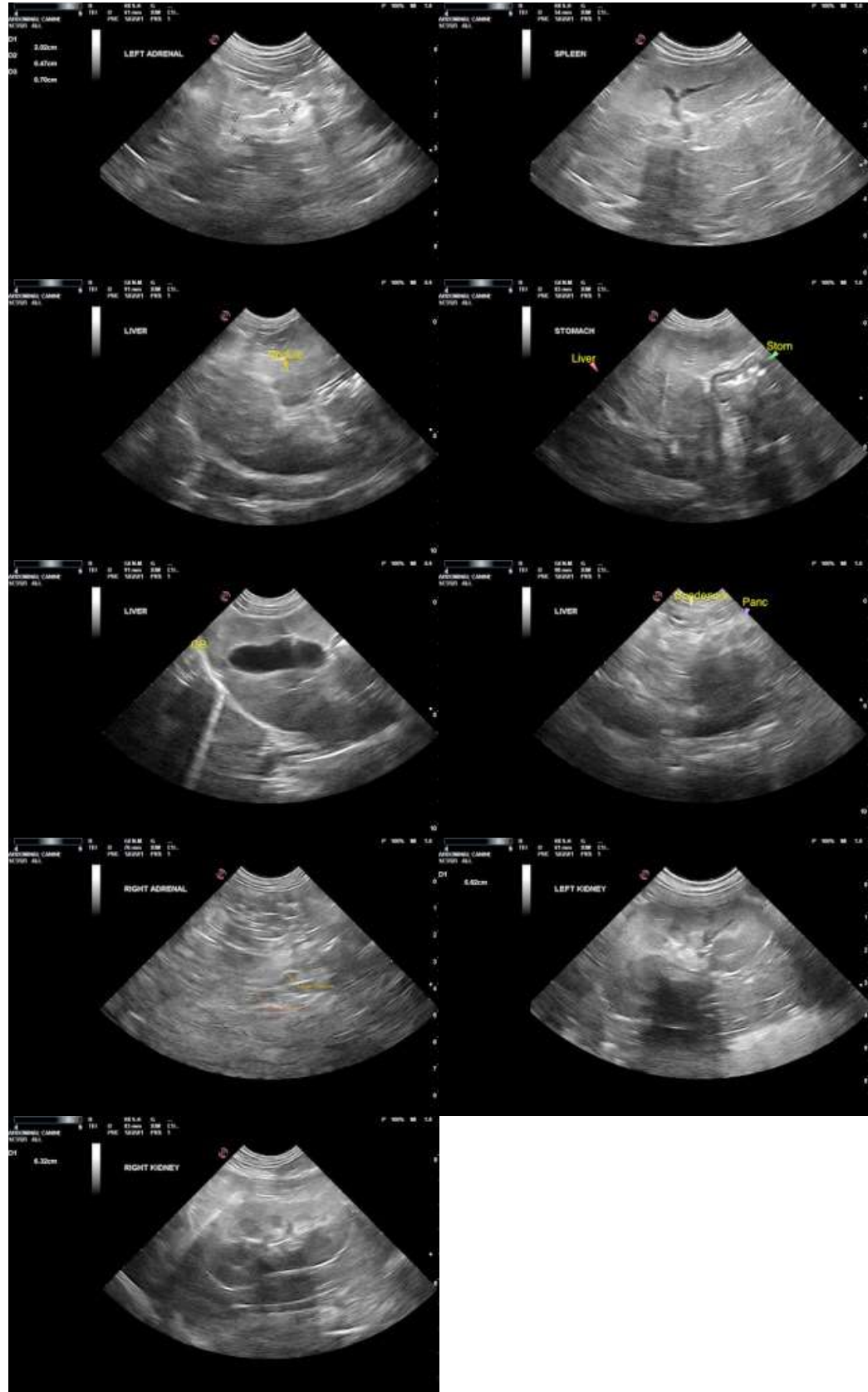
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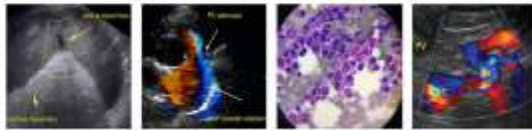
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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