



PATIENT

Jax Cormier

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

42.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Wendy Turner

INVOICE

20069

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Hx elevated liver enzymes. Currently has black stools of normal texture, very flatulent, occasional soft stools with inappropriate defecation.

Abnormal PE/Chem/CBC/UA Results: ALT 260, ALP 3103, AST 52, GGT 14, Tbili 0.1, BUN 14, creat 0.8, all else WNL. UA not received. Pet is overweight to obese with hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 7.5 cm in length. The right kidney measured 8.0 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 2.0 cm in length x 0.56 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm in length x 0.80 cm width at the caudal pole.

No evidence of adrenal tumors or adrenomegaly.

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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with primarily anechoic content with mild primarily dependent nonorganized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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 formed to semi-formed fecal matter.

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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. A subjective increased amount of intraabdominal fat was noted. No omental masses noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Benign hepatopathy/hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands
- Structurally unremarkable gastrointestinal tract/colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy/hepatomegaly, considerations may include vacuolar hepatopathy, inflammatory/immune mediated disease, nonobstructive hepatic cholestasis or other hepatopathy with infiltrative neoplasia considered unlikely. Screening FNA cytology of the liver, assuming normal clotting status could be considered, primarily to assess for evidence of inflammatory cells or antigenic stimulation given potential gastrointestinal signs. Hepatosupportive medications, including Denamarin or Ursodiol, as well as a hydrolyzed diet trial and assessment of hepatic and gastrointestinal response may prove beneficial. No suspicion of underlying primary adrenal disease given the normal adrenal presentation and lack of clinical signs, i.e., PU/PD, polyphagia, etc. Urinalysis is recommended.

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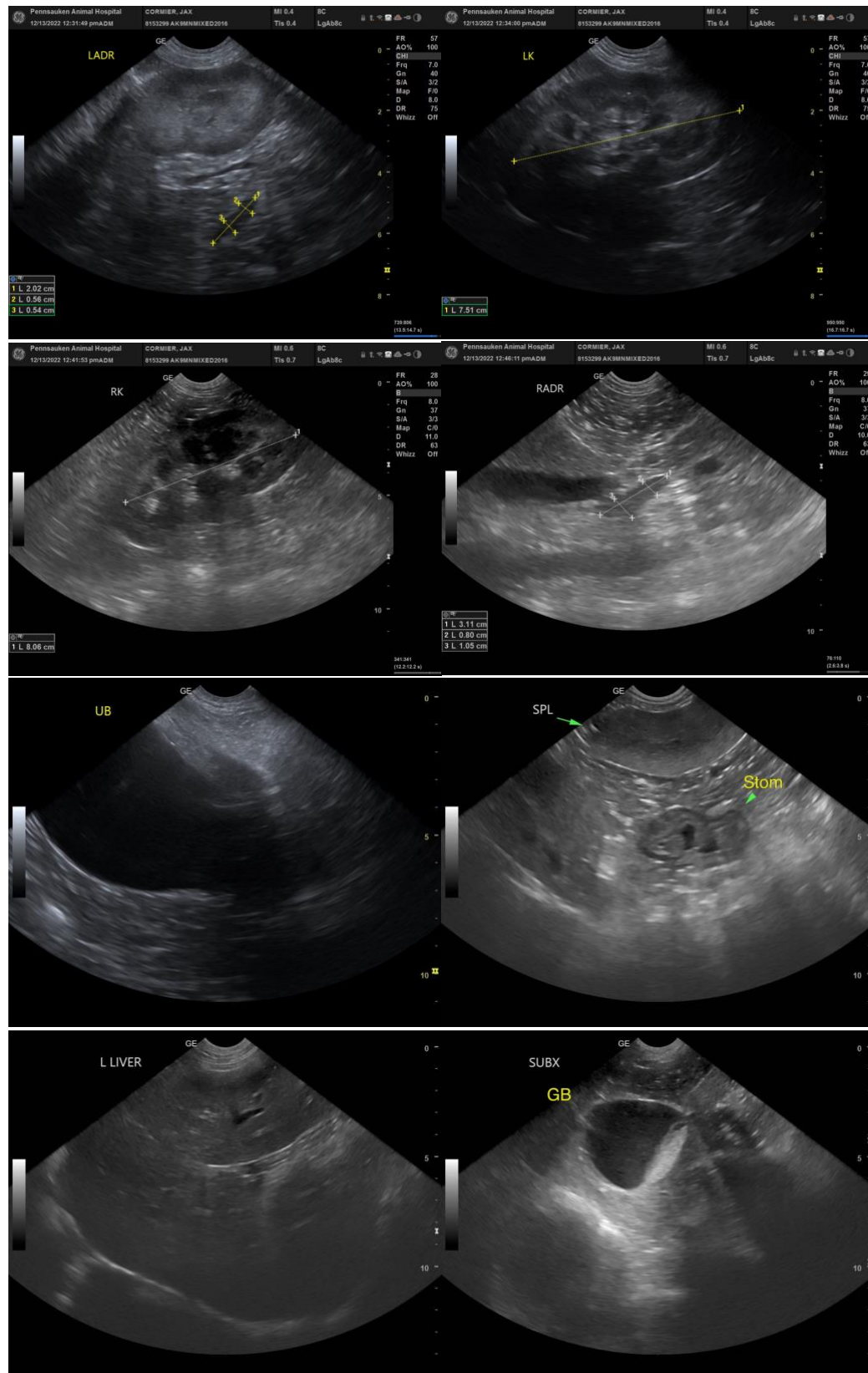
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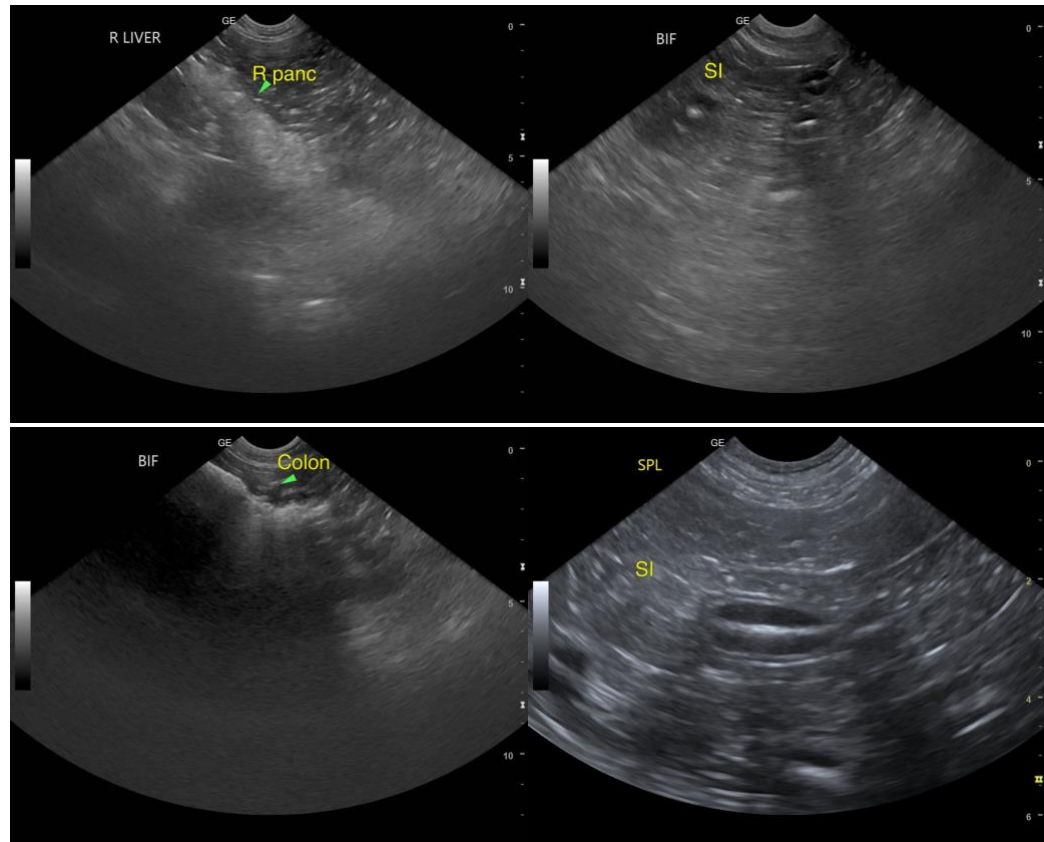
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com