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|-----------------------------------|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Lilli Pavia | No abnormal findings or primary complaints. In for annual exam. Has had skin issues in the past. Myxomatous valvular disease with regurgitation. No concerns by O Annual blood work revealed significant derangements in liver values. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: CREA.: 29 *L (Canine 35 - 124 umol/L Feline 71 - 159 umol/L) ALT.: > 1000 *H (Canine 0 - 120 U/L Feline 0 - 100 U/L ALP.: > 993 *H (Canine 0 - 140 U/L Feline 0 - 90 U/L GLU.: 8.4 *H (Canine 4.2 - 6.9 mmol/L Feline 3.9 - 7.2 mmol/L) ALBUMIN.: 49 *H (Canine 25 - 40 g/L Feline 23 - 35 g/L) PHOS.: 1.71 *H (Canine 0.60 - 1.60 mmol/L Feline 0.84 - 1.94 mmol/L) T-BILI.: < 1 (Canine 0 - 9 umol/L Feline 0 - 9 umol/L) GGT: 111 *H (Canine 0-14 U/L, Feline 0-10 U/L) |
| BREED | |
| Pomeranian | |
| SEX | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| FS | Urinary System |
| AGE | The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. |
| 11 years | |
| WEIGHT | The area of the aortic trifurcation was free of pathology. |
| 5.8 kg | 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. Focal nonobstructive medullary mineral was present in both kidneys, yet more prominent in the right kidney. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.4 cm in length. The right kidney measured 3.8 cm in length. |
| INTERPRETED BY | Adrenal Glands |
| R. McKenzie Daniel, DVM, DABVP | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.50 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 1.4 cm length x 0.45 cm width at the caudal pole. |
| IMAGING PERFORMED BY | Spleen |
| Kelly Reshny, RVT | 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. |
| HOSPITAL NAME | Liver/ Gallbladder |
| West Park AH | The liver presented enlarged in size. The parenchyma of the liver was normal in echogenicity compared to the falciform fat and spleen. The liver parenchyma was uniform with a moderate coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The |
| REFERRING VET | |
| Dr. Rice | |
| INVOICE | |
| 12838 | |
| DATE | |
| 12/17/21 | |



PATIENT hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Lilli Pavia

SPECIES *Gastrointestinal*

Canine 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.

BREED 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.

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

SEX *Pancreas*

FS 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.

AGE

11 years *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

5.8 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

- Hepatopathy - subjectively benign
- Sonographically unremarkable gallbladder
- Age-related kidneys with mild medullary mineral

IMAGING PERFORMED BY

Kelly Reshny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

West Park AH

The overall appearance of the liver was nonspecific yet most suggestive of benign hepatopathy. Considerations may include vacuolar hepatopathy and hepatic cholestasis, given the ALP/GGT elevation, with potential for nonspecific hepatitis (viral, bacterial, toxin, Leptospirosis), given the ALT elevation. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology and potential identification of inflammatory cell type if present +/- Leptospirosis titers/ PCR if clinically indicated. No overt evidence of neoplastic criteria was noted, which is considered a less likely differential diagnosis. Hepatic functionality is assumed to be normal, given normal to elevated glucose, albumin levels, and assuming normal BUN and cholesterol levels. However, fasting and post prandial bile acids could be considered if persistent / progressive hepatic enzyme elevations are noted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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Lilli Pavia

SPECIES

Canine

BREED

Pomeranian

SEX

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AGE

11 years

WEIGHT

5.8 kg

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R. McKenzie Daniel,
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**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

West Park AH

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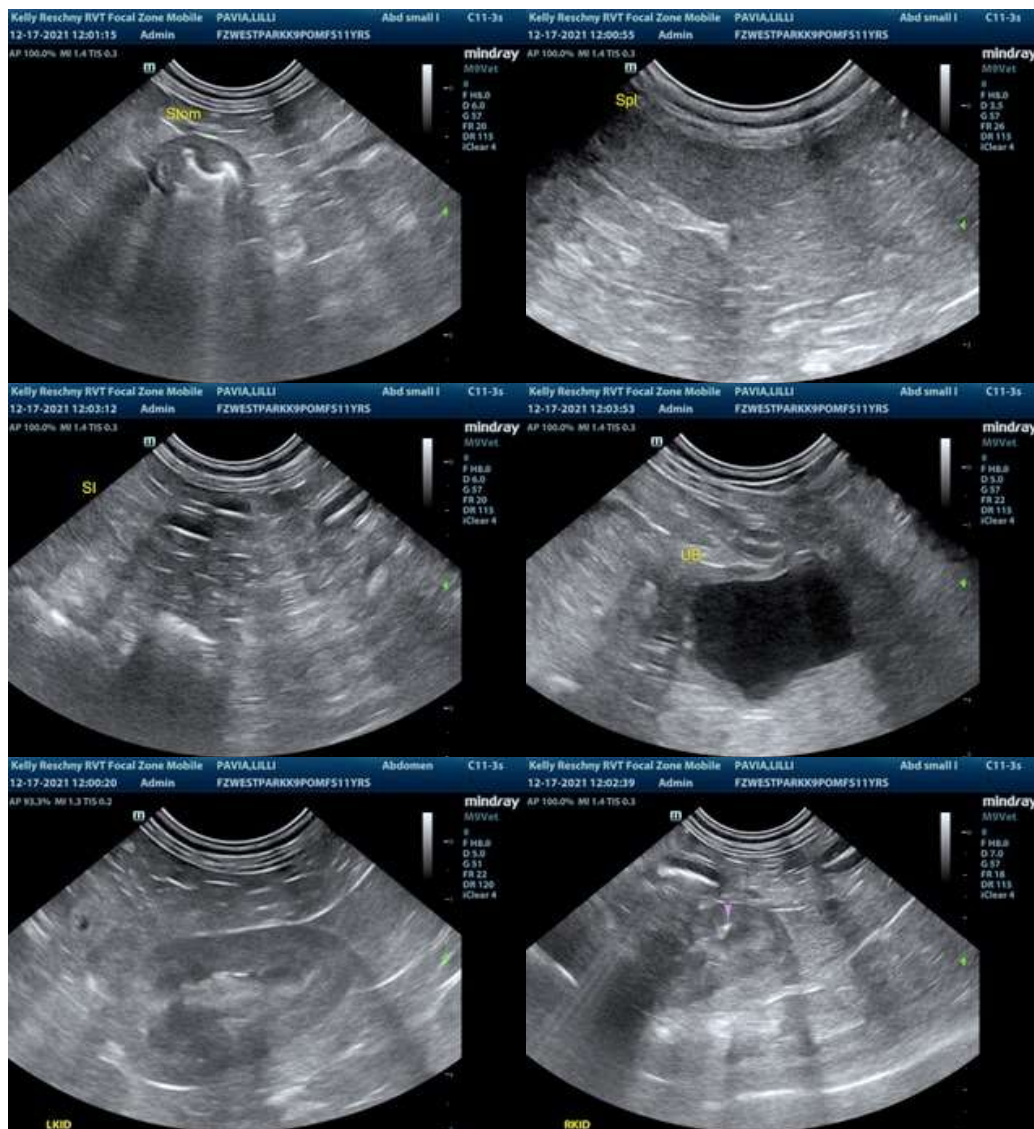
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SPECIES

Canine

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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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