

PATIENT PRESENTING CLINICAL SIGNS

Star Van Parijs Elevated ALP (630). Bile acids, urine creat: cort all WNL. NSF on PE

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.

BREED

Goldendoodle

The area of the aortic trifurcation was free of pathology.

SEX

Spayed Female

Normal size and margination was 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 5.6 cm. The right kidney measured 6.3 cm.

AGE

6 Years

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

WEIGHT

47.1 Pounds

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.

INTERPRETED BY

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

Liver

The liver was normal in size and contour with normal hepatic echogenicity. Moderate coarse echotexture and evidence of very minor parenchymal remodeling noted. No hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Gastrointestinal

HOSPITAL NAME

Falmouth AH

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. Gastric body wall measured 0.50 cm.

REFERRING VET

Dr. Lilan Houser

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. Duodenum wall measured 0.41 cm. Jejunum wall measured 0.37 cm.

INVOICE

33582

The colon was sonographically unremarkable, yet containing semiformal to potential nonformed feces.

Pancreas

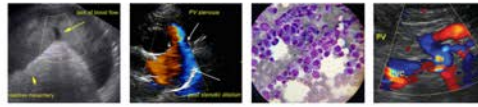
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

DATE

12/19/21

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.



PATIENT

Star Van Parijs

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

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WEIGHT

47.1 Pounds

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 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign.
- Sonographically unremarkable gallbladder and common bile duct
- Subjective semiformed to nonformed feces in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was non-specific, yet consistent with benign hepatopathy. Potential consideration for idiopathic vacuolar hepatoopathy given the sole ALP elevation. Potential for non-specific inflammatory hepatic parenchyma disease considered a less likely differential diagnosis without evidence of hepatic neoplastic criteria.

Assuming normal clotting status, ultrasound guided FNA of the liver could be considered. Hepatosupportive medications including Denamarin and Ursodiol (due to its antioxidant and immunomodulatory effects within the liver) may prove beneficial. Potential core or surgical biopsy of the liver may eventually be considered for definitive diagnosis, especially if persistent/progressive hepatic enzyme elevations despite hepatic supportive medications.

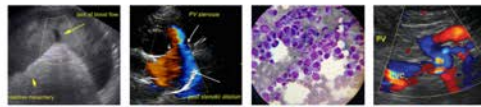


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PATIENT

Star Van Parijs

SPECIES

Canine

BREED

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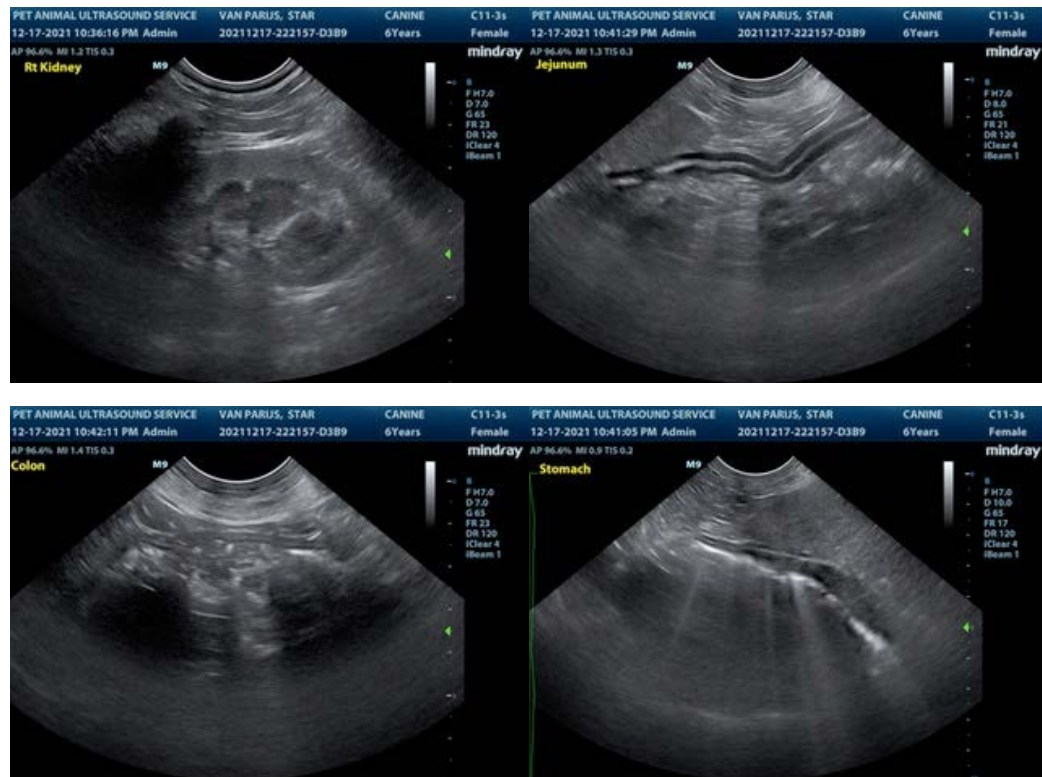
Spayed Female

AGE

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WEIGHT

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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