

**PATIENT PRESENTING CLINICAL SIGNS**

Sophia Hess History: Elevated Alkph.  
 Labs: ALP 1103

**SPECIES**  
 Canine Medication: Milk thistle

**BREED Urinary System**

Min Pin Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

**SEX**  
 FS 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 3.8 cm in length. The right kidney measured 4.6 cm in length.

**AGE Adrenal Glands**

8 years The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.66 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 0.62 cm width at the caudal pole and 0.43 cm width at the cranial pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

The liver presented mildly 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.

**HOSPITAL NAME**

Community VP

**REFERRING VET**

Dr. Carpenter

The gallbladder was non distended in size with nondependent to mildly congealed yet non organized, nonmineralized, gallbladder debris present. The cystic duct and common bile ducts were normal without evidence of dilation.

**INVOICE Gastrointestinal**

13127 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.

**DATE**

12.20.2021



**PATIENT**

Sophia Hess

The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent duodenojejunal mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0,36 cm. The duodenum wall measured 0.50 cm.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Min Pin Mix

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.

**Free Abdomen**

**SEX**

FS

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

8 years

- Mild hepatomegaly- subjectively benign
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable bilateral adrenal glands
- Nonspecific yet subjectively prominent duodenojejunal mucosa

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

13.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

The overall appearance of the liver is consistent with benign hepatopathy/mild hepatomegaly. Primary consideration for idiopathic vacuolar hepatopathy or potential metabolic/reactive hepatopathy. The presence of gallbladder debris may suggest some degree of nonclinical cholestasis yet may be secondary to fasting. The subjectively prominent duodenojejunal mucosa is non-specific and may be a normal patient variant but may suggest underlying inflammatory enteropathy if previous or future gastrointestinal signs.

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ARDMS/RVT

Hepatosupportive medications, including denamarin and ursodiol are warranted. Ultrasound guided FNA of the liver could be considered for screening cytology. The potential for underlying endocrinopathy is considered unlikely given the lack of reported clinical signs an appearance of the bilateral adrenal glands. However, adrenal work up could be considered if clinical suspicion for hyperadrenocorticism.

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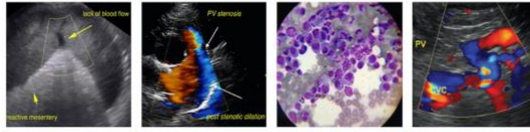
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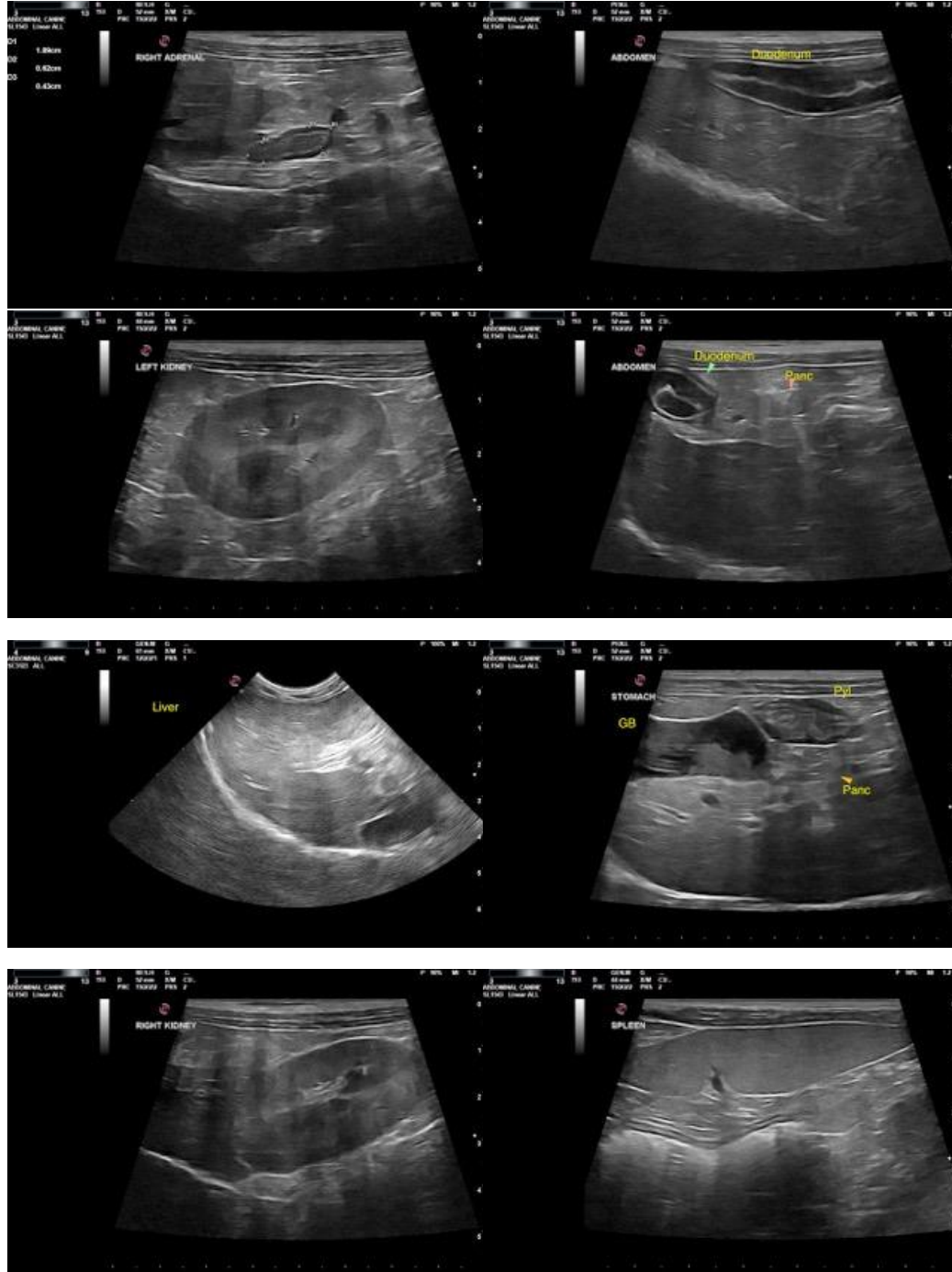
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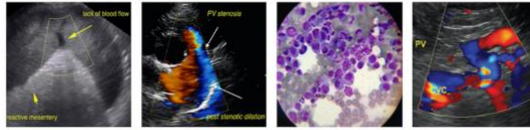
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**

[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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