**PATIENT**

Aspen Simmons

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

9yr 4 mos

**WEIGHT**

82.2 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

15668

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

Current Medications: Simparica Trio Cosequin 3 capsules SID Patient History: Presented for AUS, Thoracic rads prior to anesthesia for dental prophylaxis Annual wellness exam on 11/11/22. Bloodwork performed 11/11/22.

Abnormal PE/Chem/CBC/UA Results: 11/17/22 Dr. Craig: Elevation in ALP 217, triglyceride 478, cholesterol 348 and PSL 152. 11/11/22 Exam Dr. Foster: 5. mild to moderate tartar upper arcade; 104 has missing crown (root canal done 2/12/20 at Village Dental) 8. mid dorsal thorax has small pink dermal nodule; soft tissue thickening ventral cranial thorax-not a distinct mass; cranial thorax, near inlet has a soft subcutaneous grape sized nodule. A: Grade 1 dental disease; lipomas v other; adenoma v other P: Spoke with Mr. Simmons, Aspen is doing well, he feels mobility is good, gives the cosequin daily, as she will be stiff if she misses it for a couple of days. No bad breath noted but no current dental care, had to take rawhides away after she broke her tooth a couple years ago. Rec brushing if possible, but would benefit from a dental cleaning/assessment. No obvious extractions on oral exam today. Rec chest rads and AUS before anesthesia for senior screening.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the aortic trifurcation was free of pathology.

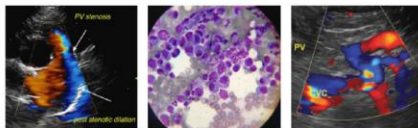
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.6 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 0.62 cm width at the caudal pole and 0.62 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 0.86 cm width at the caudal pole and 0.64 cm width at the cranial pole.

**Spleen**

The spleen exhibited normal size and contour with a primarily maintained finely textured homogeneous parenchyma. Focal to intermittent discrete nondisruptive hypoechoic splenic nodules were noted with an example measuring 0.48 cm in diameter. Normal splenic vascularity was noted.

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***Liver/ Gallbladder***

The liver presented normal to possible borderline enlarged 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 containing primarily anechoic content with moderate, mild hyperechoic, nonorganized, gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. No evidence of post-hepatic stasis was noted. The cystic and common bile ducts were normal.

***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.

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 apparent formed feces in lumen.

***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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Low-grade benign hepatopathy - sonographically suggestive of mild vacuolar hepatopathy
- Moderate gallbladder debris (non-mucocele)
- Focal to intermittent discrete splenic nodules - consistent with benign nodular criteria i.e., discrete lymphoid hyperplasia, hematopoiesis, or similar

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology. Hepatosupportive medications including Denamarin and Ursodiol are recommended with continued monitoring of ALP or evidence of progressive cholestasis.

No evidence of active pancreatitis or intraabdominal neoplastic criteria was noted. No anesthetic contraindications.

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svsimagingmi@gmail.com



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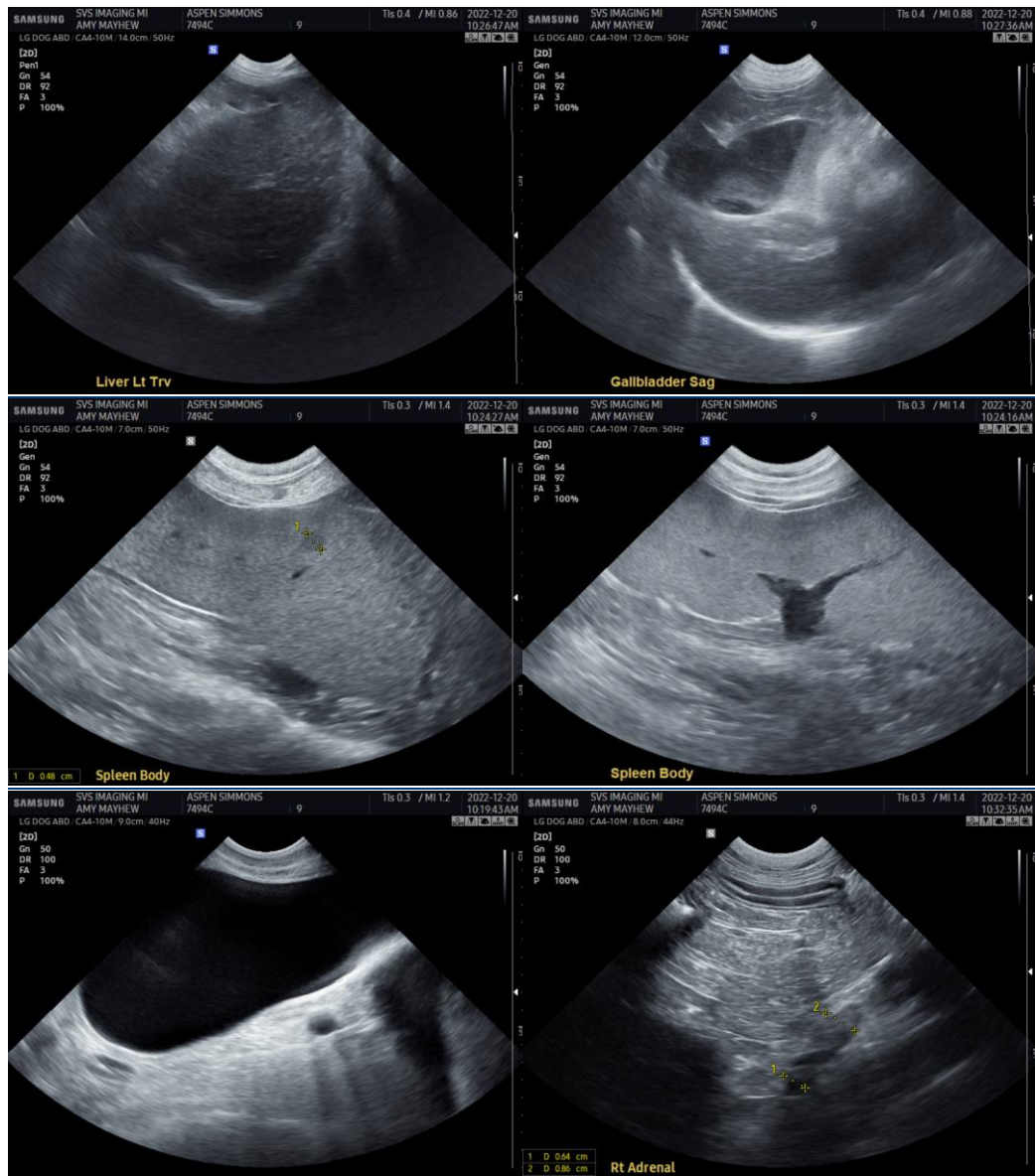
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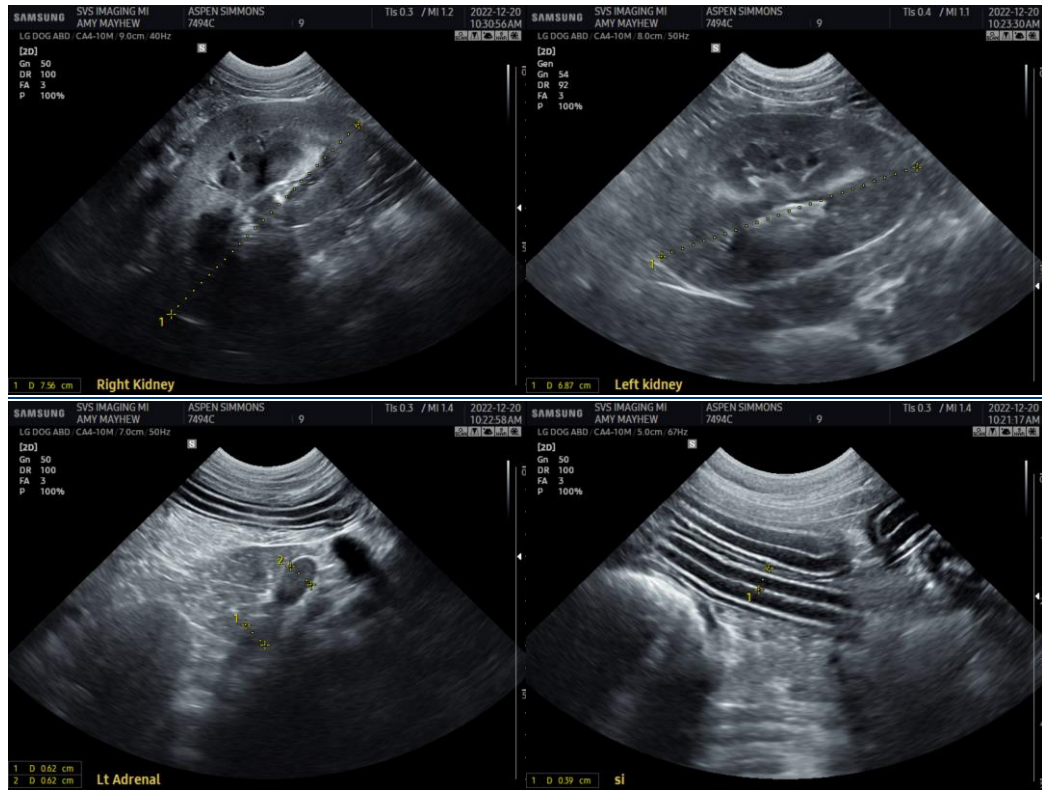
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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