



PATIENT PRESENTING CLINICAL SIGNS

Duke Ricci Elevated liver enzymes.
 Medication: Gabapentin, galliprant, Hepaticlear, Joint supplements

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Australian Cattle Dog

SEX No overt pathology associated with the residual prostate was noted.

MN The area of the aortic trifurcation was free of pathology.

AGE 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, pyelectasia, or pyelonephritis. The left kidney measured 6.6 cm in length. The right kidney measured 6.7 cm in length.

2011

WEIGHT 48 **Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 3.1 cm length x 0.62 cm width at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.54 cm width at the caudal pole.

INTERPRETED BY

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

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Pottstown Animal
 Wellness Services

Liver/ Gallbladder

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.

REFERRING VET

Dr. DiBuono

INVOICE

15671

The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent yet nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

DATE

12/20/22



PATIENT *Gastrointestinal*

Duke Ricci The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The stomach was otherwise normal.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent intestinal gas pattern was noted, considered incidental without evidence of mechanical / metabolic intestinal ileus.

BREED

Australian Cattle Dog

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

Pancreas

SEX The pancreas base and right pancreatic limb were normal in size with mild capsule asymmetry and heterogeneous to variably hyperechoic parenchyma compared to adjacent omentum.

MN

Free Abdomen

AGE No overt lymphadenopathy or peritoneal effusion was present.

2011

ULTRASONOGRAPHIC FINDINGS

WEIGHT

48

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Gastric ingesta
- Heterogeneous to variably hyperechoic pancreas base / right pancreatic limb
- Sonographically normal bilateral kidneys and urinary bladder

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

The hepatic presentation was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy and nonobstructive cholestasis, given the ALP elevation, with possible primary or concurrent inflammatory / immune mediated disease i.e., cholangiohepatitis, given ALT elevation and presence of gallbladder debris. No evidence of hepatobiliary neoplastic criteria was noted.

HOSPITAL NAME

Pottstown Animal
Wellness Services

Further assessment may include screening FNA hepatic cytology, assuming normal clotting status +/- Leptospiriosis titers / PCR.

REFERRING VET

Dr. DiBuono

No overt suspicion of Cushing's Syndrome, given adrenal presentation and lack of clinical signs i.e., PU/PD, polyphagia, etc. No overt anesthetic contraindications, given cholesterol level and assuming normal BUN, glucose, and albumin levels indicating normal hepatic function. Hepatosupportive medications including Denamarin and Ursodiol are suggested with potential recheck sonogram +/- hepatic biopsy if progressive hepatic enzyme elevations are noted despite hepato-support.

INVOICE

15671

DATE

12/20/22



PATIENT

Duke Ricci

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

2011

WEIGHT

48

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pottstown Animal
Wellness Services

REFERRING VET

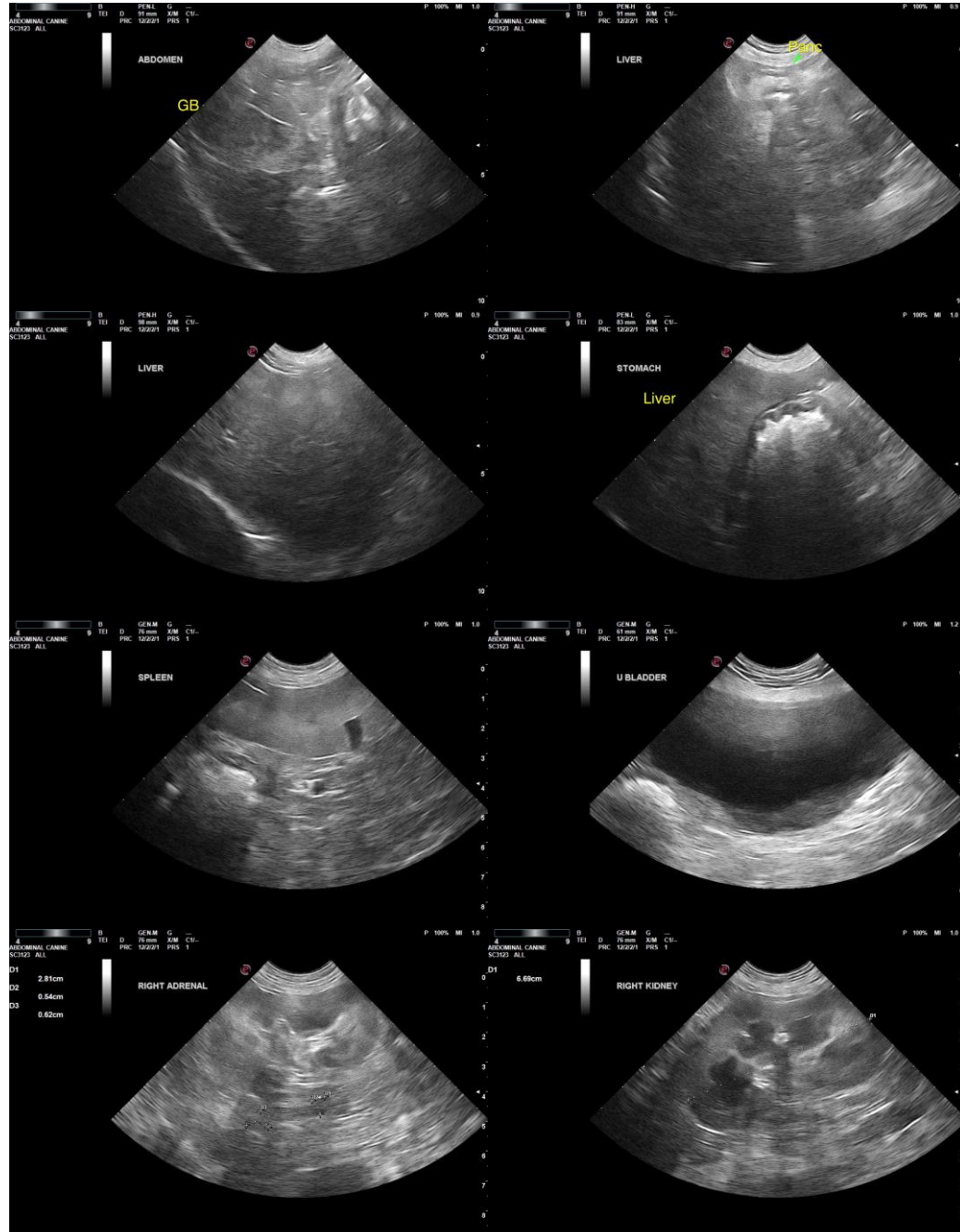
Dr. DiBuono

INVOICE

15671

DATE

12/20/22





PATIENT

Duke Ricci

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

2011

WEIGHT

48

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pottstown Animal
Wellness Services

REFERRING VET

Dr. DiBuono

INVOICE

15671

DATE

12/20/22



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)
mac.daniel@sonopath.com