



PATIENT PRESENTING CLINICAL SIGNS

Luna Klepacki Elevated liver values.

SPECIES Medication: Denamarin

Canine ALP 1700, ALT 120, Previous yet resolved ALT elevation

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Australian Cattle Dog

Mix

SEX

FS

AGE

2018

WEIGHT

82.7

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, 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.

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 7.7 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 2.6 cm length x 0.57 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 2.6 cm length x 0.52 cm width at the caudal pole. No evidence of adrenomegaly or adrenal tumors was noted.

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.

Liver/ Gallbladder

The liver exhibited mild to moderate generalized enlargement yet maintained a symmetrical capsule contour with generalized increased hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, particulate to echogenic, luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

15690

DATE

12/21/22



PATIENT *Gastrointestinal*

Luna Klepacki 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.

SPECIES 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.

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

BREED *Pancreas*

Australian Cattle Dog The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the Mix 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.

SEX *Free Abdomen*
FS

AGE No overt lymphadenopathy or peritoneal effusion was present.

2018 **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting generalized parenchyma hyperechogenicity
- Nondistended gallbladder exhibiting mild echogenic luminal debris (non-mucocele)

82.7 **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

INTERPRETED BY Overall, the liver was nonspecific with potential considerations including vacuolar hepatopathy, inflammatory parenchymal disease i.e., cholangiohepatitis, lipidosis, fibrosis, or other hepatopathy with infiltrative neoplasia considered less likely. Further assessment of the liver, assuming normal clotting status may include screening hepatic FNA cytology. A hepatic core surgical biopsy is likely required for a definitive diagnosis.

IMAGING PERFORMED BY No overt suspicion of primary adrenal disease given the normal adrenal presentation and lack of reported clinical signs, i.e., PU/PD, polyphagia, etc.

Rebekah Jakum, CVT Leptospirosis titers / PCR may be considered if potential exposure. Empirically, continued ARDMS/RVT hepatosupportive medications including Denamarin, Ursodiol, +/- hydrolyzed diet trial, if evidence of hepatic inflammation or anagenic stimulation on hepatic cytology, is noted.

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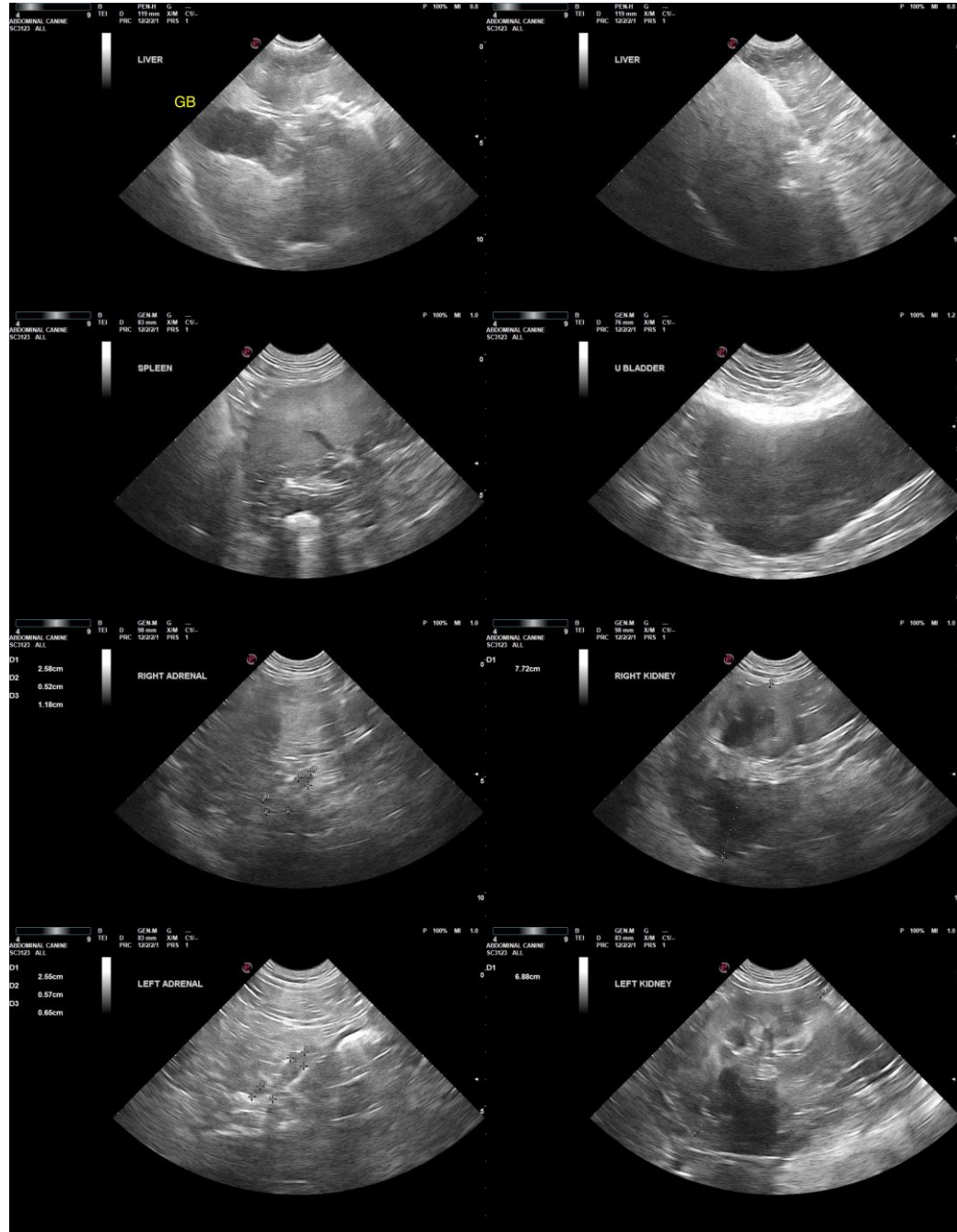
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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