



PATIENT PRESENTING CLINICAL SIGNS

Lucky Heisler History: Proteinuria since 2018, PD, new 1/6 heart murmur
Medication: Zyrtec, Purina NF, Benazepril 5mg BID

SPECIES

Canine

Total protein 8.3, Globulin 4.9, ALT 194, ALP 192, UPC 3.1, Urine specific gravity 1.010, ++Proteinuria

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 was noted.

AGE

10 years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.62 cm width.

The area of the aortic trifurcation was free of pathology.

WEIGHT

20 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Subtle subjective uniform cortical hypertrophy was present in both kidneys. Pinpoint medullary mineral was present in both kidneys. No evidence of pyelectasia was noted in either kidney. The left kidney measured 5.2 cm in length. The right kidney measured 4.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.47 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 0.63 cm width at the caudal pole and 0.68 cm width at the cranial pole.

HOSPITAL NAME

Stanglein VC

Spleen

REFERRING VET

Dr. Rothrock

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.

INVOICE

12915

Liver/ Gallbladder

DATE

12.29.2021

The liver exhibited mild to potential moderate generalized enlargement yet maintained symmetrical capsule contour with generalized parenchymal remodeling and moderate coarse echotexture. Intermittent, subtly hypoechoic parenchymal nodules were present. A solitary small intraparenchymal



PATIENT

Lucky Heisler

cyst was noted in the midventral liver. The gallbladder was non-distended in size with moderate congealed debris primarily in the mid to cranial gallbladder lumen and gallbladder neck. A hypoechoic rim was noted between the gallbladder debris and inner luminal walls, suggestive of mucus. No evidence of inflammatory criteria was noted, as well as no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

BREED

Mix

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.

SEX

Neutered Male

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.

AGE

10 years

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.

WEIGHT

20 Pounds

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Hepatopathy with generalized remodeled to intermittently nodular parenchyma
- Moderate gallbladder debris -possible very early mucocele
- Mild age-related kidneys with subtle subjective cortical hypertrophy

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Stanglein VC

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. Assuming normal clotting status, hepatic FNA for screening cytology with potential identification of inflammatory cell type if present may be considered. Hepatosupportive medications including Denamarin and Ursodiol, given the gallbladder debris and potential for early mucocele, are recommended. Recheck sonogram is indicated if progressive hepatic enzyme elevation or evidence of progressive cholestasis.

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Monitoring of systemic blood pressure is suggested. If persistent or increasing proteinuria or persistent elevated UPC, ARB medication may be considered.

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SPECIES

Canine

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.

BREED

Mix

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.

SEX

Neutered Male

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mac.daniel@sonopath.com

AGE

10 years

WEIGHT

20 Pounds

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