



PATIENT

Bonita Smith

SPECIES

Canine

BREED

Husky/Collie Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

20.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Hickling

INVOICE

12854

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Patient presented for v/d anorexia. (Has resolved now with symptomatic treatment). Work-up has suggests hepatopathy (see results below). Referred for abdominal u/s +/- FNA

Abnormal PE/Chem/CBC/UA Results: Rads: Poor contrast abdomen. Classic appearance of omental fat with fluid around. Liver is poorly defined, though a denser lobe is visible just below the pyloric region of the stomach CBC: normal but RBC low normal $6.2 \times 10^{12}/l$ (5.8-8.5) platelets low normal 137 (no clump) CHEM: Na:K ratio 39 (27-39) Ca 2.13 mmol/l (2.5-3.0) Alb 26g/l (29-43) TP 48 g/l (55-74) ALT 1739 u/l (19-107) ALP 528 u/l (22-143) T Bil 6 umol/l (0-4) Uncnj Bil 4 umol/l (0-3) Conj bil 2 umol/l (0-1) UA: usg 1.016 1+bili, ph 7, NSF sed Citrated Prothrombin Time (PT) 14.0 (11.0 - 17.0 seconds) Citrated Partial Thromboplastin Time (PTT) 73.0 (72.0 - 102.0 seconds) Clotting times are good Abd Fluid: Transudate with a cellular shift towards neutrophils over macrophages.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with no evidence of inflammation or tumors. Anechoic urine was present with no evidence of urine mineral or calculi. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Areas of pinpoint minor medullary mineral were present without evidence of pyelectasia. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was subjectively adequate in size with normal position and shape. The left adrenal gland measured 0.40 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no evidence of pathology.

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 subjectively prominent. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented normal to mild subnormal in size with areas of mild asymmetrical capsule contour and mild heterogeneous remodeled parenchyma exhibiting intermittent subtle intraparenchymal nodules. No evidence of hepatic congestion.

The gallbladder was non distended in size with mild biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 was evident.

Free Abdomen

Moderate volume of peritoneal effusion was present. Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.1 cm x 0.56 cm. Overall normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting subtle to mild nonhomogenous nodular parenchyma.
- Nonedematous gallbladder with mild nonorganized bile sediment (non-mucocele).
- Mild congested spleen.
- Bilateral mild renal medullary mineral.
- Sonographically normal visualized gastrointestinal tract.
- Moderate volume peritoneal effusion and intermittent subjective benign mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include nonspecific chronic to possible chronic active hepatitis, hepatotoxicosis i.e. copper or other inflammatory hepatic disease, emerging fibrosis, cirrhosis, nonobstructive cholestasis, vacuolar changes with occult hepatic neoplasia not excluded yet thought less likely. Given current albumin level, lack of hepatic congestion with mild congested spleen, effusion secondary to portal hypertension is suspected. Initial hepatic FNA cytology could be considered although may prove unrewarding. A definitive diagnosis would require hepatic biopsy for histopathology and copper assessment. No overt evidence of intrahepatic or extrahepatic macroscopic shunt. Correlation with bile acid profile is warranted.



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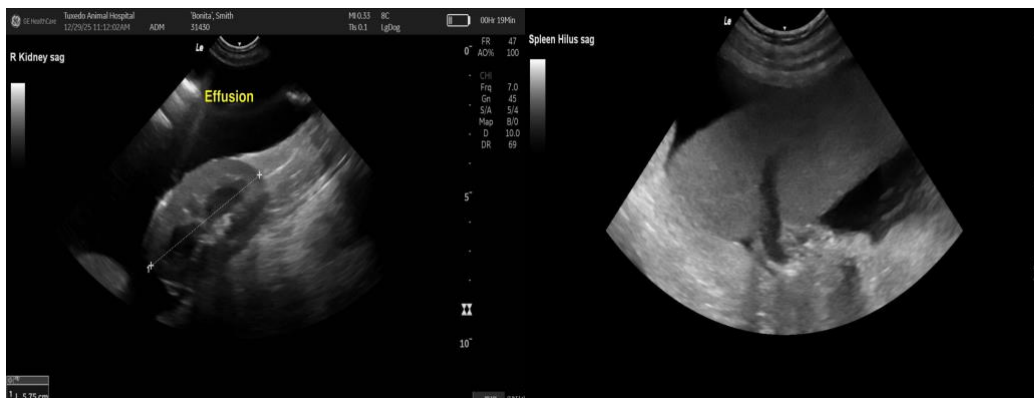
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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