



PATIENT

Maggie Ozoa

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, pre op

Medication: Denamarin, Amoxicillin, Metronidazole

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

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 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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

7 years

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 6.7 cm in length. The right kidney measured 7.6 cm in length.

WEIGHT

78.5 Pounds

Adrenal Glands

The bilateral adrenal glands were subjectively subnormal in size yet maintained symmetrical contour and normal position. The left adrenal gland measured 2.5 cm length x 0.52 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.55 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Bath)

Liver/ Gallbladder

The liver exhibited mild subnormal size, maintained symmetrical capsule contour with generalized nonuniform to indistinctly nodular parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Gregory

Gastrointestinal

INVOICE

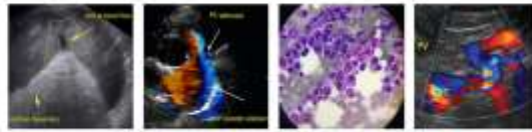
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

DATE

12.7.2021

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.



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Lab Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

FS

- Subnormal liver size exhibiting nonhomogeneous to indistinctly nodular parenchyma
- Sonographically unremarkable gallbladder
- Subjective mild subnormal bilateral adrenal glands - nonspecific

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

78.5 Pounds

Overall, the liver was nonspecific with potential considerations including vacuolar hepatic changes, chronic active hepatitis, cholangiohepatitis, hepatotoxicosis (i.e., copper storage disease), early fibrosis, cirrhosis, or other hepatopathy with hepatic neoplasia considered a less likely differential diagnosis. Overt evidence of a portosystemic shunt was not definitively evident given the lack of overt renal mineralization or urinary bladder calculi.

INTERPRETED BY

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

Further assessment may include pending fasting and post prandial bile acids. Hepatic core surgical biopsy for histopathology and copper staining / chronification are likely required for a definitive diagnosis. Based on lab work, hepatic functionality appears to be normal given the normal glucose, BUN, albumin, and cholesterol levels. Continued hepatosupportive medication is recommended.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The subjective subnormal bilateral adrenal glands is nonspecific and may indicate patient variant. However, given the borderline subnormal sodium: potassium ratio, resting cortisol level to rule out adrenal insufficiency may be considered.

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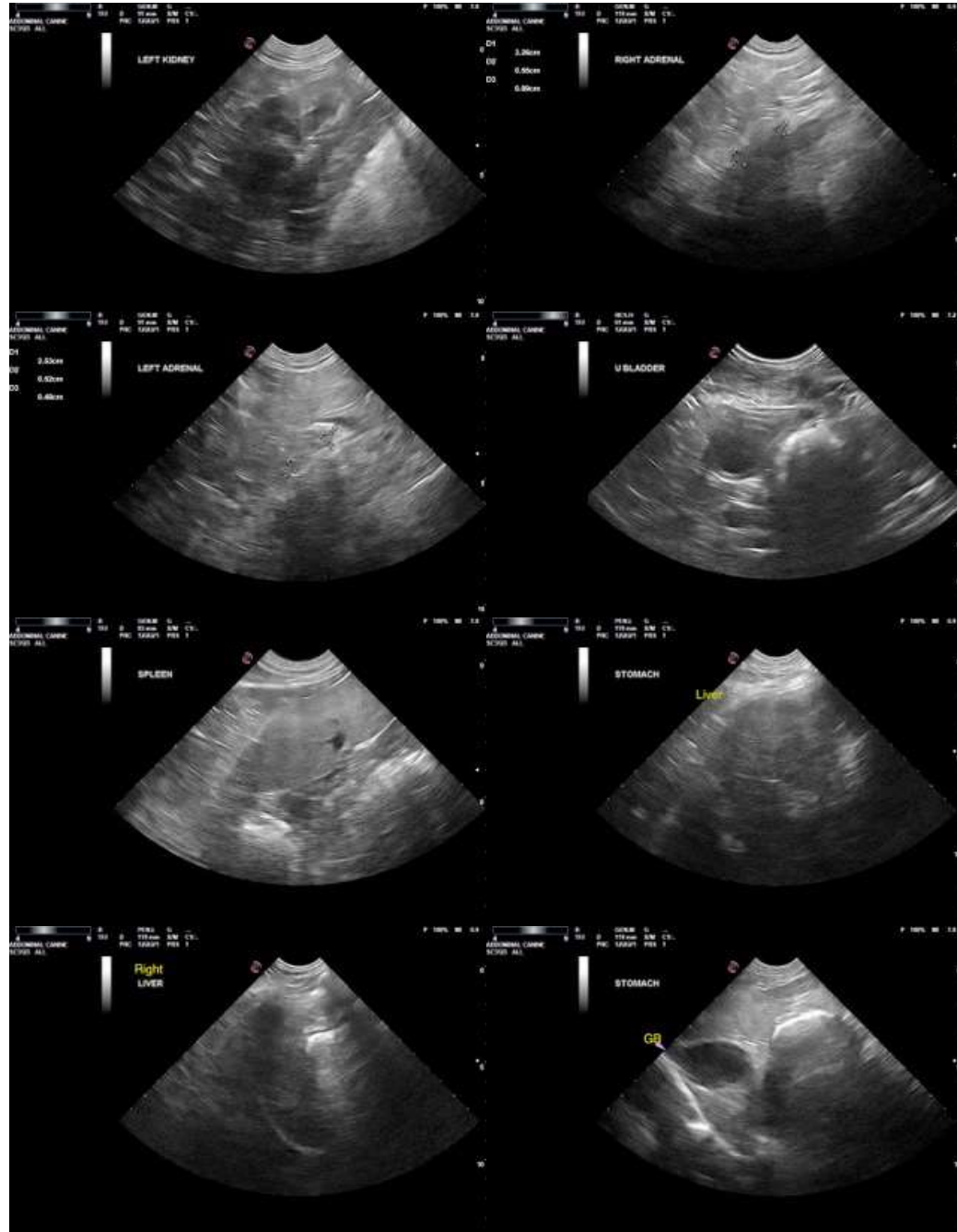
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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