



PATIENT

Astro Howell

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

13 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

AMy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

REFERRING VET

Family Pet Practice

INVOICE

12783

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History of cough and mild elevation ALP. Recent history of vomiting that resolved before AUS appt today.

Abnormal PE/Chem/CBC/UA Results: ALP 232 Remainder of BW unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. No evidence of mural pathology was noted. Mild anechoic urine was present without sediment or calculi. The urethral was normal in structure and tone to a depth of 3.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 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. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 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 0.39 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.42 cm width at the caudal pole.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, uniformly echogenic, intraparenchymal nodules were present. The gallbladder was non-distended in size with moderate, nondependent yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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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. The gastric body wall width measured 0.30 cm.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with intermittent duodenojejunal mucosal speckling. The duodenum wall width measured 0.31 cm. The jejunum wall width measured 0.35 cm.

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Bichon Frise

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

SEX

Pancreas

MN

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

R. McKenzie Daniel,
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- Mild age-related kidneys
- Benign hepatopathy exhibiting parenchymal remodeling and intermittent echogenic parenchymal nodules
- Moderate gallbladder debris (non-mucocele)
- Mild intermittent to segmental duodenojejunal mucosal speckling - nonspecific, suspect low-grade to resolving enteritis

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Secondary Findings

-

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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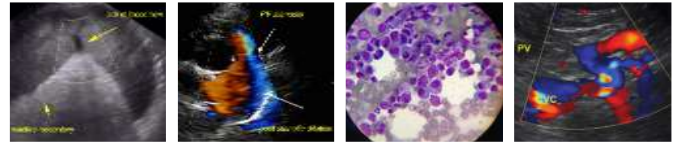
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Overall subjective to age-related hepatic parenchymal changes with likely intermittent parenchymal lipogranulomas or nodular / regenerative hyperplasia were present. The potential for chronic inflammatory hepatopathy is possible yet thought less likely. No evidence of hepatic neoplastic criteria was noted. Given the presence of gallbladder debris, some degree of cholestasis is suspected. Hepatosupportive medications and Ursodiol may prove beneficial while continued monitoring of liver enzymes, given the sole low grade ALP elevation, would also be appropriate.

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A limited antigen or hydrolyzed diet trial and as-needed GI support may be considered if recurrent episodes of vomiting are noted.



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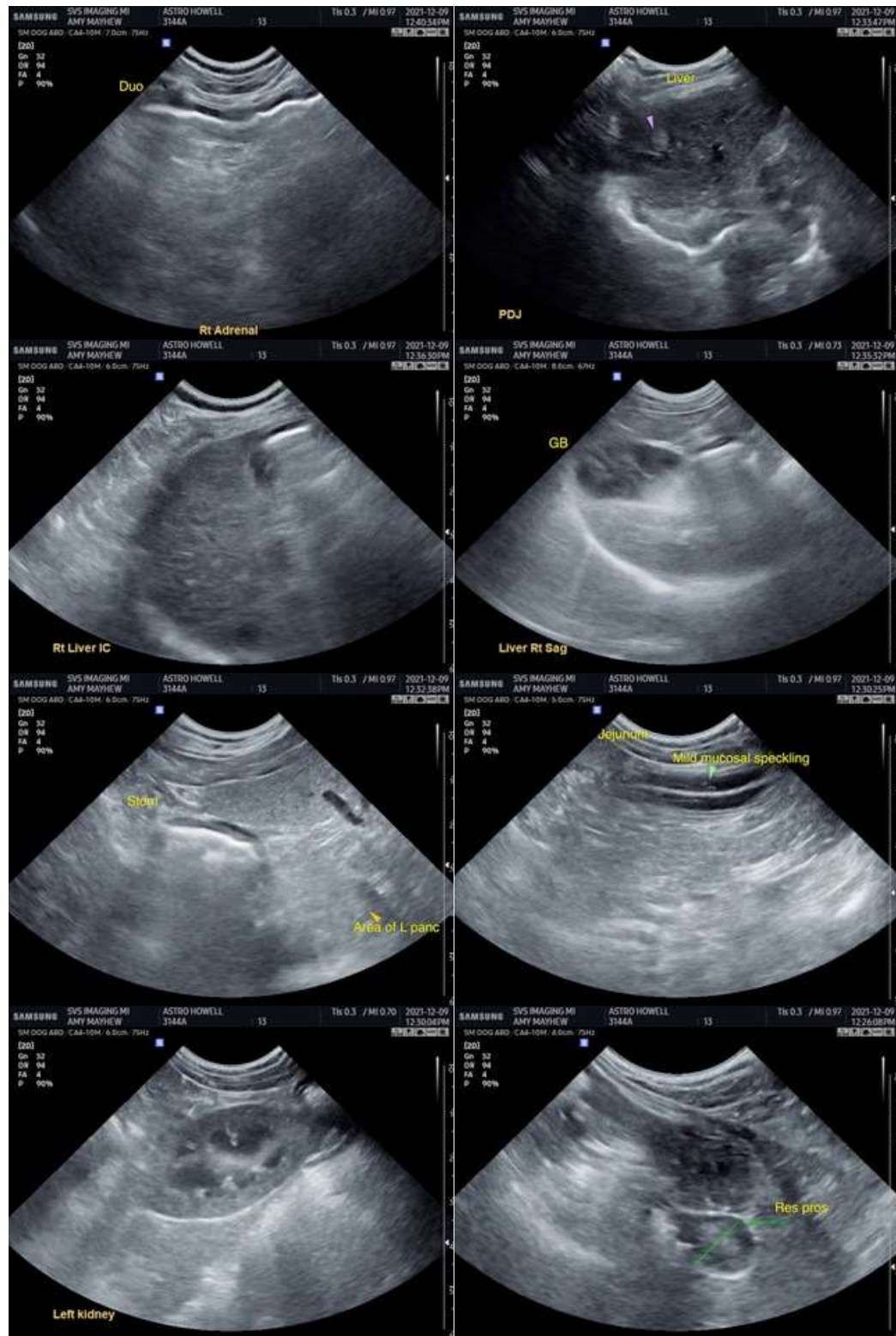
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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