



PATIENT

Zia Crocker

SPECIES

Canine

BREED

Boston Terrier

SEX

F/S

AGE

11 y, 7 m

WEIGHT

24.8

PRESENTING CLINICAL SIGNS

Annual senior panel showed increased liver enzymes P has previously diagnosed DMVD, ACVIM stage B2, currently on Cardalis, Pimobendan, Furosemide, Galliprant, Omega Fatty Acids, Hepatic Support and Cardiac support supplements. Thoracic /Abdominal radiographs submitted and showed Similar mild left sided cardiomegaly consistent with the clinical history of valvular disease but also noted Mild diffuse hepatomegaly, Postprandial abdomen; the material within the stomach and small intestine likely represents normal food. Foreign material is possible but is considered less likely. Definitive evidence of mechanical obstruction is not currently detected. The possibility of a concurrent nonspecific diffuse gastroenteropathy/gastroenteritis is not excluded based on this study. Blood pressures obtained and averaged 215/120/145 P is otherwise E/D well, no V/D/C/S. Physical exam showed distended abdomen

Abnormal PE/Chem/CBC/UA Results: 1/24/23 labwork Accuplex - Heartworm (Antigen) NEGATIVE Borrelia burgdorferi NEGATIVE Ehrlichia canis NEGATIVE Anaplasma phagocytophilum NEGATIVE; CBC - Wnl; Urinalysis - USG 1.026 pH 6.5 urine chems: 1+ pro, 2+ o. blood urine sedi: 4-11 WBC, cocci >100/hpf-- NOTE VOIDED sample MA: 1.7 (<2.5); Thyroid hormones - TT4 0.8 (0.8-3.5); Chemistry profile - Superchem: wnl except - ALT 330 (12-118) - ALP 551 (10-131) - GGT 20 (1-12) - Precision PSL 173 (24-140) Aug 2022 renal chem panel CBC - Wnl; Chemistry profile - Renal chems: wnl except Na 156 (139-154); Urinalysis - USG 1.025 pH 6.5 urine chems: 1+ o. blood urine sedi: nsf MA: 2.2 (<2.5)

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Anechoic urine was present in the lumen primarily with moderate, dependent, mildly shadowing mineral / sand along with mild non-dependent particulate to hyperechoic sediment. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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 5.4 cm in length. The right kidney measured 5.2 cm in length. Pinpoint medullary mineral was noted.

Adrenal Glands

The bilateral adrenal gland presented borderline prominent size based on caudal pole width measurement in light of body weight. Symmetrical contour and primarily homogeneous parenchyma was noted with no adrenal tumors. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.81 cm width at the cranial pole.



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Spleen

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The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Potential for discrete emerging splenic myelolipomas is possible.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, variably hyperechoic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta / chyme was present.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate dependent urinary bladder mineral /sand
- Bilateral chronic renal changes with pinpoint medullary mineral
- Benign hepatopathy
- Mild gallbladder debris - not consistent with mucocele criteria



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- Gastrointestinal ingesta - probable recent meal ingestion
- Normal to subtly heterogeneous pancreas, no evidence of active pancreatic inflammation, patient / age-related variant likely, potential for low-grade chronic pancreatitis possible
- Borderline prominent bilateral adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample +/- baseline UPC level, if evidence of proteinuria without inflammatory sediment, is recommended.

No evidence of a portosystemic shunt was noted. Vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, nonobstructive cholestasis, or other hepatopathy are possible with occult infiltrative hepatic neoplasia considered unlikely.

Full adrenal workup could be considered if clinical signs consistent with Cushing's Syndrome are present. Screening FNA cytology, assuming normal clotting status, primarily to assess for evidence of inflammatory cells could be considered. Empirically, continued Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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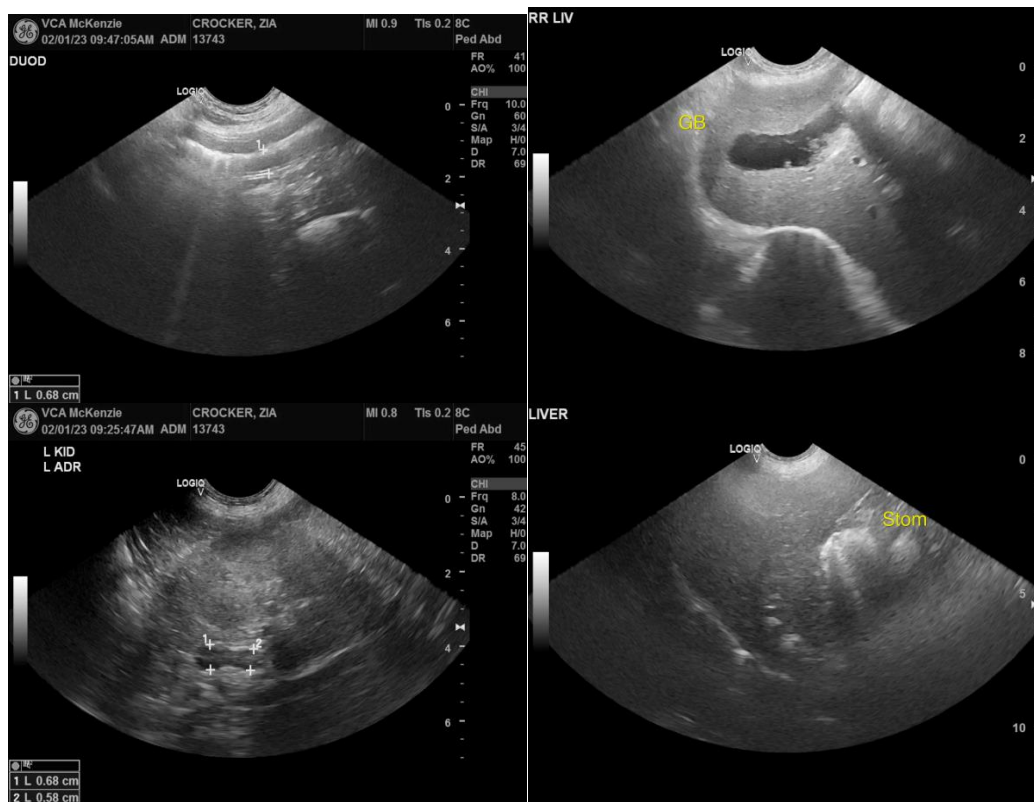
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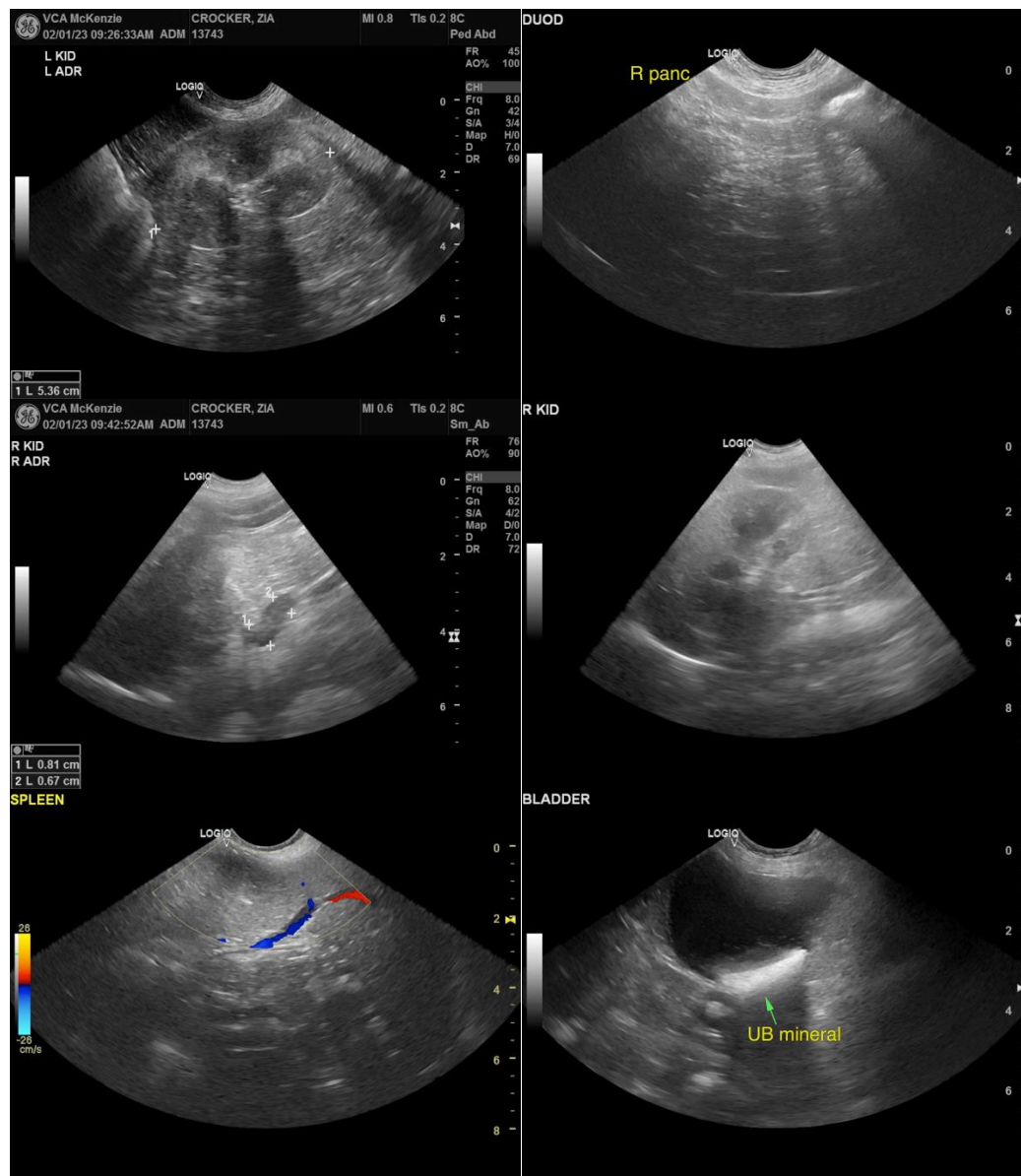
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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