



PATIENT PRESENTING CLINICAL SIGNS

Lucy Nepini 2018: seen for vomiting and diarrhea. ALT 2259, AST 479, ALP 298. Treated with supportive care and Metronidazole, Amoxicillin, Denosyl. Bile acids Pre 17.6, Post 28. Liver values normalized. Jan 2023: PU/PD, weight gain, distended abdomen. ALT 586, AST 59, ALP 839.

SPECIES

Canine No vomiting, eating normally. Meds started: Metronidazole, Clavamox, Ursodial, Denamarin.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Terrier Mix **Urinary System**

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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

12 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

36.6 lbs.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Pinpoint medullary mineral was noted. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited prominent size with uniformly hypoechoic parenchyma. The left adrenal gland exhibited symmetrical capsule contour measuring 0.78 cm width at the caudal pole and 0.76 cm width at the cranial pole. The right adrenal gland exhibited mild asymmetrical capsule contour measuring 0.84 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited normal size with areas of mild capsule asymmetry. Generalized mildly heterogeneous splenic parenchyma was present with variably echogenic nondisruptive splenic nodules. Nodules are likely benign consistent with benign myelolipomas, hyperplasia, hematopoiesis, or similar. Suspect focal areas of medial capsule fibrosis were noted.

Liver/ Gallbladder

The liver was moderately enlarged with symmetrical to mildly swollen capsule contour exhibiting generalized nonuniform hyperechoic hepatic parenchyma echogenicity with moderate coarse echotexture and discrete hypoechoic nodular changes. No hepatic masses were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, focally congealed yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Linda Farrington, DVM

INVOICE

16125

DATE

2/10/23



PATIENT

Lucy Nepini

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material, suspect post prandial presentation.

SPECIES

Canine

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

BREED

Terrier Mix

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. No signs of active inflammation or neoplasia.

AGE

12 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

36.6 lbs.

Primary Findings

- Hepatopathy exhibiting nonuniform parenchyma hyperechogenicity
- Mild gallbladder debris - not consistent with mucocele criteria
- Benign splenic nodules
- Mild chronic renal changes with minor pyelectasia
- Bilateral mild adrenomegaly
- Pancreatic remodeling

Secondary Findings

- Gastric and minor segmental intestinal ingesta - probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

Full adrenal workup with LDDST or ACTH Stimulation test is recommended. Concern for Cushing's Syndrome is warranted, although not definitive. Further assessment of the liver may include screening FNA cytology +/- Leptospirosis titers / PCR if potential exposure or if Cushing's Syndrome is ruled out. Empirically, hepatosupportive medications are recommended.

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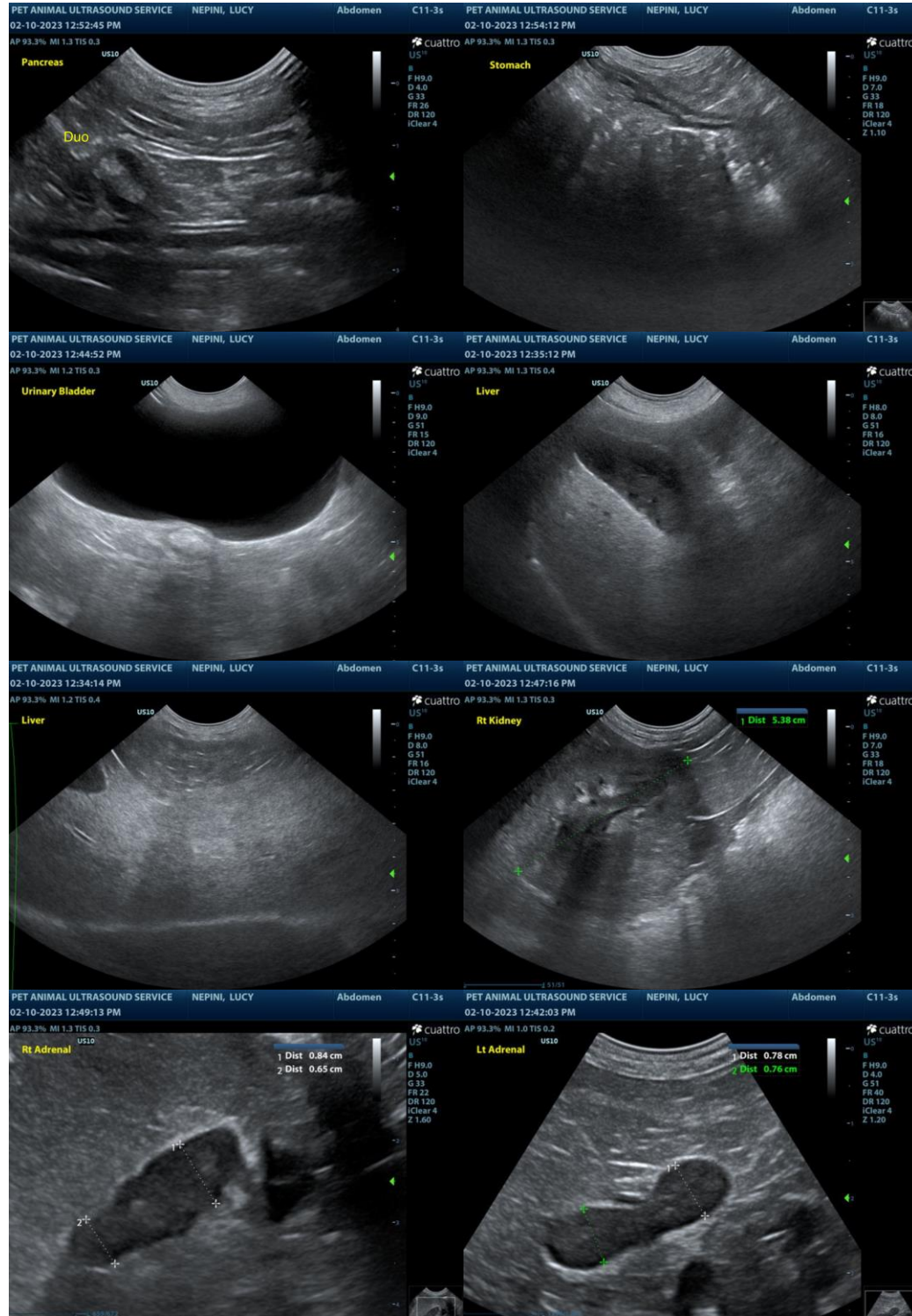
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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