

**PATIENT**

Samson Parrott

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

10 years

WEIGHT

19.2 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Sarah Meineka

INVOICE

16127

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Waxing and waning inappetence, abdominal discomfort, over the last 12 months. Waxing and waning hepatic enzyme elevations.

Abnormal PE/Chem/CBC/UA Results: Sam receives 10 mg fluoxetine for anxiety and urine marking, for years. Intermittent gabapentin and meloxicam for IVDD. Presented February 2022 for decreased appetite and lethargy, trembling, discomfort. Bloodwork revealed ALT 526, AST 131, GGT 20, Spec cPL 226 (range 0-200). Began low fat diet, clavamox. March 2022 at recheck Sam was doing much better clinically, bloodwork much improved as well ALT 209, AST 18, GGT 8. May 2022 presented again for inappetence and painful abdomen again, hepatic values all normal, cPL was 255. Treated symptomatically with sucralfate and cerenia. July 2022 presented for abdominal discomfort and diarrhea, painful spinal exam, Tx for IVDD flare, minimal improvement, later that week determined anal gland infection. October 2022 bloodwork pre-op for dental revealed ALT elevating again at 136, GGT trending upward at 6. Started Denamarin and recommended continue low fat diet. Recheck bloodwork February 2023, ALT 214, ALP 240, GGT 8 and family reports waxing and waning appetite, no vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.9 cm in length. The right kidney measured 4.0 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 1.5 cm length x 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 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. Discrete hyperechoic nodules adjacent to the hilus, consistent with potential emerging benign myelolipomas, were present and incidental. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume

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with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder**SPECIES**

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The liver was enlarged with symmetrical to mildly rounded hepatic capsule contour and uniform hepatic parenchyma exhibiting mild to moderate coarse echotexture. Subjective mild generalized increased hepatic parenchyma echogenicity compared to the spleen was present. No masses or nodules were noted. Normal hepatoportal vascular volume was noted. The gallbladder was non-distended in size containing anechoic content with moderate, congealed, variably echogenic, debris and mucus primarily caudal gallbladder lumen and area of the gallbladder neck. The debris and mucus was nonorganized. Suspect concurrent polyps. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal. No evidence of post hepatic obstruction was noted.

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Gastrointestinal

The stomach was mildly gas-distended yet 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.

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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.

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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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

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- Benign hepatopathy - vacuolar hepatopathy, nonobstructive cholestasis, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, or other hepatopathy with infiltrative neoplasia considered unlikely

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- Moderate congealed gallbladder debris / mucus with suspect polyps - no evidence of post hepatic obstructive criteria

- Heterogeneous pancreas- patient / age related variant, benign remodeling owing to previous inflammation, potential for chronic pancreatitis

- Sonographically unremarkable gastrointestinal tract

- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**DATE**

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Screening hepatic FNA cytology, assuming normal clotting status, could be considered primarily to assess for or possibly identify inflammatory cell type if present.

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Low grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL or a GI panel to include PLI / TLI / Cobalamin / Folate to assess for or rule out concurrent intestinal diseases as a contributing factor to the gastrointestinal signs may be considered.

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No evidence of intraabdominal neoplastic criteria was noted. Continued hepatosupportive medications with as-needed gastrointestinal support would be reasonable. Sonographic reassessment of the gallbladder is recommended if progressive cholestasis or cranial abdominal / subxiphoid discomfort on palpation.

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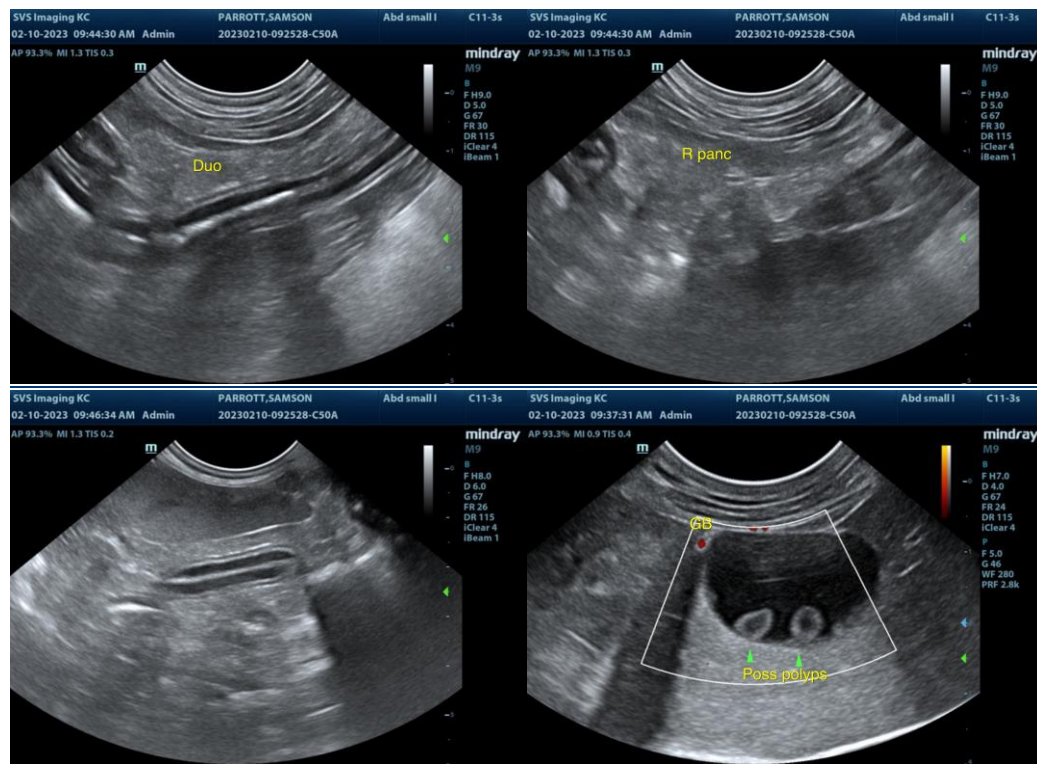
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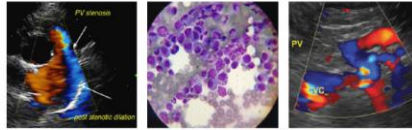
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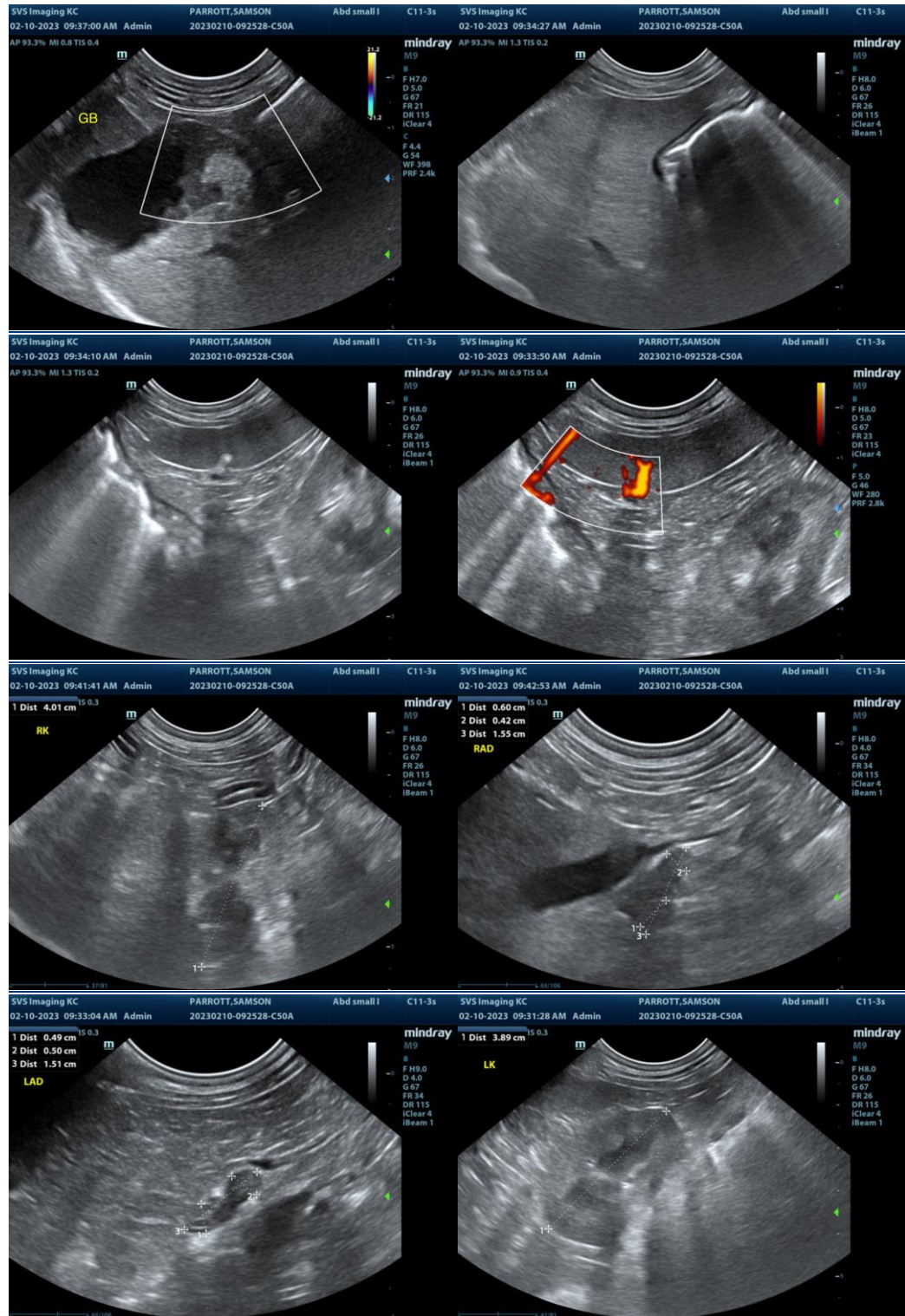
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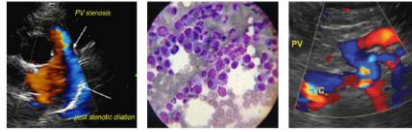
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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