



PATIENT

Cooper Larkin

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

11 years

WEIGHT

12.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Silver

INVOICE

13316

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Check liver, general malaise, sclera slightly icteric, decreased appetite. Current treatment: IVF (LRS), Unasyn, ondansetron.

Abnormal PE/Chem/CBC/UA Results: Severe T. bili elevation, ALP, mod. elevated ALT, mildly elevated GGT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 uroliths, 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 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 4.5 cm in length. The right kidney measured 4.8 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 0.65 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.63 cm width at the cranial pole. No evidence of adrenal hyperplasia or neoplastic criteria was noted.

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 and contour with overall normal hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Subtle increased prominence of the portal vascular borders was noted. No masses or nodules were present. The gallbladder was non-distended in size with sonographically unremarkable gallbladder walls. Primarily anechoic content with several mildly mineralized choleliths were present in the dependent lumen. An example of a cholelith measured 0.59 cm in diameter. The area of the cystic biliary duct and proximal common bile duct was sonographically unremarkable without evidence of overt or significant common bile duct distention.



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Gastrointestinal

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio exhibiting intermittent mucosal speckling. 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 subjective semi-formed feces in lumen.

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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign exhibiting acute to chronic criteria, cholangiohepatitis with vacuolar changes and intra-hepatic cholestasis suspected, no overt evidence of hepatic or hepatobiliary neoplastic criteria
- Nondistended gallbladder with nonobstructive emerging cholelithiasis, overtly normal common bile duct
- Mild age-related kidneys
- Mild gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology primarily to assess for evidence of inflammatory cells.

Hospitalization with cholangiohepatitis therapy protocol with as-needed gastrointestinal support is recommended. Potential for low-grade pancreatitis may be possible and sonographically normal.

Recheck sonogram is recommended if persistent to progressive hepatic enzyme elevations or evidence of cholestasis is noted despite conservative therapy.



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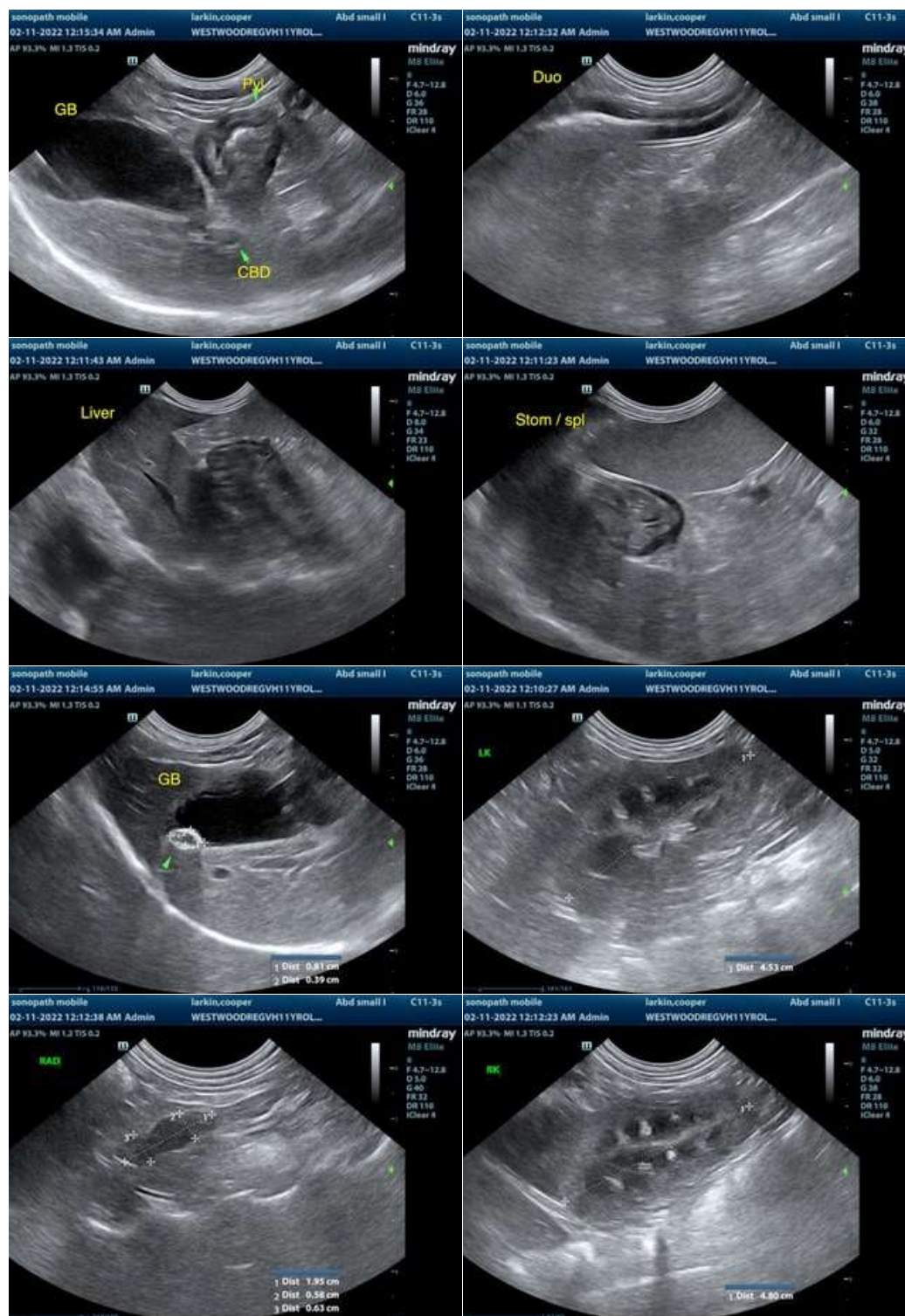
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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