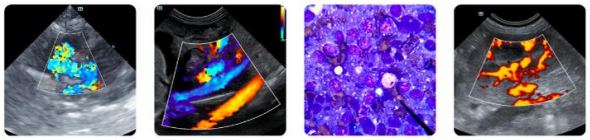


PATIENT

Porter Kobett

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

13y, 10m

WEIGHT

11.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Kathryn Buchanan, VMD

INVOICE

10624

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- incidental mildly elevated ALT on preop dental BW. Rechecked 30 days after procedure and ALT has increased to >200
- r/o hepatopathy vs neoplasia vs other
- fasted for US scan, no sedation needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No urine mineral or calculi were present. 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 residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

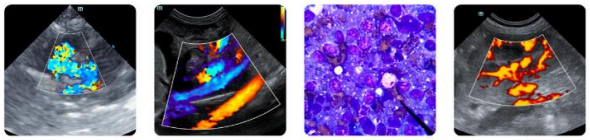
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.70 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 0.43 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, small, perihilar, non-capsule deforming, hyperechoic nodule was present, measuring 0.23 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Subjective adequate hepatic vascular volume was present. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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 formed feces in lumen.

Pancreas

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver – consistent with mild benign hepatopathy
- Normal gallbladder
- Small hyperechoic splenic nodule – consistent with small myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific to mild inflammatory hepatic disease is favored in conjunction with elevated ALT. There is no evidence of neoplastic criteria or intrahepatic / extrahepatic macroscopic shunt. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for inflammatory cells. Assuming the patient is nonclinical, hepatosupportive medications, including Denamarin and Ursodiol, owing to its antioxidant and immunomodulatory effects within the liver, with monitoring would be reasonable. There are no overt anesthetic contraindications, assuming no evidence of clinical hepatopathy and adequate BUN, cholesterol, glucose, and albumin levels.

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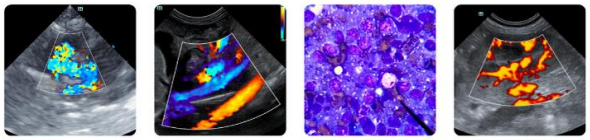

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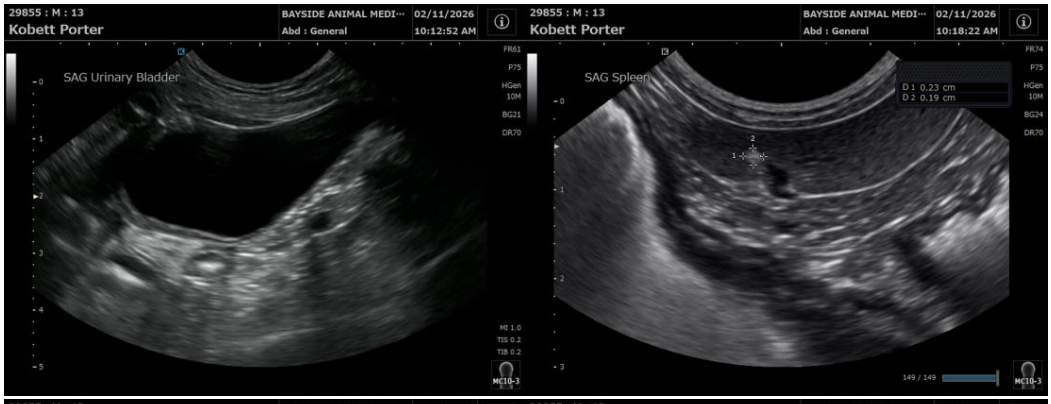

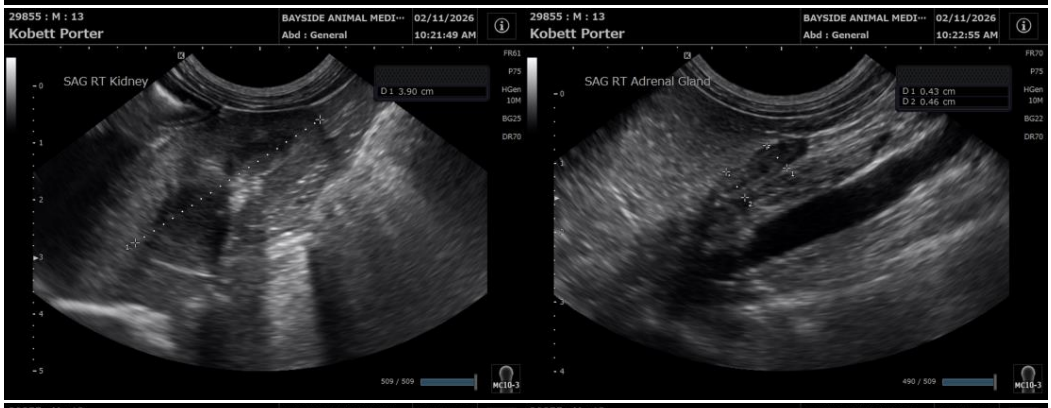

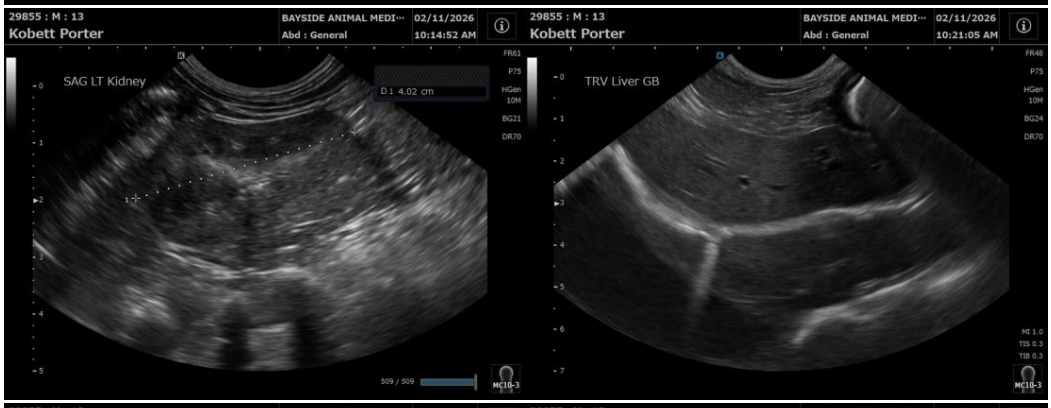

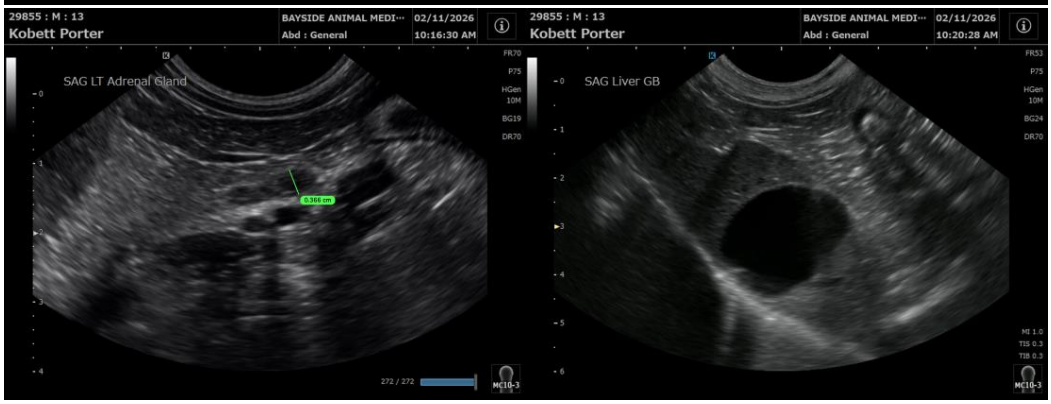

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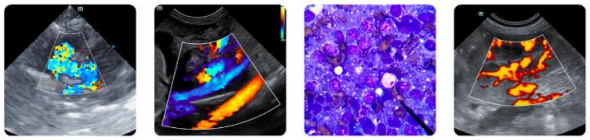

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com