



**PATIENT PRESENTING CLINICAL SIGNS**

Digby Jaffe  
History: Left hind leg shaking. hesitant to eat. Grazing.  
Abnormal PE/Chem/CBC/UA Results: High ALT- All else WNL

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine  
**Urinary System**

**BREED**  
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted. Aortic trifurcation was normal.

Mix

**SEX**  
No overt pathology in the area of the residual prostate.

Neutered Male

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 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.

**AGE**

11 Years

**Adrenal Glands**

**WEIGHT**  
The left adrenal gland was not definitively visualized.

12.4 Lbs.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.39 cm at the caudal pole.

**INTERPRETED BY Spleen**

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

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.

**IMAGING PERFORMED BY**

Dr. Scairpon

**Liver**

**HOSPITAL NAME**

AH of Sussex County

The liver was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

**REFERRING VET**

Dr. Jaffe

**Gastrointestinal**

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The visualized stomach walls were sonographically normal. The lumen of the stomach contained mild to moderate ingesta/chyme, exhibiting areas of focal distal acoustic shadowing. The ventral gastric body wall measured 0.25 cm. No overt evidence of mechanical pyloric outflow obstruction.

**DATE**

2/14/22

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. The jejunum wall measured 0.30 cm.



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

Digby Jaffe **Pancreas**

**SPECIES** 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.

Canine

**Free Abdomen**

**BREED** No omental masses, lymphadenopathy or effusion was present.

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Hepatopathy- subjectively benign
- Mild to moderate, focally shadowing gastric ingesta, sonographically unremarkable visualized small bowel
- Bilateral, mild chronic renal changes

Neutered Male

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12.4 Lbs.

Although not specific, the appearance of the liver, most consistent with benign hepatopathy/mild hepatomegaly. Potential for inflammatory hepatopathy suspected given the ALT elevation. Further assessment may include, assuming normal clotting status, ultrasound guided hepatic FNA, using a 25-gauge needle, primarily to assess for evidence of inflammatory cells. No overt evidence of hepatic neoplastic criteria. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial given the ALT elevation.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

The presence of focally shadowing gastric ingesta may correlate with post-prandial presentation. Correlation with most recent meal ingestion suggested. If documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying may be considered. Monitoring for normal gastric emptying recommended. Technically, given the areas of focally shadowing ingesta, potential for nonobstructive gastric foreign material cannot be definitively excluded. Correlation with clinical history recommended.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

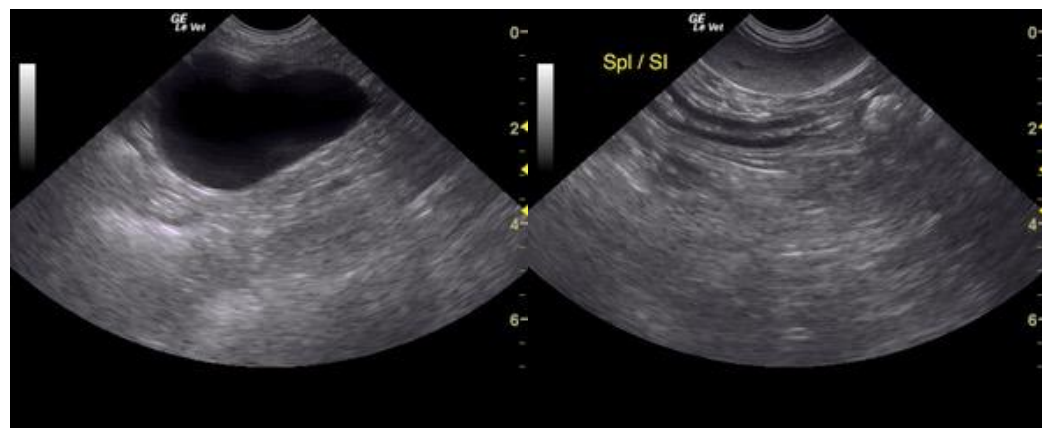
Dr. Jaffe

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Mix

**SEX**

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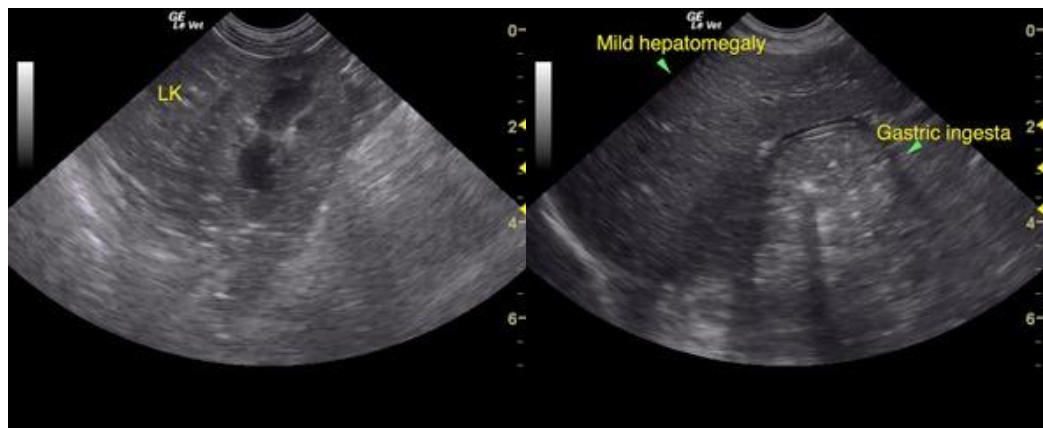
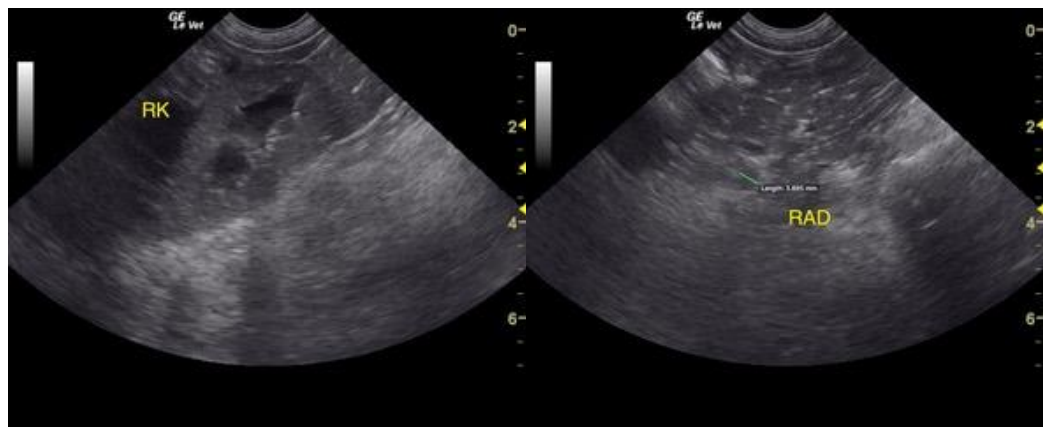
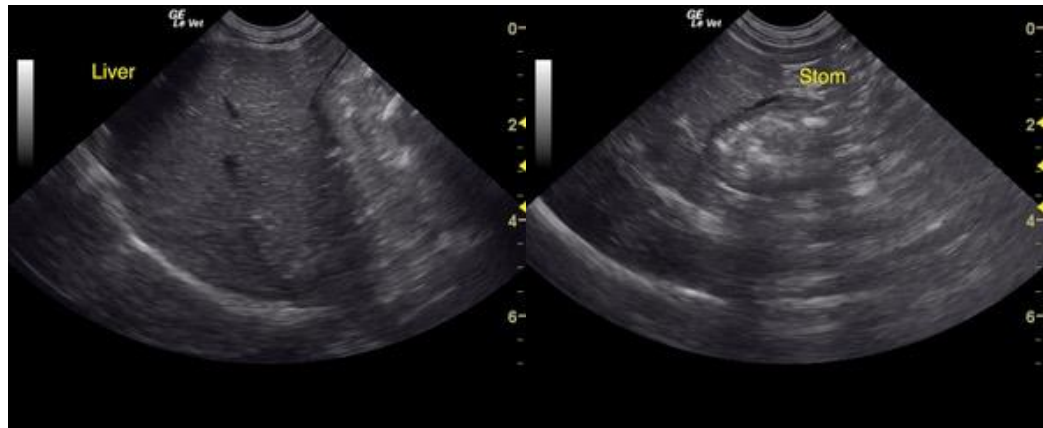
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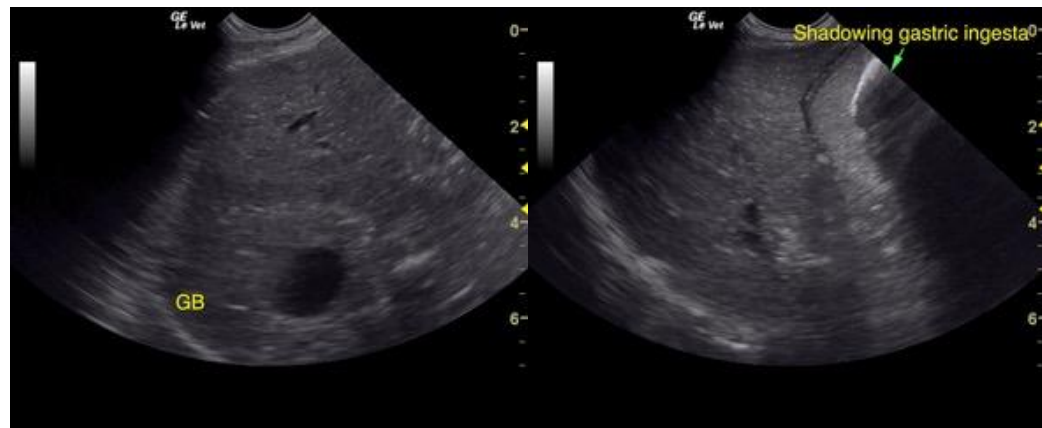
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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