



PATIENT	PRESENTING CLINICAL SIGNS
Oreo Pleskach	History: Elevated liver values. Pot belly appearance Abnormal PE/Chem/CBC/UA Results: Blood ALT 212, ALK PHOS 1033, GGTP 25
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 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.
Morkie	
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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present in both kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 5.5 cm in length.
AGE	Adrenal Glands
7 Years	
WEIGHT	The left adrenal gland was overtly normal in size with mild hypoechoic parenchyma, measuring 0.46 cm width.
17.1 Lbs.	The right adrenal gland was overtly normal in size with mild hypoechoic parenchyma, measuring 0.42 cm width.
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	Liver
JK	The liver exhibited moderate generalized enlargement with symmetrical to swollen hepatic contour. The hepatic parenchyma exhibited variable yet increased echogenicity. Multiple mildly hypoechoic non-expansive intraparenchymal nodules were present.
HOSPITAL NAME	Gastrointestinal
Hamburg VC	The stomach exhibited moderate distention with retained primarily anechoic fluid. Intact yet subjective mild prominent wall layering primarily in the area of the antrum and pylorus was present. The pylorus wall measured 0.73 cm.
REFERRING VET	The gallbladder was non distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.
Dr. DenHeyer	
INVOICE	
13923	
DATE	The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with mild segmental to generalized nonspecific mucosal speckling. The duodenum wall measured 0.54 cm.
2/14/22	



PATIENT

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

Oreo Pleskach

Pancreas

SPECIES

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Canine

BREED

Free Abdomen

Morkie

No omental masses, lymphadenopathy or effusion was present. Potential mild increased omental fat was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Mild chronic renal changes, exhibiting pinpoint medullary mineral
- Hepatomegaly, exhibiting nonuniform echogenic parenchyma with multiple hypoechoic to non-expansive intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Chronic pancreatitis/pancreatic fibrosis pattern
- Hypomotile stomach

AGE

7 Years

WEIGHT

17.1 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The overall liver was nonspecific with considerations including vacuolar/steroid hepatitis, chronic active hepatitis/cholangiohepatitis, early fibrosis, cirrhosis with areas of hematopoiesis or nodular to regenerative hyperplasia or other hepatopathy. Neoplasia cannot be definitively excluded. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology. If strong clinical suspicion for hyperadrenocorticism, screening UCCR +/- LDDST may be indicated. Empirical hepatosupportive medications, including Ursodiol, may prove beneficial.

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

IMAGING PERFORMED BY

JK

If recent signs of inappetence or vomiting, given the retained gastric fluid, as needed, concurrent gastrointestinal support or gastric protectant protocol may be considered.

HOSPITAL NAME

Hamburg VC



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SPECIES

Canine

BREED

Morkie

SEX

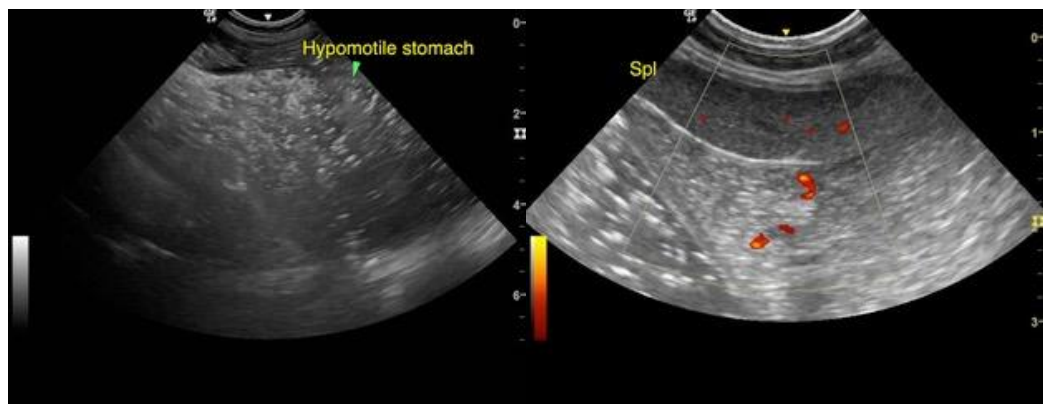
Neutered Male

AGE

7 Years

WEIGHT

17.1 Lbs.



INTERPRETED BY

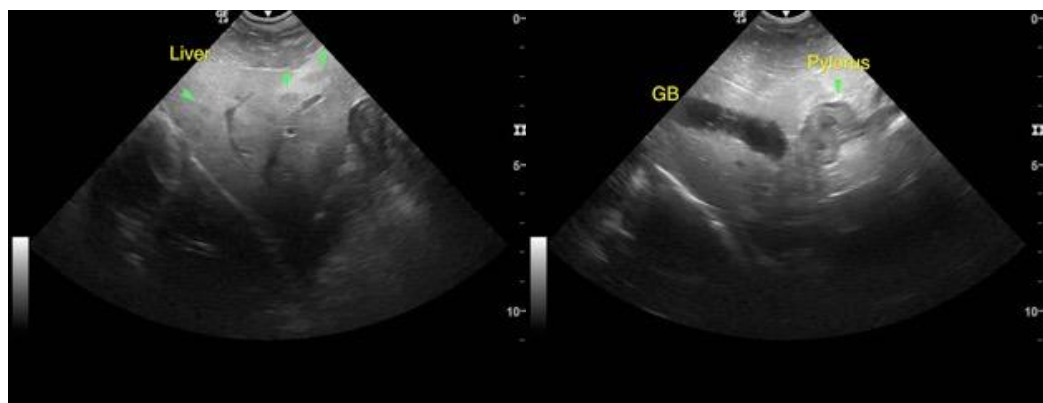
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SPECIES

Canine

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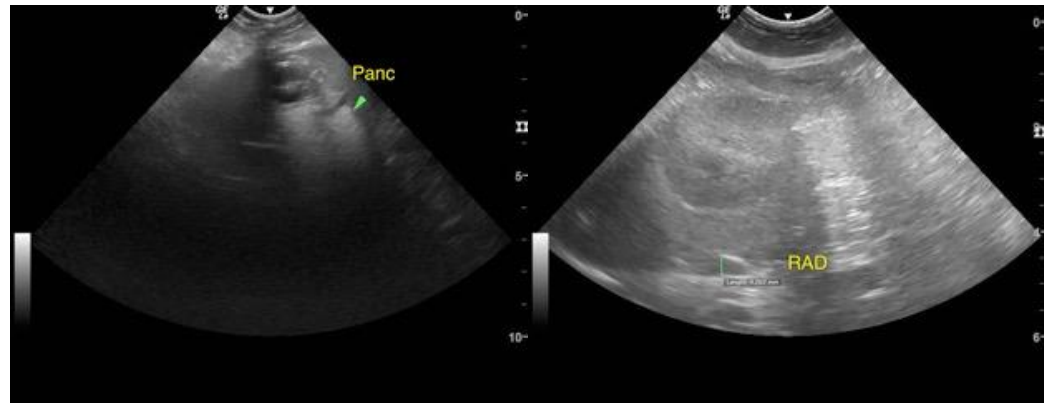
Neutered Male

AGE

7 Years

WEIGHT

17.1 Lbs.



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.

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