

**PATIENT PRESENTING CLINICAL SIGNS**

**Eragon Bartron** History: 2 month duration intermittent muscle weakness, bilateral carpal joint effusion, improved on steroid. ALP 937, ALT 203, Alb 3.8, WBC 18.4, Platelets 426, Hct 48, Tick panel normal.

**SPECIES** Medication: Gabapentin, Carprofen

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Hound Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.4 cm diameter.

**AGE**

8 years

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 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 8.0 cm. The right kidney measured 7.7 cm.

**WEIGHT**

90 Pounds

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.72 cm at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Pocono Peak VC

The liver was mild to moderately enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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. Mild, non-mineralized congealed debris present in the gallbladder neck. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Thompson

**Gastrointestinal**

**INVOICE**

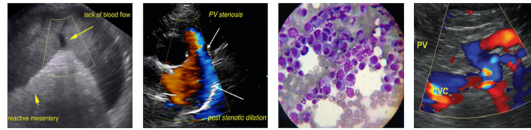
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**DATE**

2.15.2022

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.



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

Eragon Bartron

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Hound Mix

**Free Abdomen**

No omental masses, lymphadenopathy or effusion.

**SEX**

Neutered Male

- Hepatopathy – subjectively benign.
- Minor congealed gallbladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8 years

The liver was non-specific, yet consistent of benign hepatopathy. Considerations may include vacuolar hepatopathy and non-clinical cholestasis, given the primarily elevated ALP with potential for primary or concurrent non-specific hepatitis/cholangiohepatitis, given the ALT elevation. Neoplasia cannot be definitively excluded, yet considered a less likely differential diagnosis. Assuming normal clotting status, hepatic FNA could be considered for screening cytology. Otherwise, no overt evidence of intraabdominal visceral pathology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

**WEIGHT**

90 Pounds

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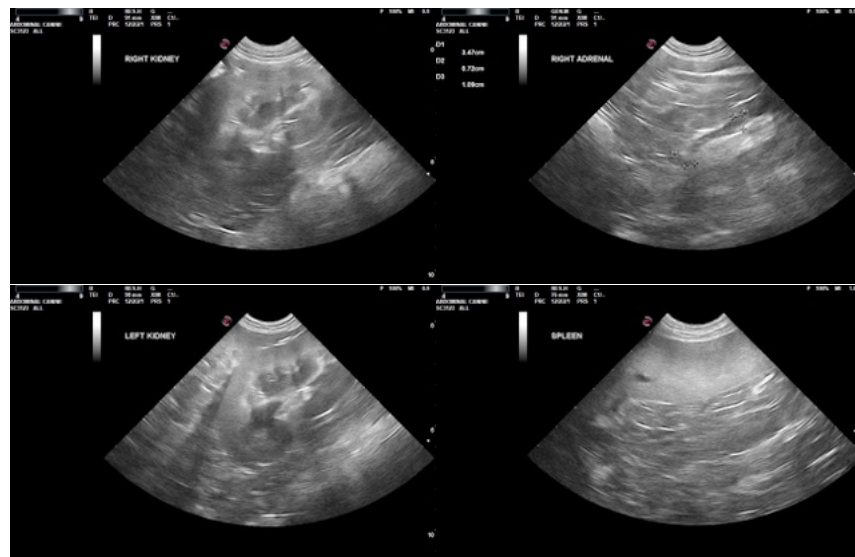
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**HOSPITAL NAME**

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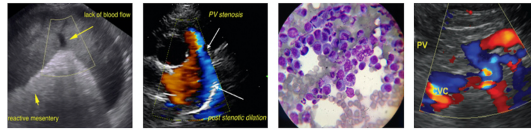


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**PATIENT**

Eragon Bartron

**SPECIES**

Canine

**BREED**

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**SEX**

Neutered Male

**AGE**

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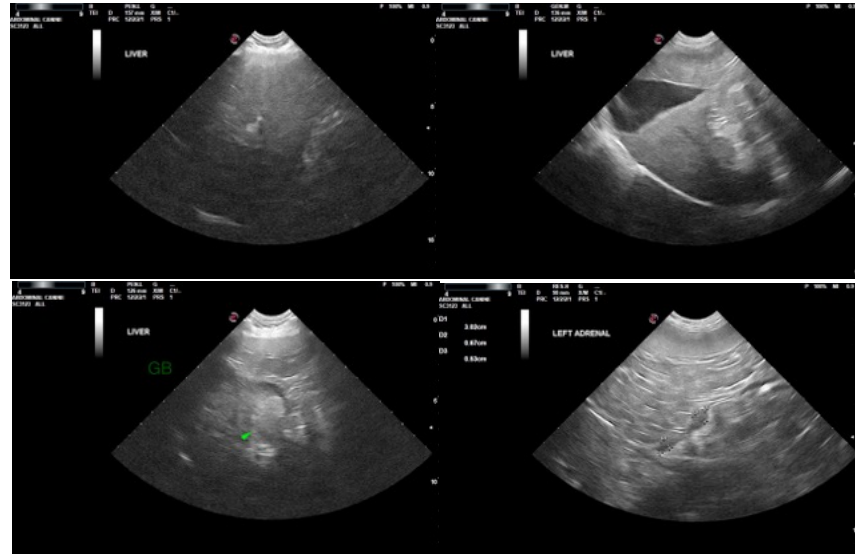
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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