



PATIENT	PRESENTING CLINICAL SIGNS
Brody Wilson	Concerns about liver on routine bloodwork. Only meds currently are Triacta joint supplement.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT too high to read. ALP elevated. ALKP 1495(23-212)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Doberman	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted. No mineral or calculi was noted.
SEX	The residual prostate was free of pathology.
M/N	The area of the aortic trifurcation was free of pathology.
AGE	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 7.2 cm in length. The right kidney measured 7.7 cm in length.
WEIGHT	Adrenal Glands
112.2 lbs.	The bilateral adrenals were overtly normal in size, position, and shape. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland measured 0.9 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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/ Gallbladder
Crystal Hill	The liver was subjectively subnormal in size with areas of mild capsule asymmetry exhibiting severely heterogeneous, nonuniform to nodular parenchyma. Reduced distinction and visualization of the portal structures was present. The gallbladder was non-distended in size containing primarily anechoic content with no evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized without evidence of post hepatic obstruction or stasis.
HOSPITAL NAME	Gastrointestinal
Tansley Woods Vet Hospital	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.
REFERRING VET	
Dr. Petrowski	
INVOICE	
16172	
DATE	
2/15/23	



PATIENT

Brody Wilson

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 apparent formed feces in lumen.

SPECIES

Canine

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 were evident.

BREED

Doberman

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

M/N

ULTRASONOGRAPHIC FINDINGS

- Subnormal liver exhibiting severe nonuniform nonhomogeneous to nodular parenchyma
- Sonographically unremarkable gallbladder

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation is consistent with chronic likely advanced hepatopathy and, although nonspecific, primary concern for chronic active hepatitis, toxic hepatopathy i.e., copper, or other inflammatory hepatic parenchymal with potential concurrent vacuolar hepatic changes, nodular hyperplasia, extra-medullary hematopoiesis, fibrosis, or less likely infiltrative neoplasia. No overt evidence of a portosystemic shunt was noted.

Hepatic core surgical biopsy, assuming normal clotting status and assessment of von Willebrand factor given the breed, would be required for a definitive diagnosis. Bile acid testing may be considered to assess hepatic functionality although adequate hepatic functionality may be indicated if normal albumin, glucose, BUN and cholesterol levels without evidence of clinical signs.

Hepatosupportive medications including Denamarin as well as vitamin E are recommended.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tansley Woods Vet
Hospital

REFERRING VET

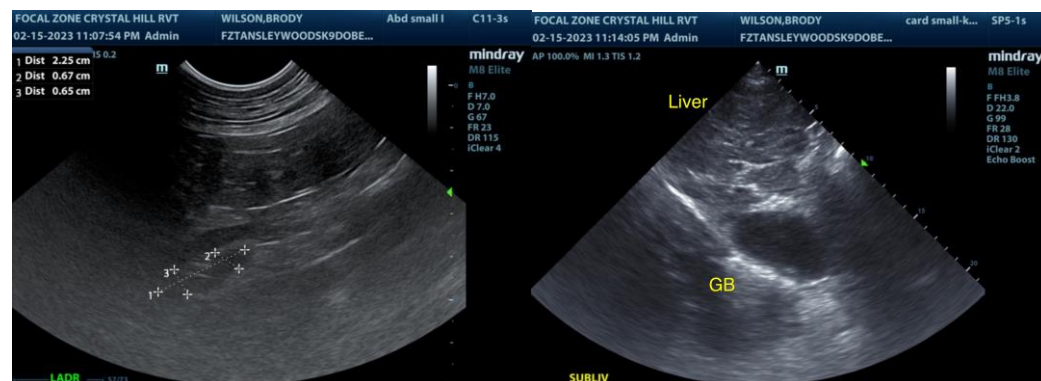
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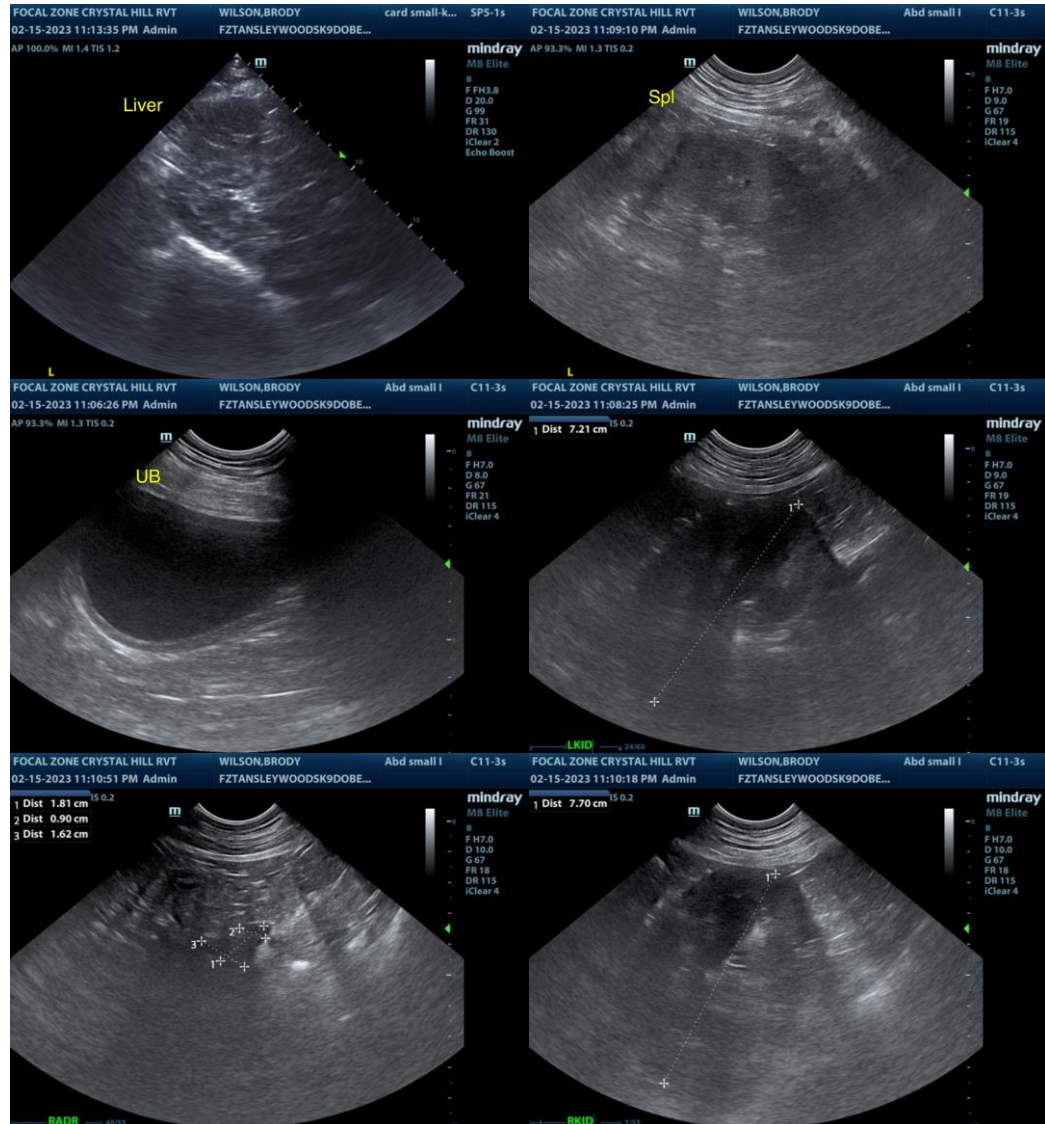
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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