



PATIENT

Lucy Fisher

SPECIES

Canine

BREED

Poodle X

SEX

FS

AGE

11

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Atal

INVOICE

16179

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Pre dental assessment mild elevation of liver enzymes owner declined bile acids Attending would like pre anesthetic assessment

Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes renal enzymes are normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Solitary, irregular, hyperechoic calculus measuring 1.1 cm in diameter was present in the dependent lumen. Concurrent pinpoint dependent possibly adhered luminal mineral was noted. Mild irregular ventroapical cystitis pattern exhibiting mild asymmetrical luminal surface luminal contour was present. No urinary bladder tumors were noted. The ventroapical urinary bladder wall measured 0.32 cm width. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal areas of nonobstructive medullary mineral to small renoliths primarily in the lateral diverticuli of both kidneys were noted. Intermittent small cortical cysts were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 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 0.58 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole. No adrenal tumors were noted.

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.

Liver/ Gallbladder

The liver presented enlarged in size. 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. Normal hepatoportal vascular volume was noted. No evidence of a portosystemic shunt.



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The gallbladder was non-distended in size containing anechoic content with mild peripheral echogenic gallbladder debris, potential for emerging polyps and without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact mildly prominent wall layering owing to propensity for mildly prominent antrum / pylorus mucosa. The gastric body wall width measured 0.53 cm. The stomach was empty.

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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.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular cystic calculus with concurrent pinpoint dependent to possibly adhered mineral, regional mild irregular ventroapical cystitis pattern
- Moderate chronic renal changes with nonobstructive medullary mineral / renolithiasis
- Mild hepatopathy exhibiting normal hepatic vascular volume - benign
- Minor peripheral gallbladder debris, possible emerging polyps

Secondary Findings

- Nonspecific mildly prominent yet intact gastric walls - unclear clinical significance given the lack of reported vomiting, inappetence, etc., possible low-grade gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No anesthetic contraindications if evidence of normal hepatic function i.e., normal BUN, glucose, cholesterol, and albumin levels. No overt suspicion of a portosystemic shunt, given normal hepatoportal vascular volume.

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Urine C/S on a sterile urine sample is recommended. Hepatosupportive medications including Denamarin may prove beneficial. Monitoring of renal parameters going forward is advised. Eventual cystotomy with hepatic biopsies assuming normal clotting status could be considered if adequate renal function and normal systemic BP.



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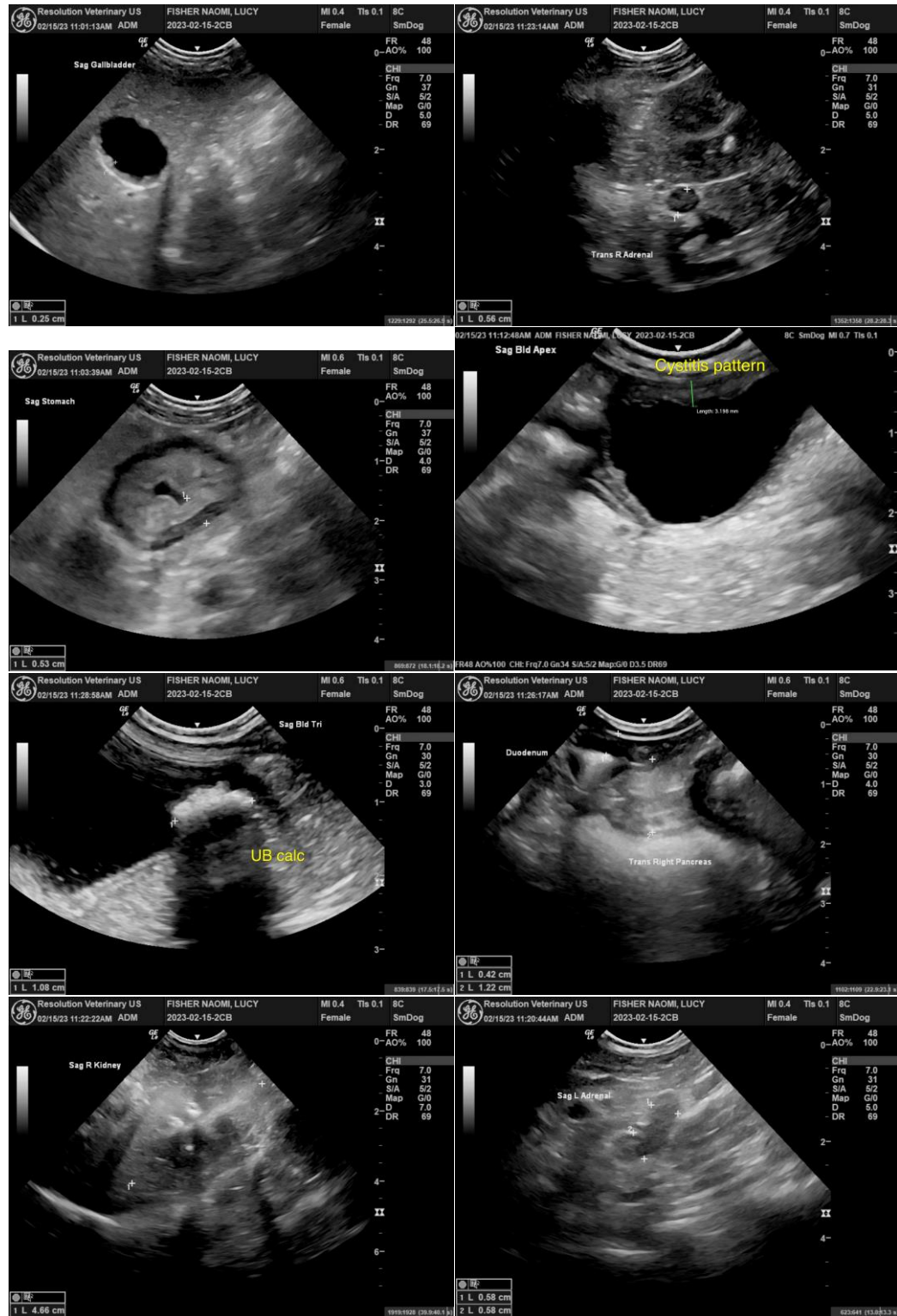
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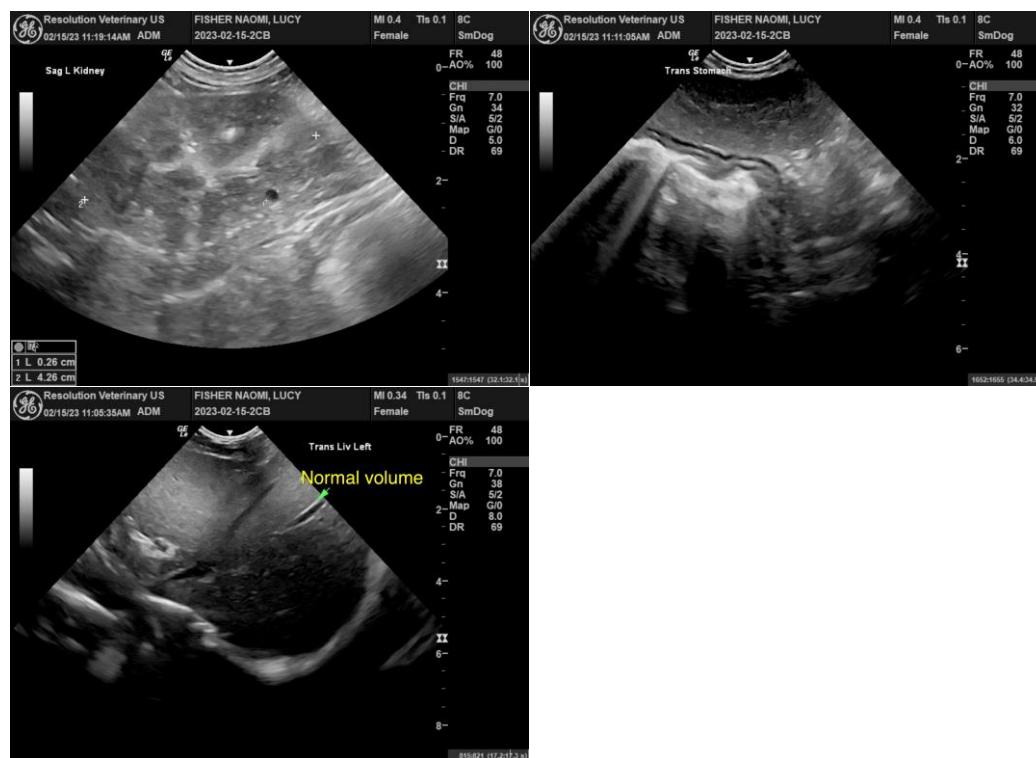
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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