

PATIENT PRESENTING CLINICAL SIGNS

Hannah McKibbin slight weight loss, Normal PE otherwise, presented stable for annual exam with vaccines meds: Type 2 Collagen Supplement; Zentonil Plus

SPECIES Abnormal PE/Chem/CBC/UA Results: ALANINE TRANSAMINASE 131 18 - 121 IU/L HIGH
ALKALINE PHOSPHATASE 1908 5 - 160 IU/L HIGH GAMMA GT 65 0 - 13 IU/L HIGH Results verified by repeat analysis. BILIRUBIN (TOTAL) 2.2 0.0 - 5.2 umol/L CHOLESTEROL 9.8 3.4 - 8.9 mmol/L HIGH

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

JRT 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.

SEX

Spayed Female The area of the aortic trifurcation was free of pathology.

AGE

14 Years 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 kidneys measured 5.0 cm each.

WEIGHT

17.3 Pounds *Adrenal Glands*
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length x 0.63 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.66 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

Kelly Reschny

Liver

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. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

HOSPITAL NAME

Norwich Vet Services

REFERRING VET

Dr. Saturno

INVOICE

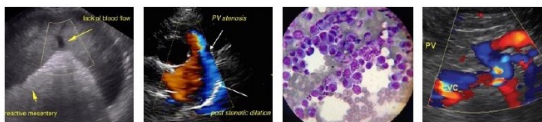
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DATE

2/28/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta, exhibiting subtle progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. Ventral gastric body wall measured 0.40 cm. No overt evidence of mechanical pyloric outflow obstruction.



PATIENT
Hannah McKibbin

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. Jejunum wall measured 0.36 cm.

SPECIES
Canine

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

BREED
JRT

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 was evident.

SEX
Spayed Female

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign.
- Partial to emerging gallbladder mucocele
- Overtly normal gastrointestinal tract with moderate variably echogenic gastric ingesta
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT
17.3 Pounds

The overall liver was non-specific, yet most suggestive of benign hepatopathy. Considerations may include vacuolar hepatopathy and non-obstructive cholestasis with potential for primary or concurrent low-grade hepatitis/cholangiohepatitis given the ALT elevation and presence of partial to emerging gallbladder mucocele. No overt evidence of hepatic neoplasia, which is considered a less likely differential diagnosis.

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The partial gallbladder mucocele does not appear to be inflamed at this stage. No indication for immediate surgical intervention. However, continued monitoring for increasing evidence of cholestasis or cranial abdominal/subxiphoid discomfort on palpation is recommended. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Otherwise, largely geriatric abdomen without evidence of additional visceral pathology.

IMAGING PERFORMED BY

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

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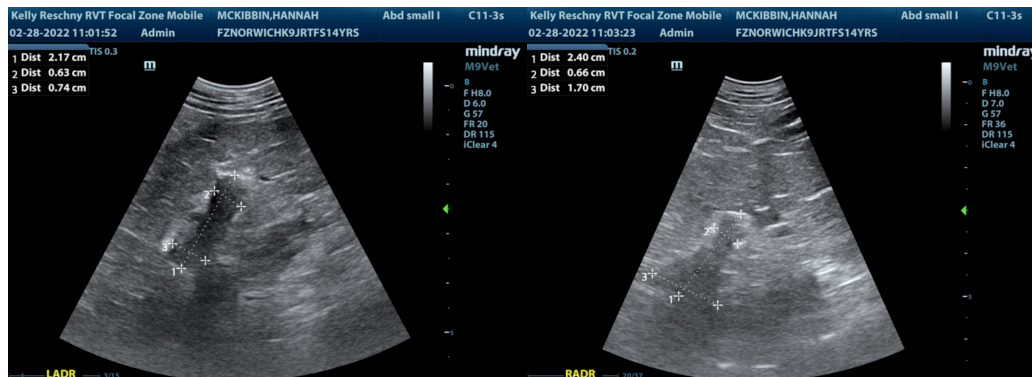
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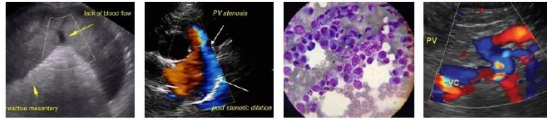
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SPECIES

Canine

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Spayed Female

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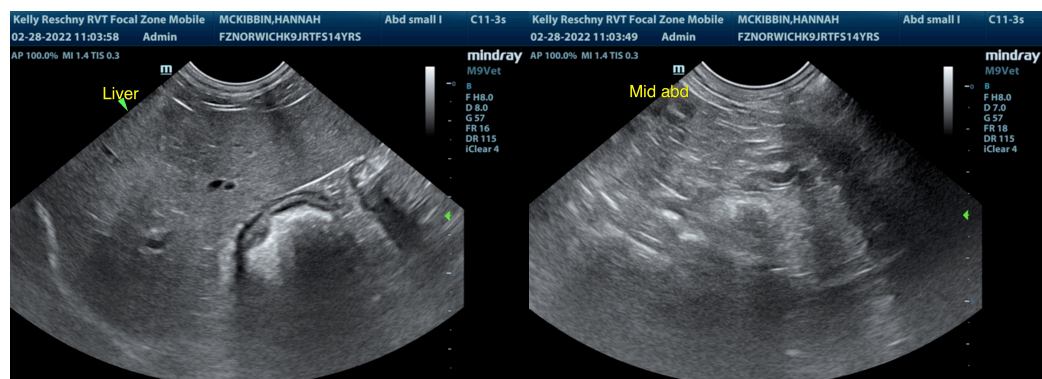
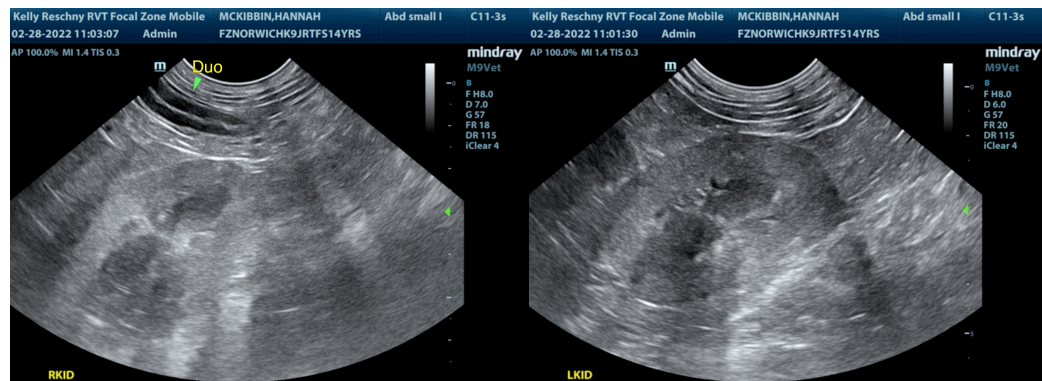
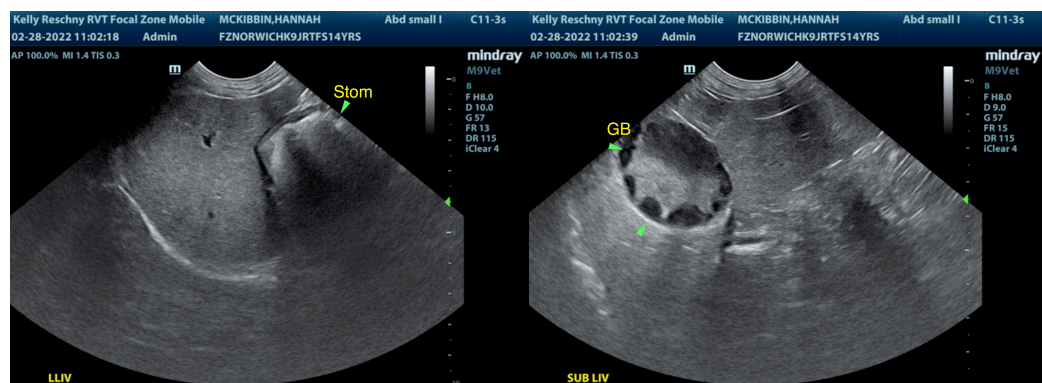
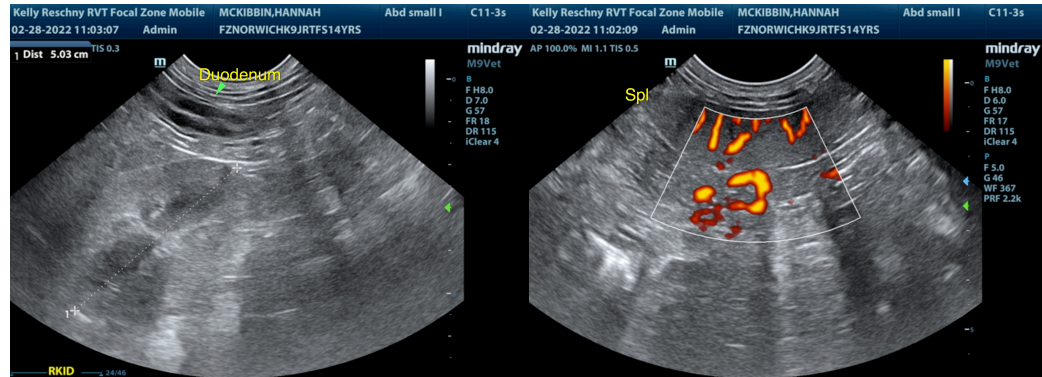
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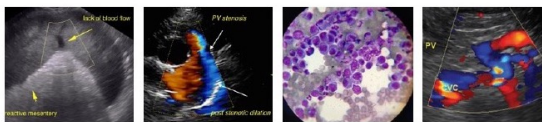
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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Spayed Female

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