



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Rotz History of splenectomy, elevated liver values, osteoarthritis. ALB 4.5 ALP 628 ALT 140 BUN 39 Ca 12.2 CREAT 1.0 WBC 20.4 w/neutrophilia PLT 1450

**SPECIES** Medication: Galliprant, Gabapentin

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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**

FS

**AGE**

2009

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. The left kidney measured 6.8 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

98

**Adrenal Glands**

The left adrenal gland exhibited subjective folding which is not indicative of underlying adrenal pathology and is likely a patient variant. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length and 0.85 cm width in the caudal pole. The right adrenal gland measured 4.2 cm length and 0.95 cm width in the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen was not visualized owing to previous splenectomy, no evidence of pathology in the area of the previous spleen.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/Gallbladder**

Subjective mild to moderate enlargement with symmetrical capsule contour and generalized non-uniform to heterogenous parenchyma exhibiting evidence of parenchymal remodeling was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Maple Hills VH

**Gastrointestinal**

**REFERRING VET**

Dr. Eckman

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.

**INVOICE**

12901ag

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.

**DATE**

02/06/2023

**Pancreas**



**PATIENT**

Rosie Rotz

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.

**Free Abdomen**

**SPECIES**

Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Lab Mix

- Non-specific subjective benign hepatopathy
- Sonographically normal gallbladder
- Mild chronic renal changes

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2009

The overall liver was non-specific yet consistent with benign hepatopathy, considerations include vacuolar hepatopathy, non-obstructive cholestasis given primary ALP elevation or inflammatory/immune mediated disease given the ALT elevation. No overt evidence of hepatic or intra-abdominal neoplastic criteria. Hepatic biopsy is likely required for a definitive diagnosis.

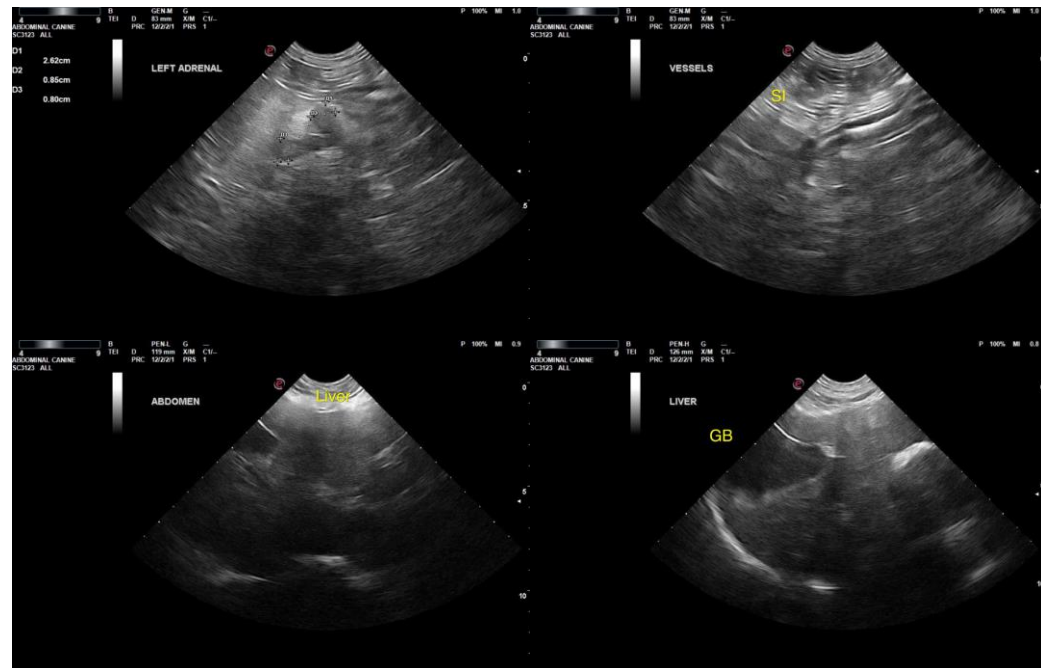
**WEIGHT**

98

Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Rectal palpation and three view chest radiographs if not may be considered given the hypercalcemia. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial with continued monitoring of hepatic response. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Maple Hills VH

**REFERRING VET**

Dr. Eckman

**INVOICE**

12901ag

**DATE**

02/06/2023



**PATIENT**

Rosie Rotz

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

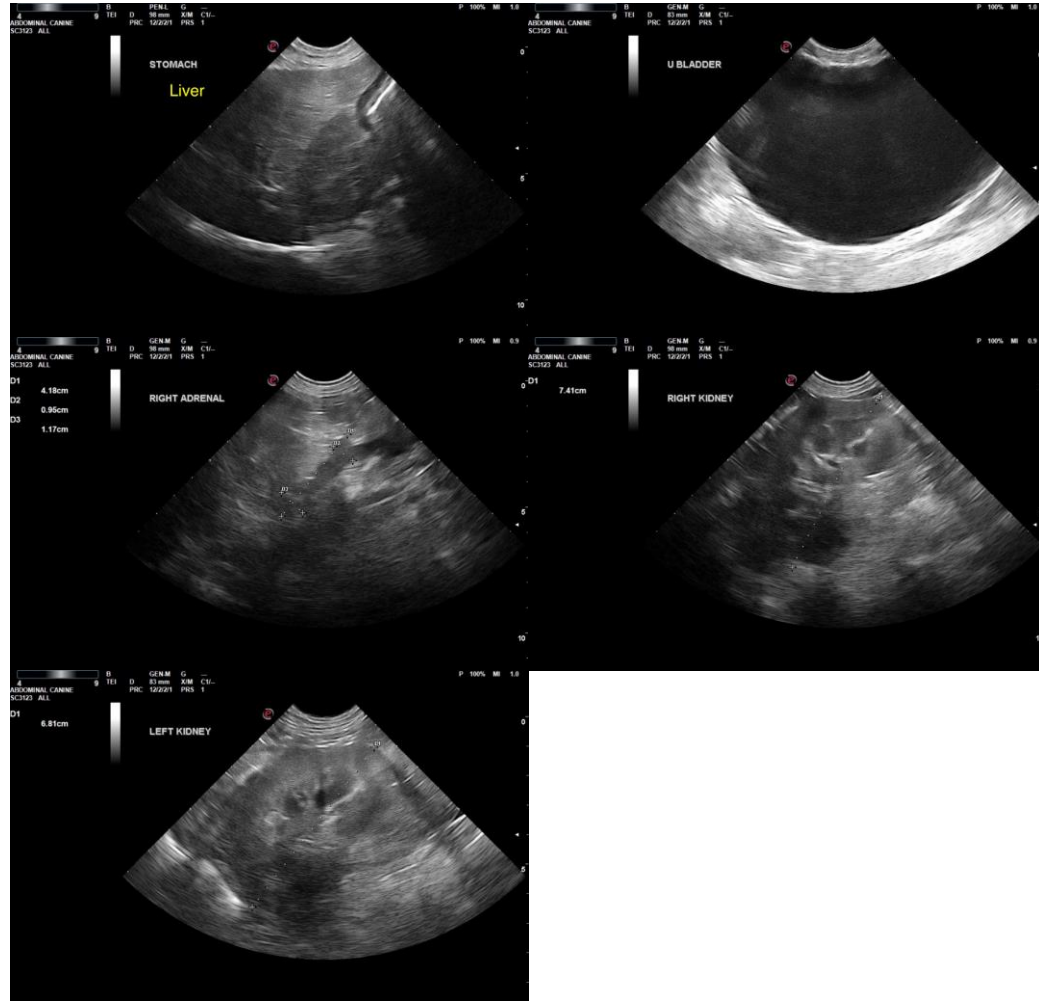
2009

**WEIGHT**

98

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

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.

**HOSPITAL NAME**

Maple Hills VH

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.

**REFERRING VET**

Dr. Eckman

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**INVOICE**

12901ag

**DATE**

02/06/2023