

**PATIENT**

Buddy Celletti

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

NM

**AGE**

12 years

**WEIGHT**

10.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Haenni

**INVOICE**

13269

**DATE**

2/8/22

**PRESENTING CLINICAL SIGNS**

panting, Eating and drinking well, acting normal

Abnormal PE/Chem/CBC/UA Results: Temp 103.3, WBC 10.06, RBC 8.12, Plt 288, ALT >1000, GGT 62, ALP 418, ALB 4.2 Did FNA of spleen and liver

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 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 3.9 cm in length. The right kidney measured 4.1 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 0.44 cm width at the caudal pole and 0.41 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 0.33 cm width at the caudal pole and 0.59 cm width at the cranial pole.

**Spleen**

The spleen was normal in overall size and contour. Mid splenic intraparenchymal, mildly expansive, mildly hypoechoic nodule was present. The nodule measured approximately 1.0 cm in diameter. The nodule appeared to mildly distort the surrounding splenic parenchyma and medial capsule, yet without evidence of parenchymal escape.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal subjective hepatoportal vascular volume was present. No overt evidence of a portosystemic shunt was noted. The gallbladder was non-distended in size with mild, nondependent to mildly congealed yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

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.

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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.

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.

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**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Nonspecific hepatopathy - subjectively benign
- Solitary mildly expansive yet nonspecific splenic nodule
- Mild chronic renal changes
- Mild gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include nonspecific inflammatory hepatopathy or hepatobiliary disease, given the primarily elevated ALT with potential for primary or concurrent vacuolar hepatic changes and nonobstructive cholestasis, given the ALP/GGT combination. No overt hepatic neoplastic criteria was present, which is considered a less likely differential diagnosis.

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Focal splenic lymphoid hyperplasia, hematopoiesis, small hematoma, acute infarction, or neoplasia are possible. Correlation with pending hepatosplenic cytology is recommended.

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No overt evidence of adrenal hyperplasia or neoplastic criteria was noted.

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Empirical hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Pending splenic cytology, or if splenectomy is elected, concurrent hepatic biopsies, assuming normal clotting status, are recommended.

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Sonographic monitoring of the splenic nodule for evidence of progression, as well as monitoring of hepatic response to hepatosupportive medications, would be a more conservative approach.

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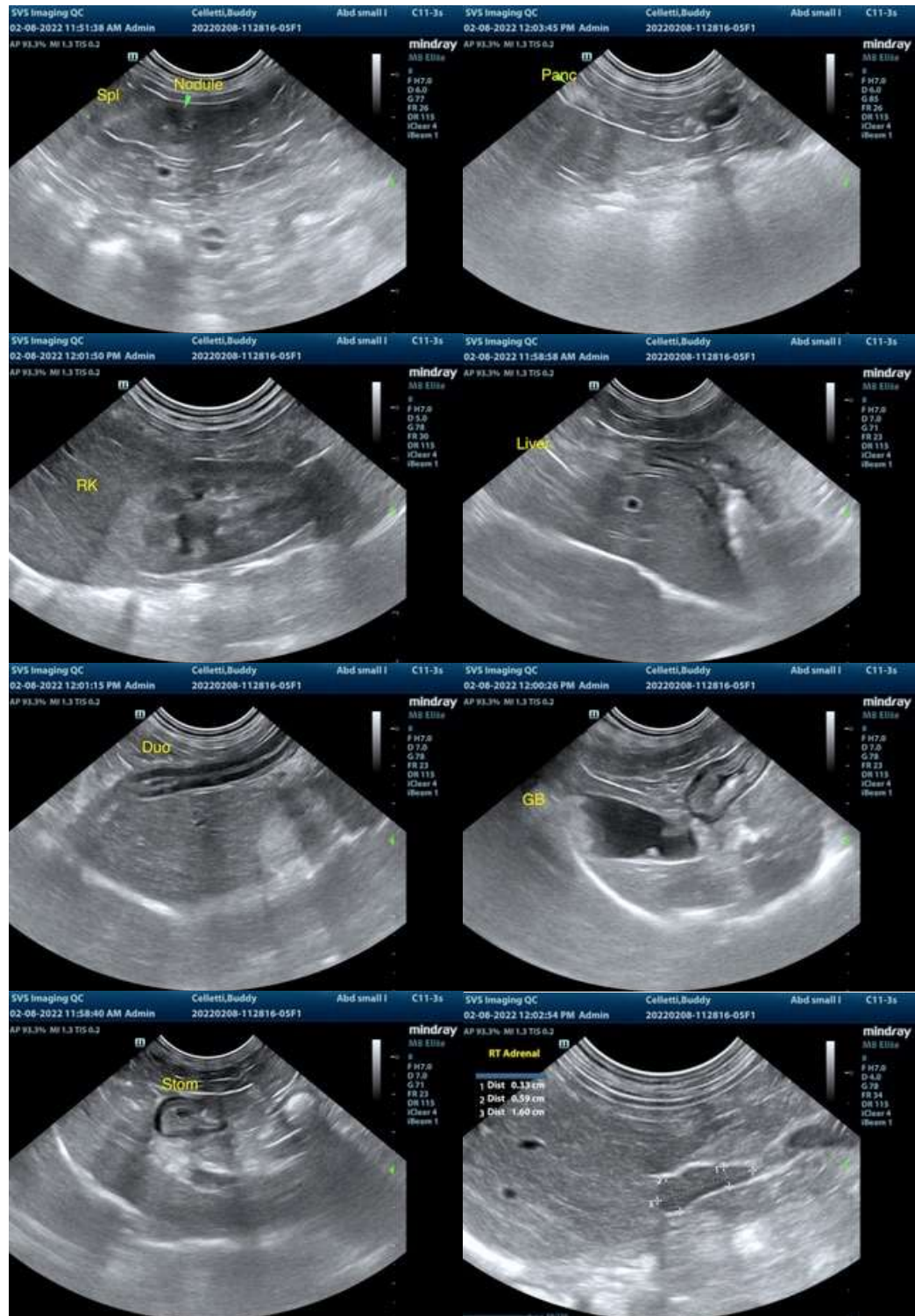
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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