



**PATIENT**

Bogart Ruhe

**SPECIES**

Canine

**BREED**

Field Spaniel

**SEX**

MN

**AGE**

12 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP  
(Canine and Feline)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Fortin

**INVOICE**

16071

**DATE**

2/8/23

**PRESENTING CLINICAL SIGNS**

Persistently elevated ALT. No clinical signs of liver disease.

Abnormal PE/Chem/CBC/UA Results: 1/31/23: ALT 328 (18-121) ALP 152 (5-160) 1/07/23: presented to PVESC for forelimb lameness. Started on doxy and gabapentin ALT 226 (10-125) ALP 219 (23-212)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 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 2.1 cm length x 0.61 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.72 cm width at the caudal pole.

**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 as normal in size to potential borderline to mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor particulate gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



**PATIENT**

Bogart Ruhe

***Gastrointestinal***

**SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. The stomach was otherwise normal.

**BREED**

Field Spaniel

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental hyperechoic intestinal ingesta was present.

**SEX**

MN

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

**AGE**

12 years

***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.

**WEIGHT**

50 lbs.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Chronic hepatopathy - although nonspecific, suspect chronic inflammatory hepatopathy, potential for emerging vacuolar hepatic changes, nonobstructive cholestasis, hyperplasia, hematopoiesis, early fibrosis, or other, no evidence of hepatic neoplastic criteria
- Sonographically normal gallbladder exhibiting minor gallbladder debris
- Bilateral chronic renal changes
- Gastric Ingesta - probable recent meal ingestion

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Scanvet

Further assessment of the liver may include, assuming normal clotting status, screening FNA cytology +/- Leptospirosis titers / PCR if clinically indicated. No evidence of a portosystemic shunt was noted.

**REFERRING VET**

Dr. Fortin

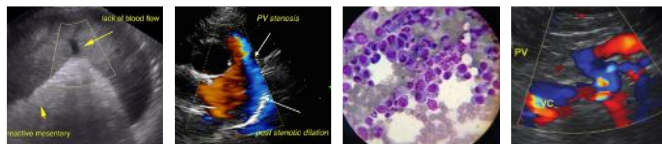
Hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications including Denamarin +/- Ursodiol, due to its antioxidant and immunomodulatory effects, with assessment of hepatic response would be reasonable.

**INVOICE**

16071

**DATE**

2/8/23



**PATIENT**

Bogart Ruhe

**SPECIES**

Canine

**BREED**

Field Spaniel

**SEX**

MN

**AGE**

12 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP  
(Canine and Feline)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

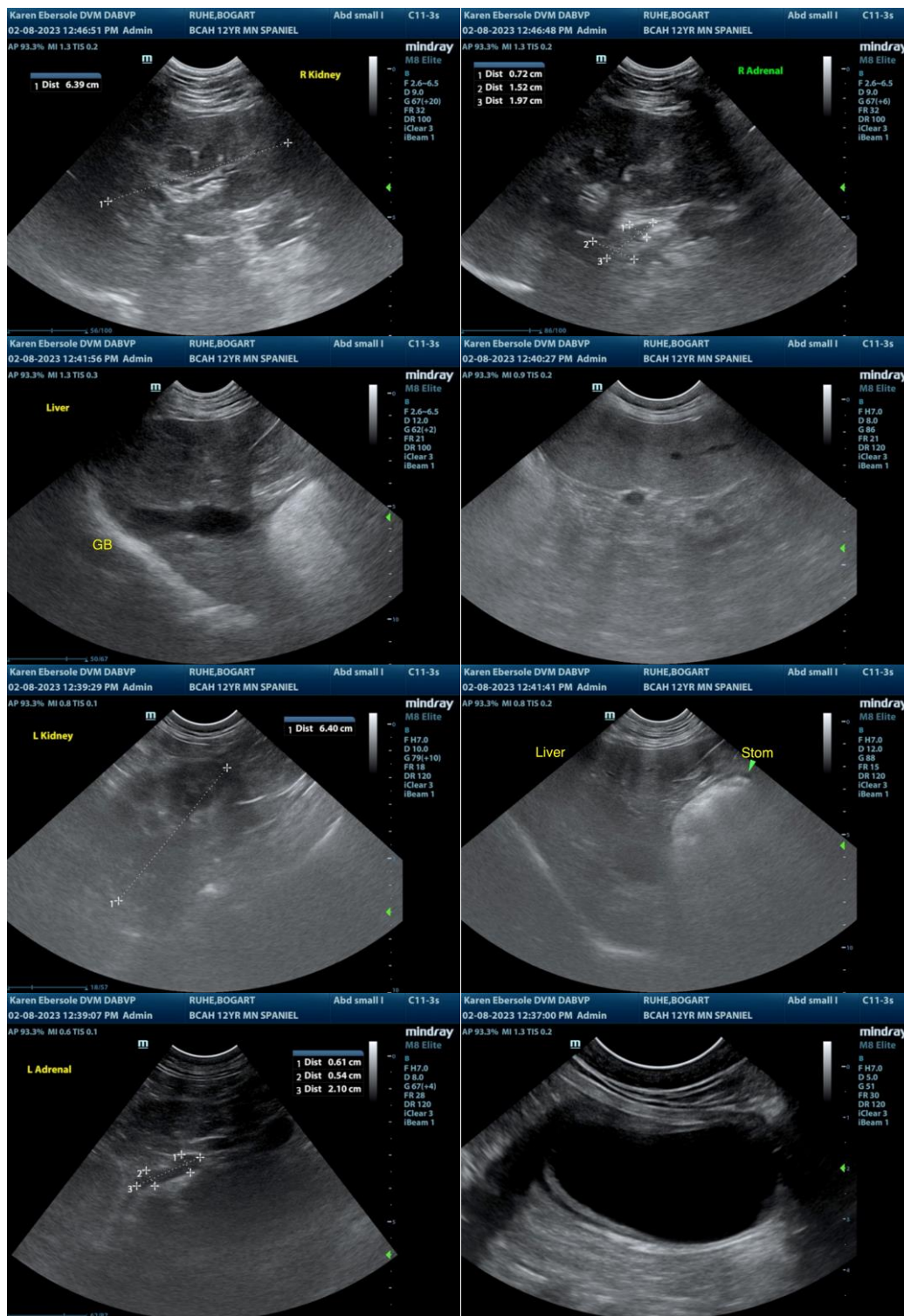
Dr. Fortin

**INVOICE**

16071

**DATE**

2/8/23



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



**PATIENT**

Bogart Ruhe

**SPECIES**

Canine

**BREED**

Field Spaniel

**SEX**

MN

**AGE**

12 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Karen Ebersole,  
DVM, DABVP  
(Canine and Feline)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Fortin

**INVOICE**

16071

**DATE**

2/8/23

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