**PATIENT**

Kirby Gajeski

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

16 years

WEIGHT

6 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. Joyce Werening

INVOICE

16084

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Elevated ALT and ALKP on routine senior labwork on 12/16/22. Started on Denamarin Advanced at that time. Both values continue to elevate over time as of follow up labwork on 2/2/23.

Abnormal PE/Chem/CBC/UA Results: ALT 405, ALKP 392

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 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 residual prostate was free of pathology.

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 or pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.85 cm in length. Minor discrete medullary mineral was noted.

Adrenal Glands

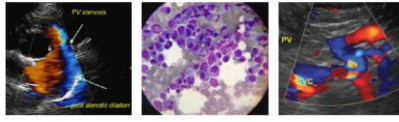
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland measured 0.36 cm width at the caudal pole and 0.31 cm width at the cranial 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing anechoic content with moderate, congealed yet nonorganized, variably hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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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.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia. No evidence of active pancreatitis or other pancreatic pathology was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

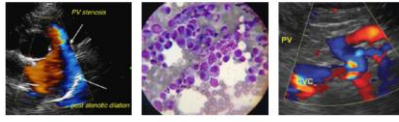
ULTRASONOGRAPHIC FINDINGS

- Nonspecific yet subjective benign hepatopathy
- Moderate congealed gallbladder debris - not overtly consistent with mucocele criteria
- Mild chronic renal changes with discrete medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include vacuolar hepatopathy or nonobstructive cholestasis, given the ALP elevation, with suspect primary or possibly concurrent inflammatory hepatopathy i.e., cholangiohepatitis or similar given the ALT elevation and concurrent presence of gallbladder debris.

Assuming normal clotting status hepatic FNA cytology using a 25-gauge needle is warranted for further assessment and possible identification of potential inflammatory cell type. No evidence of hepatobiliary neoplastic criteria, which is considered unlikely. The addition of Ursodiol to current Denamarin is recommended and may prove beneficial. Recheck sonogram is recommended if persistent hepatic enzyme elevations, cholestasis, or evidence of cranial abdominal or subxiphoid discomfort on palpation.



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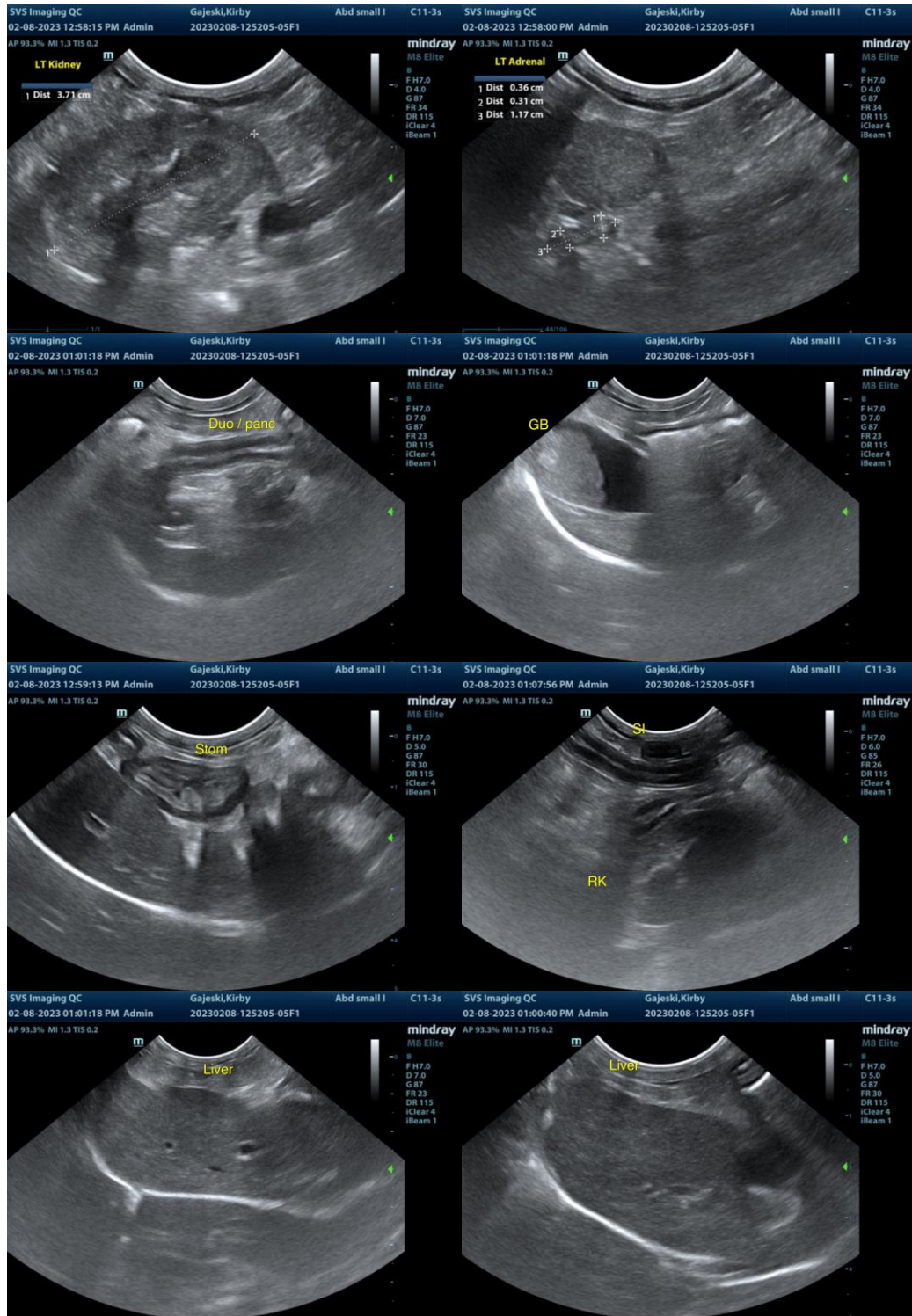
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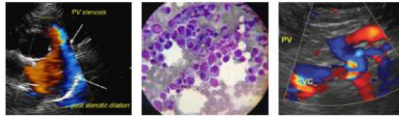
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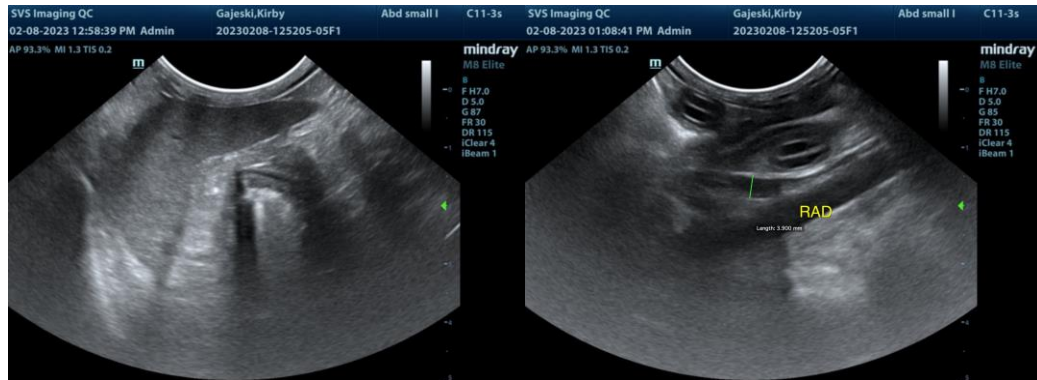
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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