

**PATIENT PRESENTING CLINICAL SIGNS**

Cesar Crawford History of Corneal Dystrophy, recent glossitis diagnosis, elevated liver values, moderate upper airway noise during ultrasound Denamarin, Clindamycin, Carafate. ALP 966

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

Boston Terrier X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. No evidence of pathology.

**AGE**

2012

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 left kidney measured 5.4 cm. The right kidney measured 5.1 cm.

**Adrenal Glands**

**WEIGHT**

34.5 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.58 cm at the caudal pole. The right adrenal gland measured 1.95 cm length x 0.56 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

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 moderate, variably hyperechoic, mildly congealed to striated luminal debris. Gallbladder walls were overtly normal without evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

White Haven VH

**Gastrointestinal**

**REFERRING VET**

Dr. Dengler

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**

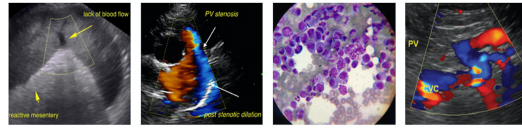
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

3/16/22

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



**PATIENT** *Pancreas*

Cesar Crawford

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Vacuolar hepatopathy pattern
- Moderate congealed to striating gallbladder debris, potential for early non-inflamed mucocele
- Mild age related kidneys

**BREED**

Boston Terrier X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

Although the hepatic presentation was non-specific, benign hepatopathy with primary consideration for idiopathic vacuolar hepatopathy and non-clinical cholestasis (given the presence of gallbladder debris), with less likely potential for inflammatory hepatopathy or hepatobiliary disease possible. No overt evidence of hepatic or hepatobiliary neoplastic criteria, as well as no evidence of splenic disease.

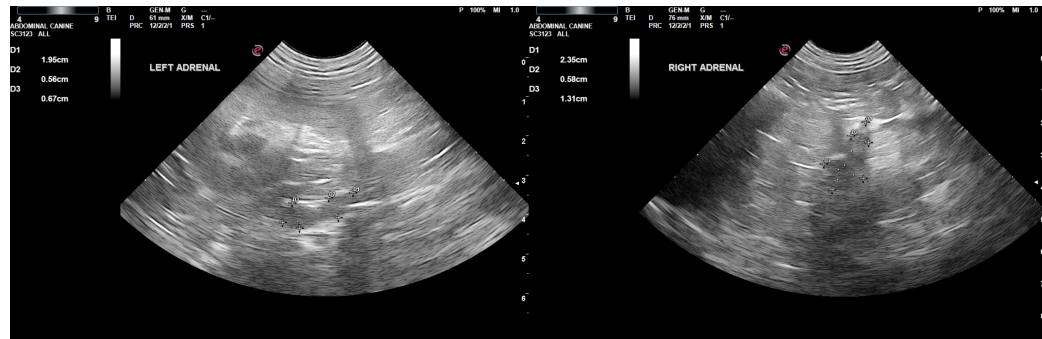
**AGE**

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In addition to the Denamarin, Ursodiol therapy may be prove beneficial. Monitoring of hepatic enzymes, specifically for evidence of increasing cholestasis, with periodic sonographic monitoring of the gallbladder (sooner if evidence of cranial abdominal or subxiphoid discomfort on palpation or increasing cholestasis) is recommended.

**WEIGHT**

34.5 Pounds

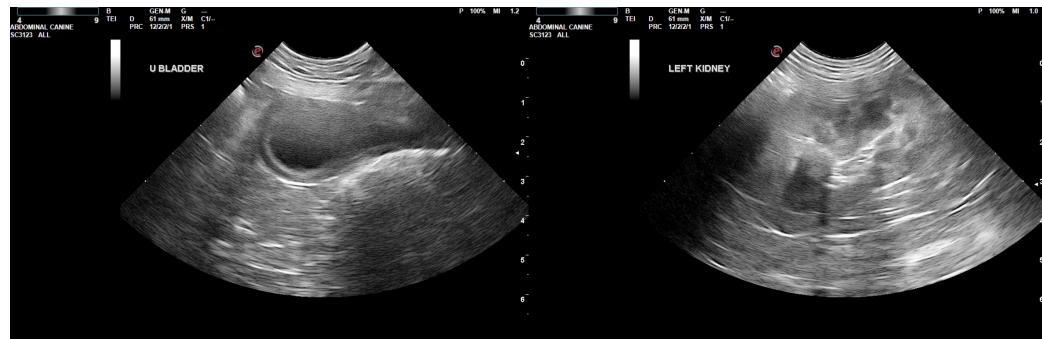


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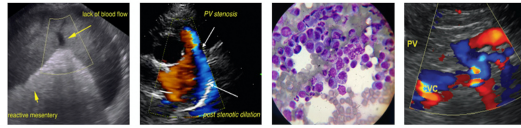
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**PATIENT**

Cesar Crawford

**SPECIES**

Canine

**BREED**

Boston Terrier X

**SEX**

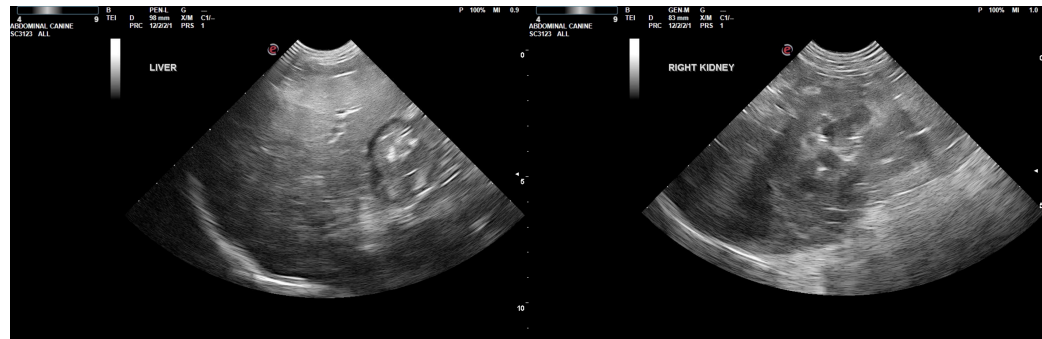
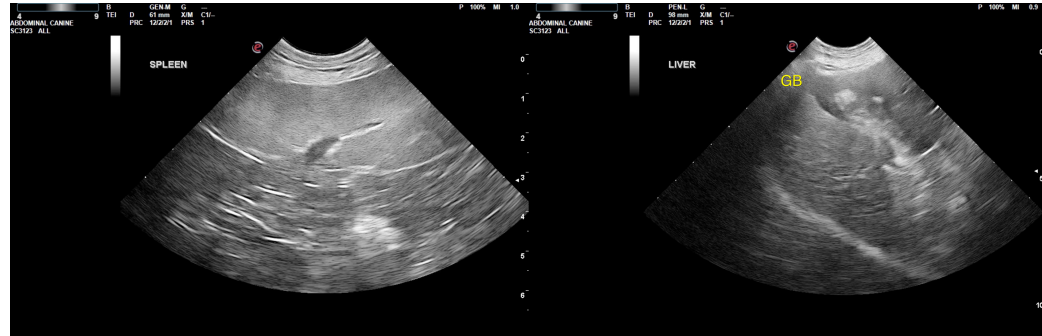
Neutered Male

**AGE**

2012

**WEIGHT**

34.5 Pounds



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.

**INTERPRETED BY**

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