



PATIENT

Remington Place

SPECIES

Canine

BREED

Gascon Bloodhound

SEX

Spayed female

AGE

6 years

WEIGHT

47 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Bragliano

INVOICE

10185ag

DATE

03/16/2022

PRESENTING CLINICAL SIGNS

History: Patient had OVH yesterday and pre anesthetic blood work had marked elevation of ALP and mod elevation ALPK. Patient also has two prosthetic hips. Attending concerned about possible liver pathology. Patient given butorphanol and dexmedetomidine for scan

Abnormal PE/Chem/CBC/UA Results: Severe elevation ALP and moderate elevation of ALPK

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 8.0 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 0.47 cm width at the caudal pole and 0.45 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 0.51 cm width at the caudal pole and 0.49 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

The liver exhibited possibly mild hepatomegaly with symmetrical capsule contour. The liver parenchyma was mildly hypoechoic with mild subjective increased prominence of the porto vascular borders. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted. The gallbladder was non-distended with regional mildly thickened to hyperechoic ventral gallbladder wall measuring 0.50 cm in width was present. Anechoic contact without evidence of luminal debris was observed. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained fluid and ingesta was observed. The gastric body wall measured 0.34 cm.



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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. The duodenum wall measured 0.50 cm.

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

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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 was evident.

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Free Abdomen

Solitary prominent to enlarged medial iliac node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width:length ratio (<0.5). The lymph node measured 2.8 cm x 1.1 cm.

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No omental lymphadenopathy or evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Regional mildly thickened to hyperechoic ventral gallbladder wall-possible regional mild chronic cholecystitis.
- Solitary benign to reactive mesenteric lymph node-likely incidental possibly owing to recent spay, not consistent with inflammatory or neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet consistent with benign hepatopathy exhibiting potential for both acute and chronic criteria. Vacuolar hepatopathy, nonspecific hepatitis/cholangiohepatitis (viral, bacterial, leptospirosis, toxin, etc.), minor hepatic parenchymal remodeling or other possible without evidence of neoplastic criteria. Further assessment may include hepatic FNA for screening cytology +/- leptospirosis titers/PCR if clinically indicated.

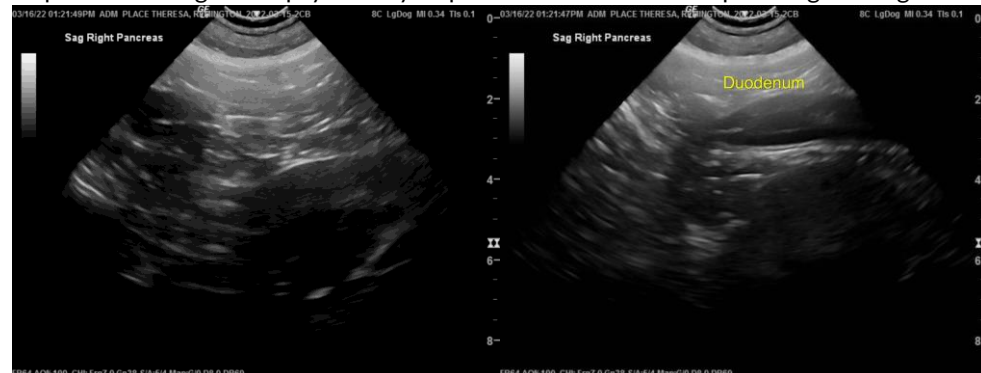
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Empirically, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Hepatic core surgical biopsy is likely required for definitive histopathological diagnosis.

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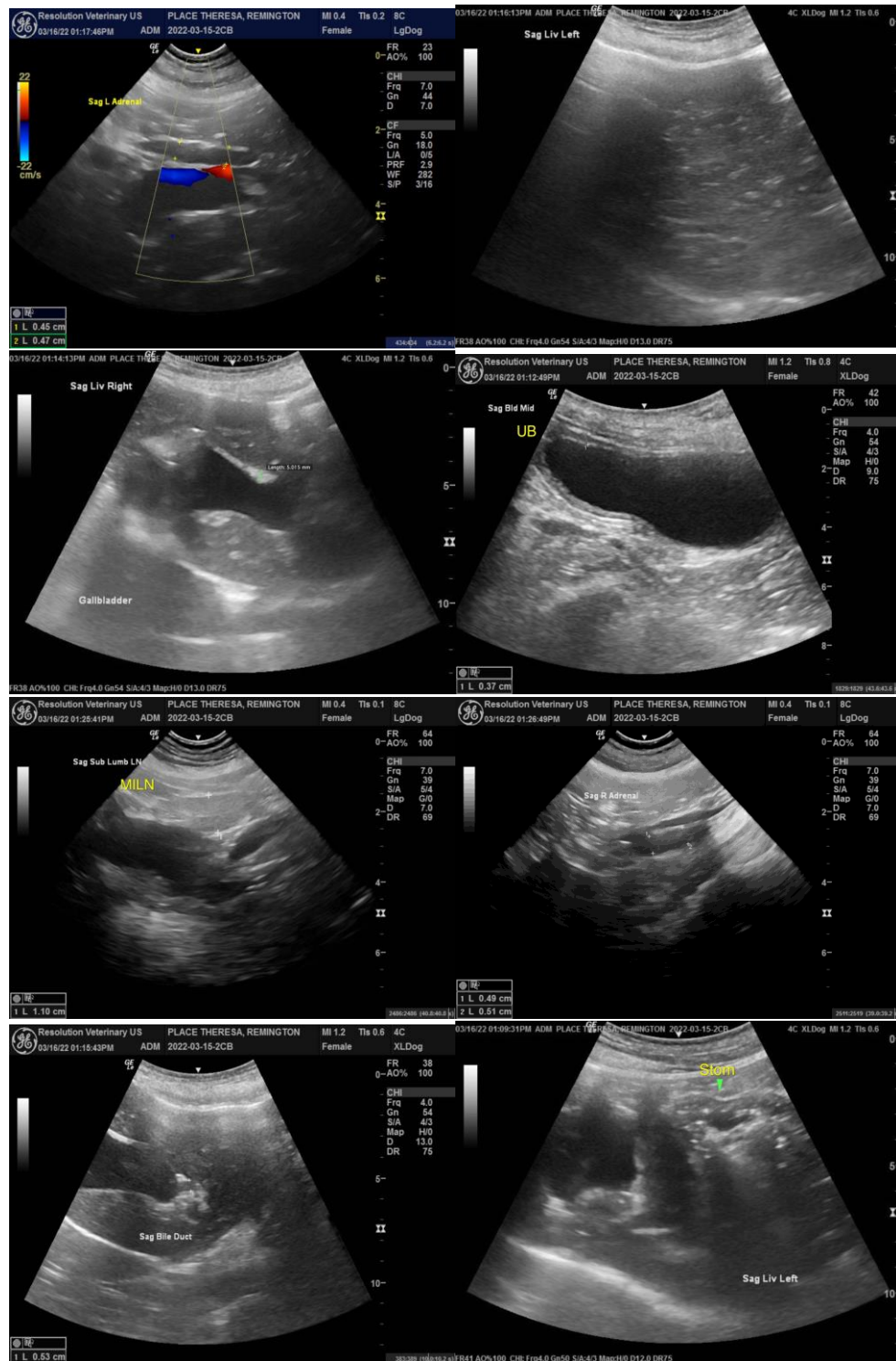
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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