



**PATIENT**

Noel Jamroz

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

47.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Ramapo Valley Animal  
Hospital

**REFERRING VET**

Dr. Katara

**INVOICE**

10191ag

**DATE**

03/18/2020

**PRESENTING CLINICAL SIGNS**

History: elevated liver values; hx of CKD and inflammatory granuloma in her brain.

Abnormal PE/Chem/CBC/UA Results: ALT 451, ALKP 532, GGT 17, creat 1.8, SDMA 15.2. UA: protein 2+, USPG 1.013

**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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral focal areas of non-obstructive medullary mineral were observed. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 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 0.60 cm width at the caudal pole and 0.64 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 0.70 cm width at the caudal pole and 1.0 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 presented mildly 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 primarily anechoic luminal content. 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 contained mild duodenal retained fluid with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present containing non formed to liquid feces in the proximal colon with formed feces in the descending colon

**Pancreas**

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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. .

**Free Abdomen**

**SEX**

Spayed female

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes with non obstructive medullary mineral.
- Benign hepatopathy.
- Sonographically unremarkable gallbladder.

**WEIGHT**

47.6 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the hepatic presentation was nonspecific but most consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy or hepatic cholestasis given the elevated ALP with potential for primary or concurrent inflammatory or immune mediated hepatic disease i.e. hepatitis. No overt evidence of hepatic neoplasia. Assuming normal clotting status an ultrasound guided FNA of the liver using a 25g needle could be considered for screening cytology primarily to assess for evidence of inflammatory cells. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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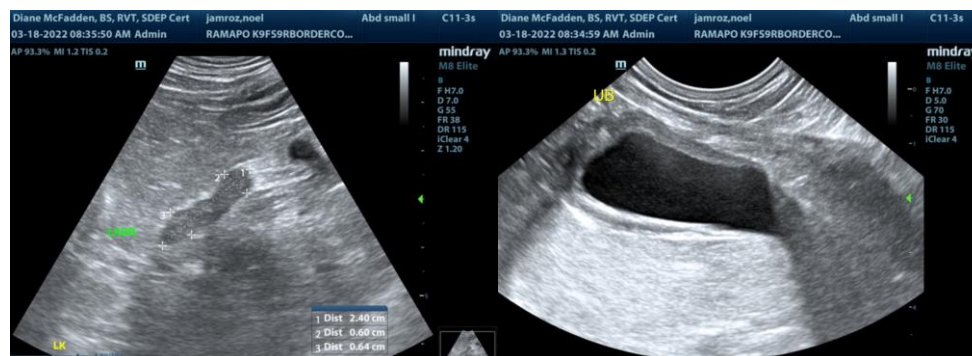
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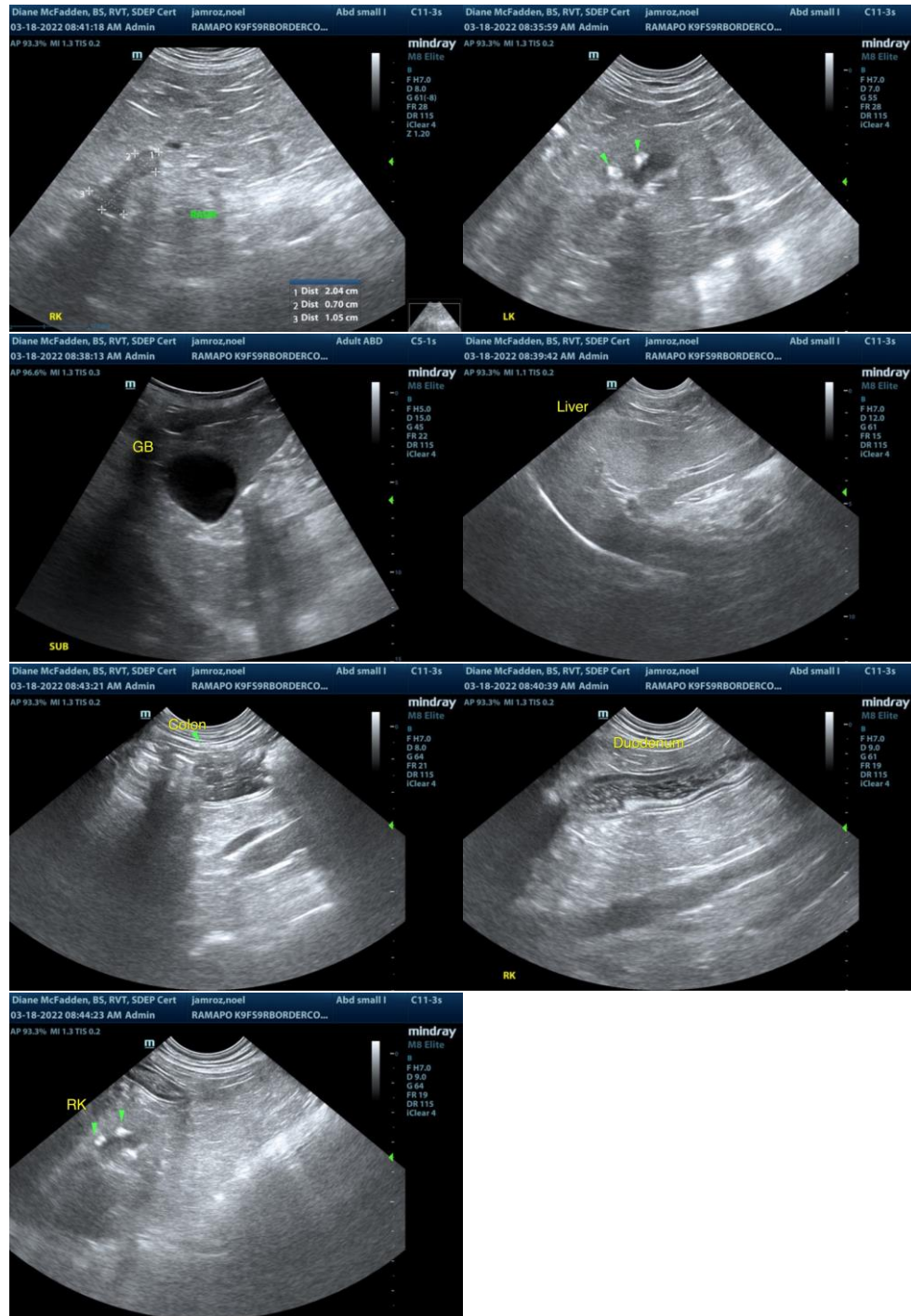
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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