

**PATIENT**

Annie Ross

SPECIES

Canine

BREED

Irish Wolfhound

SEX

FS

AGE

5 years

WEIGHT

181 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. Oetting

INVOICE

13527

DATE

3/22/22

PRESENTING CLINICAL SIGNS

Initially presented for coughing some, but is really drinking an obsessive amount of water. Was previous dx with laryngeal paralysis.

Abnormal PE/Chem/CBC/UA Results: Total health blood profile (chem27,CBC, FT4) showed hypothyroidism and an elevation in ALP. Completed a LDDS test which came back normal.

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the uterine remnant or aortic trifurcation.

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 10.4 cm in length. The right kidney measured 11.0 cm in length.

Adrenal Glands

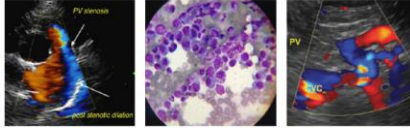
The bilateral adrenal glands were indistinctly visualized owing to patient size, yet were without overt pathology. The left adrenal gland subjectively measured 0.71 cm width at the cranial pole and 0.96 cm width at the caudal pole. The right adrenal gland subjectively measured 0.88 cm width at the cranial pole and 1.0 cm width at the caudal pole. No overt evidence of adrenal neoplastic criteria was noted.

Spleen

The spleen exhibited subjective mild enlargement with 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 exhibited mild enlargement. 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.

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Gastrointestinal

The gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise sonographically normal.

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 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.

Free Abdomen

No omental masses, lymphadenopathy or effusion were present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Vacuolar hepatopathy pattern
- Mild gastric ingesta / chyme - suspect post prandial presentation or recent meal ingestion
- Overtly normal bilateral kidneys and adrenal glands
- Mild subjective yet benign splenomegaly - potentially owing to sedation and without neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation was nonspecific yet consistent with benign hepatopathy and most suggestive of probable vacuolar hepatopathy / idiopathic vacuolar hepatopathy, given the ALP elevation and without evidence of cholestatic disease or hepatic neoplasia. Potentially, mild elevations of liver enzymes may be associated with hypothyroidism. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

An obvious cause of the patient's reported polydipsia was not definitively evident. Correlation with full urinary workup including urinalysis, culture and sensitivity +/- baseline UPC if evidence of proteinuria is suggested.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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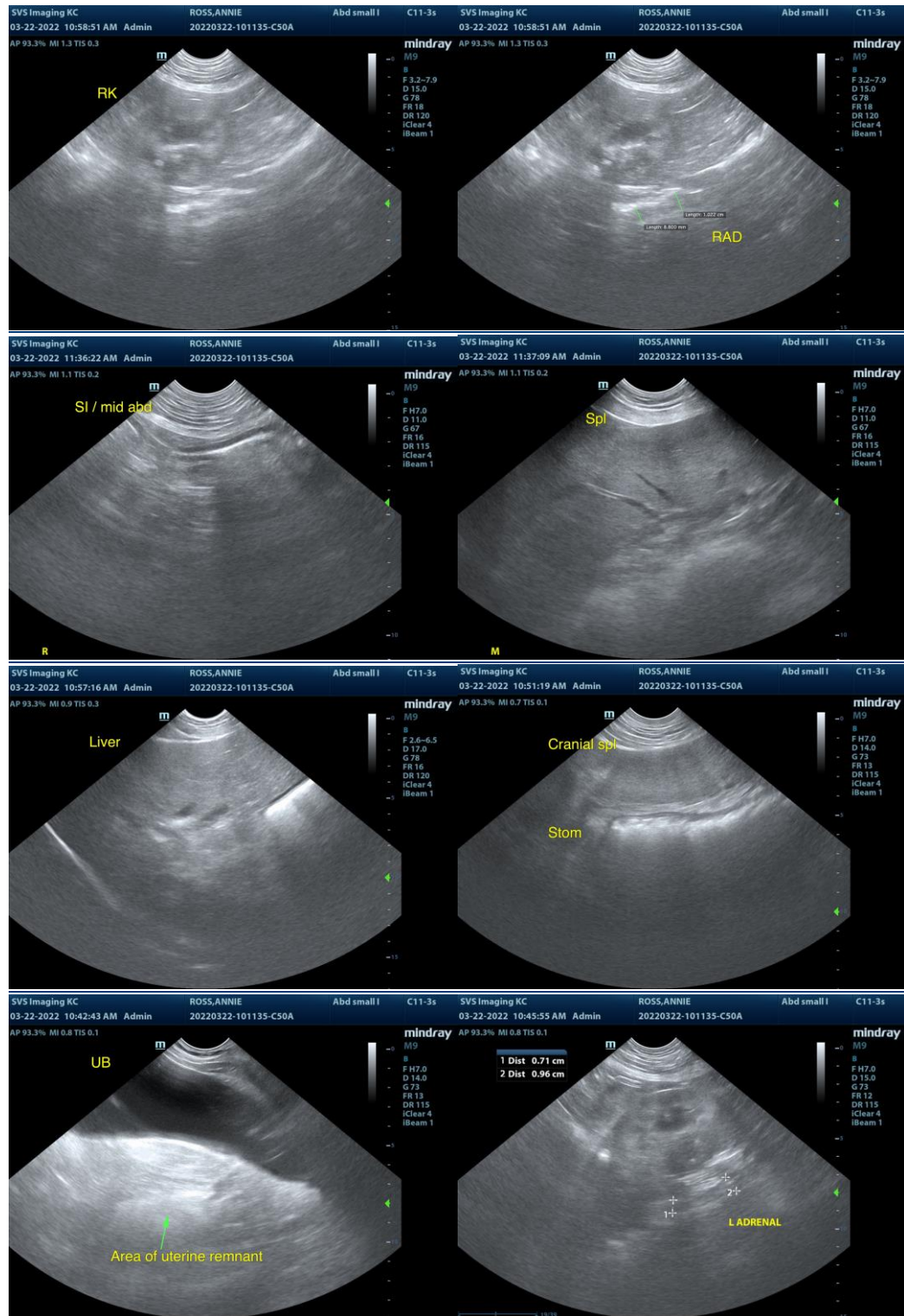
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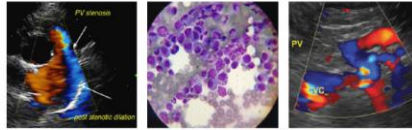
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Clinical Sonography & Telectology

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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**