



**PATIENT**

Diesel Pisorska

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

MN

**AGE**

14yr

**WEIGHT**

64lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Suciu

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Thomas

**INVOICE**

13255ag

**DATE**

03/22/2023

**PRESENTING CLINICAL SIGNS**

History of hepatopathy January 2022 (ALT 485, AST 82, ALP 5,327, Total Bilirubin 1.2), resolved with treatment (antibiotic, Denamarin, Ursodial). No imaging was done at that point. In the last 2 days Diesel stopped eating, he was vomiting and having diarrhea, urine is dark in color, he is lethargic and weak. Icteric mucous membranes. Hepatomegaly at abdominal palpation. Current bloodwork is pending.

**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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was present. Pinpoint medullary mineral and intermittent small cortical cysts were present. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were indistinctly visualized, appearing normal in size, position and shape. The left adrenal gland measured 0.75 cm width at the caudal pole. The right adrenal gland measured 0.56 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/Gallbladder**

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 distended in size with primarily anechoic luminal content and mild congealed hyperechoic debris and choleliths in the area of the gallbladder neck and cystic biliary duct. The proximal common bile duct was subjectively dilated and tortuous containing anechoic fluid and possible mild mucus. The proximal common bile duct measured 0.7 cm in diameter. Concurrent subjective distal common bile duct dilation at the level off the duodenal papilla was present measuring



<b>PATIENT</b>	0.52 cm in diameter. Definitive obstructive pathology within the CBD or at the level of the duodenal papilla was not obvious.
Diesel Pisorska	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	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.
<b>BREED</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
Bull Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b>Pancreas</b>
MN	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.
<b>AGE</b>	<b>Free Abdomen</b>
14yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
64lb	<ul style="list-style-type: none"> <li>• Chronic renal changes with minor pyelectasia.</li> <li>• Hepatopathy-subjectively acute on chronic and benign, vacuolar, cholestasis, inflammatory i.e., cholangiohepatitis, less likely occult infiltrative neoplasia possible.</li> <li>• Distended gallbladder with mild congealed debris and cholelithiasis at level of gallbladder neck and cystic bile duct.</li> <li>• Proximal and subjective distal variable common bile duct dilation-cholangitis, potential for post hepatic obstruction cannot be excluded.</li> <li>• Structurally unremarkable GI tract/colon.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Correlation of hepatobiliary presentation with pending labs is suggested. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. If significant or progressive icterus and/or hepatic enzyme elevations, concern for non-obvious post hepatic obstruction may be indicated.
<b>IMAGING PERFORMED BY</b>	
Dr. Suciu	
<b>HOSPITAL NAME</b>	Empirically and pending additional diagnostics, cholangiohepatitis therapy protocol with as needed hepatic and GI support and close clinical monitoring would be reasonable.
Animal Clinic of Queens	
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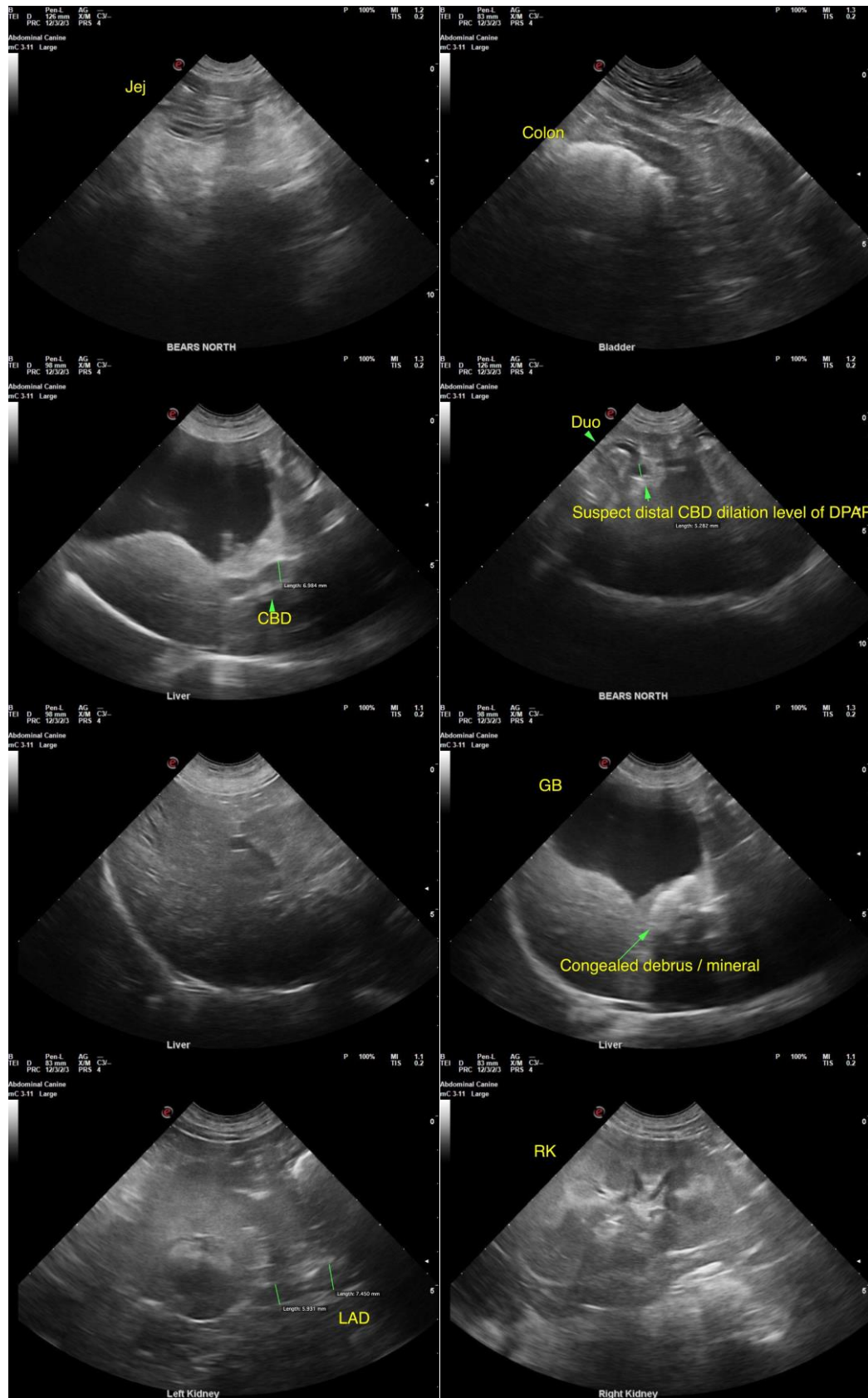
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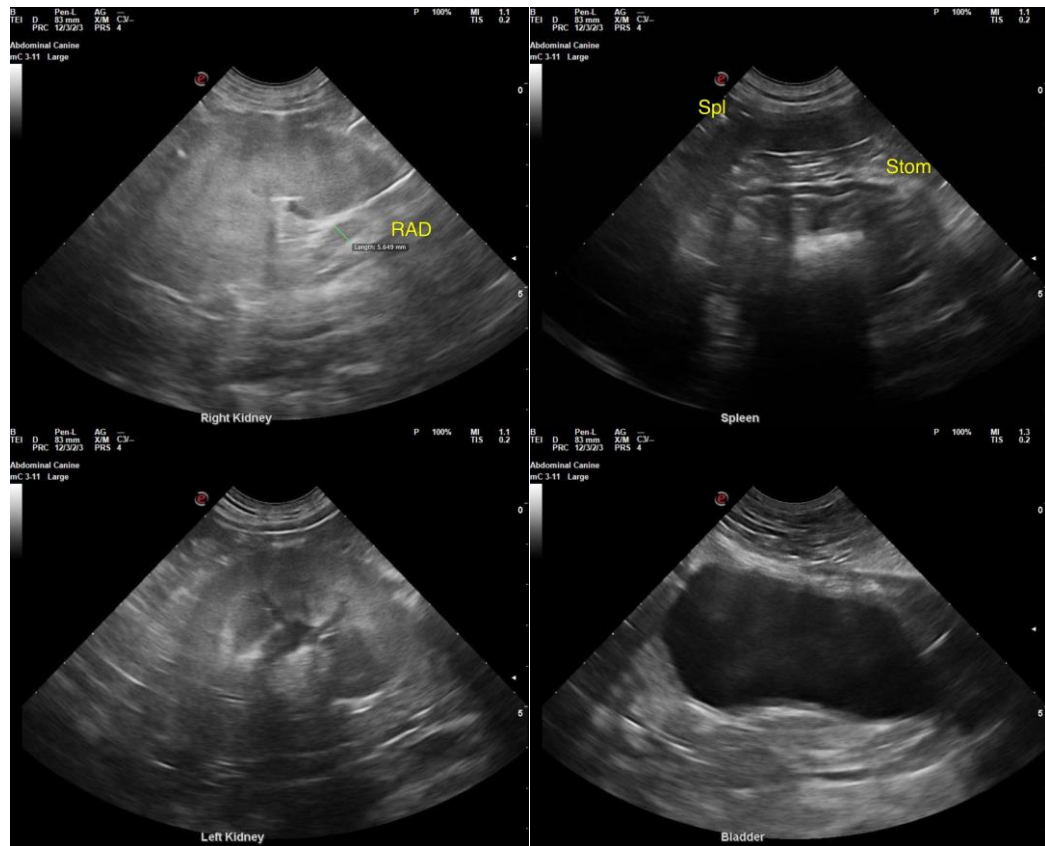
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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