



PATIENT

Bella Conrad

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

9.5 yr

WEIGHT

39 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

16474

DATE

3/28/23

PRESENTING CLINICAL SIGNS

Presented for dental prophylaxis, incidental finding ALKP and ALT increased >500 each.
Abnormal PE/Chem/CBC/UA Results: CBC and UA pending, chems show only increased ALKP and ALT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.9 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 0.53 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.79 cm width at the caudal 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/ Gallbladder

The liver exhibited subjective mild to possible moderate 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. Focal to intermittent discrete hypoechoic nondisruptive nodules were present with an example measuring 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with minor, nonorganized, echogenic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



PATIENT

Bella Conrad

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

9.5 yr

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME
Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

16474

DATE

3/28/23

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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with focal to intermittent discrete nondisruptive intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Early to minor age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology was present.

The overall liver was nonspecific yet suggestive of benign hepatopathy. Considerations may include vacuolar hepatopathy, cholestasis, inflammatory / immune-mediated disease, suspect discrete areas of hyperplasia, hematopoiesis, or other hepatopathy with infiltrative neoplasia considered less likely. Further assessment may include, assuming normal clotting status, screening hepatic FNA cytology.

Primary adrenal disease may be considered less likely given the lack of reported clinical signs i.e., PU/PD, polyphagia, etc. Correlation with pending CBC and Urinalysis is recommended.

Empirical hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

No overt anesthetic contraindications assuming normal hepatic function i.e., normal albumin, glucose, BUN, and cholesterol levels. Hepatic core surgical biopsy is likely required for a definitive diagnosis.



PATIENT

Bella Conrad

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

9.5 yr

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

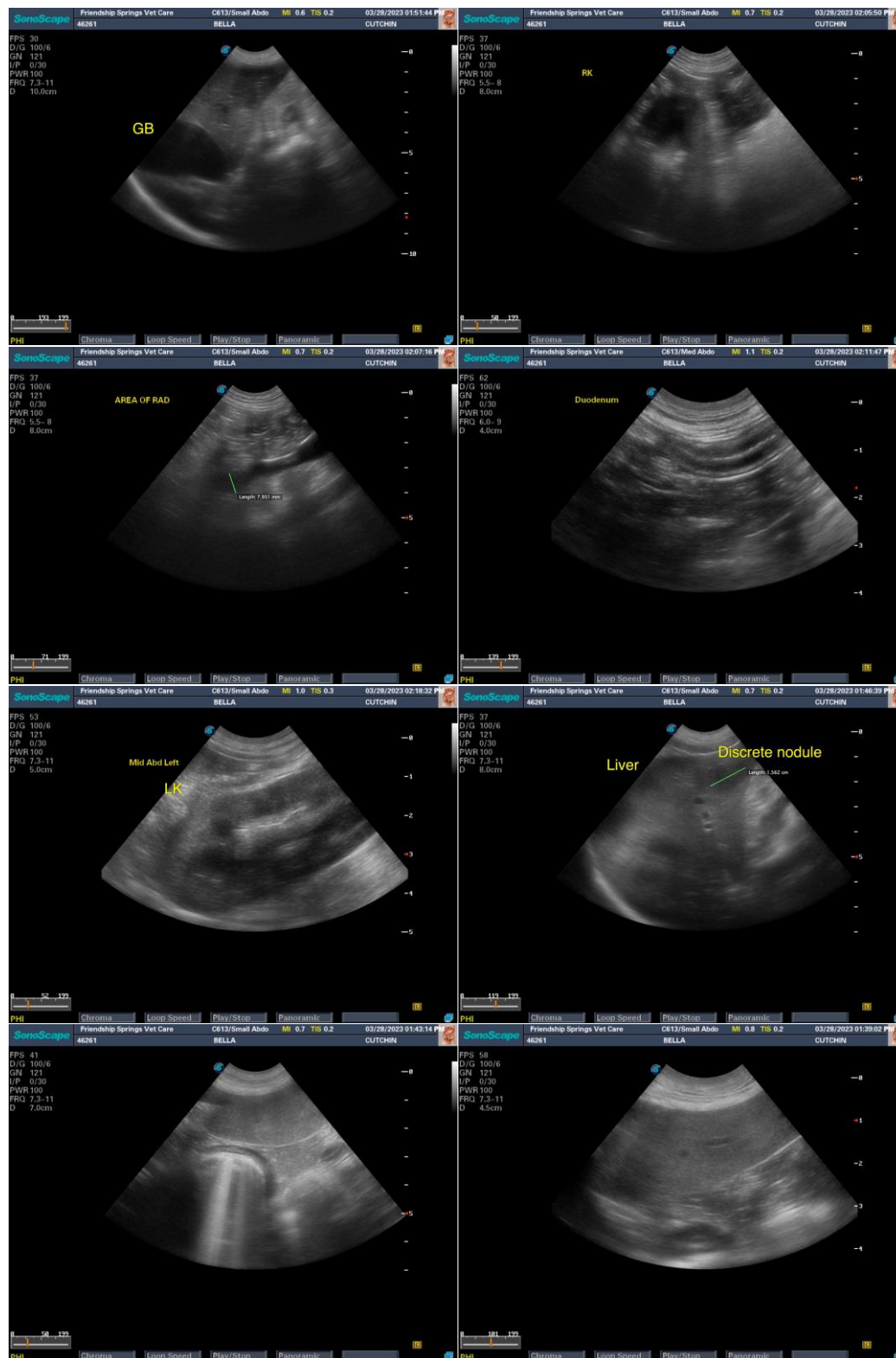
Dr. Trae Cutchin

INVOICE

16474

DATE

3/28/23





PATIENT

Bella Conrad

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

9.5 yr

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

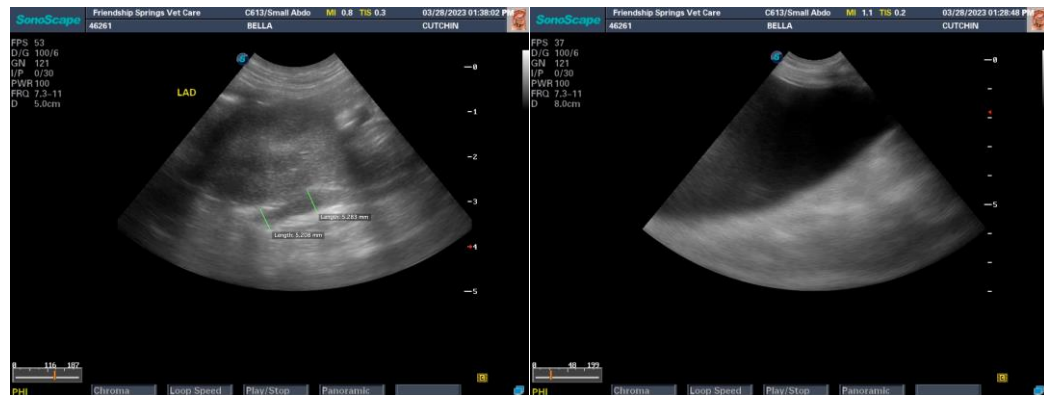
Dr. Trae Cutchin

INVOICE

16474

DATE

3/28/23



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