



PATIENT

Zoe Byers

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

12 years

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Veterinary
Service, Inc

REFERRING VET

Dr. Michelle Bartus

INVOICE

16490

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History of less activity recently, unable to jump onto furniture for a long time, but eating and drinking fine, No V/D. Yesterday, she squealed with owner went to pet her.

Abnormal PE/Chem/CBC/UA Results: Painful at neck, cannot turn it to the right. Dog walks as if guarding either her back or abdomen, loses balance occasionally. Narrowed joint spaces in Cervical spine on radiographs. Elevated ALT >2000 (10-125), ALKP 551 (23-212), normal CBC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor particulate sediment was present without evidence of calculus formation. Potential for minor cellular debris / protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Discrete pinpoint medullary mineral was noted. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.50 cm width at the caudal pole and 0.43 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 0.37 cm width at the caudal pole and 0.36 cm width at the cranial 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with moderate, dependent to non-dependent, variably hyperechoic, focally inspissated gallbladder



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debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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 was empty with no signs of ileus, obstruction, or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Sonographically unremarkable adrenal glands
- Nonspecific yet subjective benign chronic hepatopathy
- Moderate nondependent mildly inspissated gallbladder debris - possible very early mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include suspect inflammatory disease i.e., cholangiohepatitis, given the primarily elevated ALT in combination with gallbladder debris, vacuolar hepatopathy, nonobstructive cholestasis, or other hepatopathy. No evidence of hepatic / hepatobiliary neoplastic criteria or post hepatic obstruction.

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Further assessment may include, assuming normal clotting status, hepatic FNA cytology primarily to assess for or possibly identify inflammatory cell type. Empirically, hepatosupportive medications including Denamarin and Ursodiol are recommended.

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Hepatic functionality is likely normal if normal assuming no reported abnormal albumin, glucose, BUN, and cholesterol levels. Gabapentin / Tramadol combination may be considered. Galliprant is suggested if NSAID therapy is considered essential.

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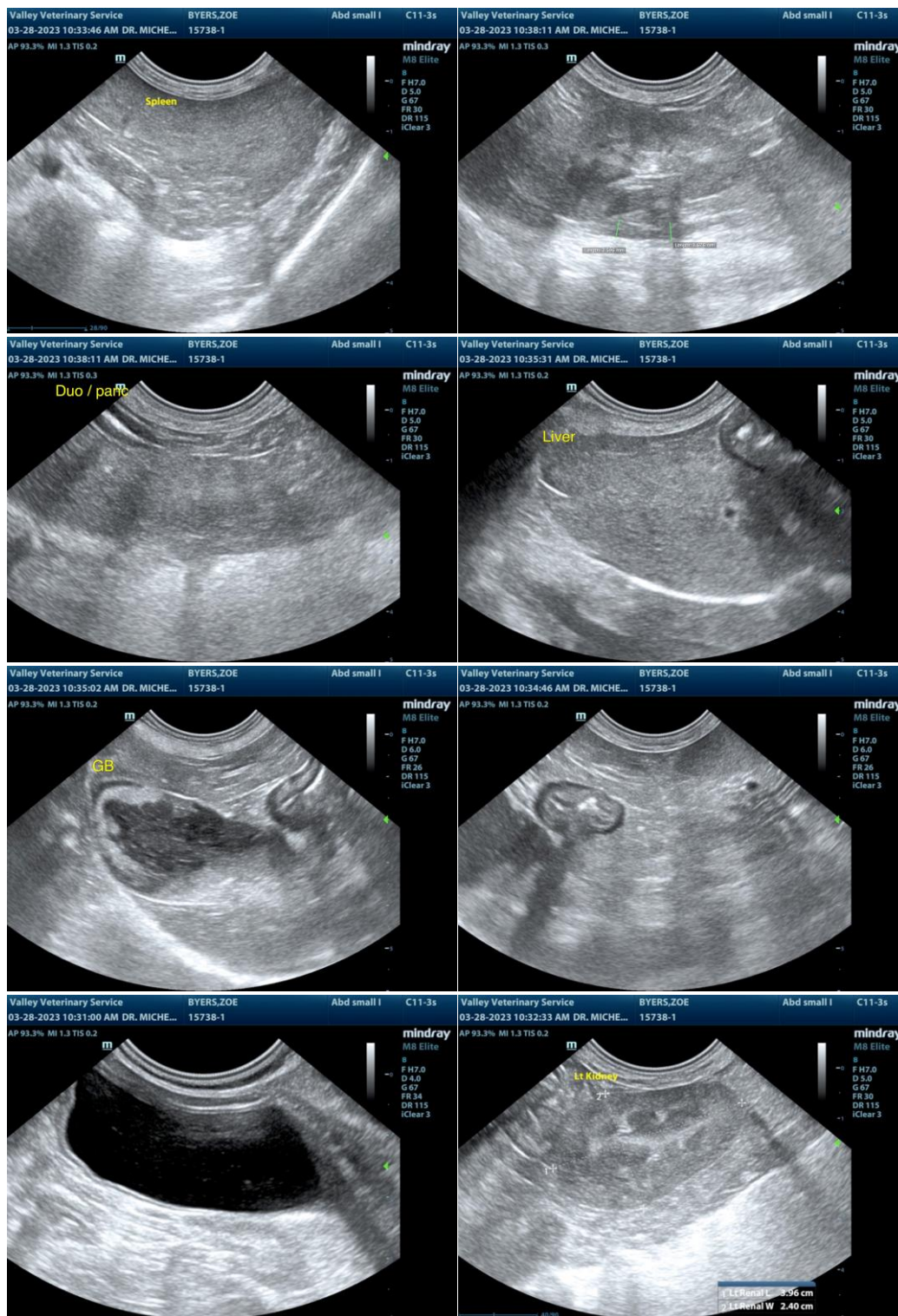
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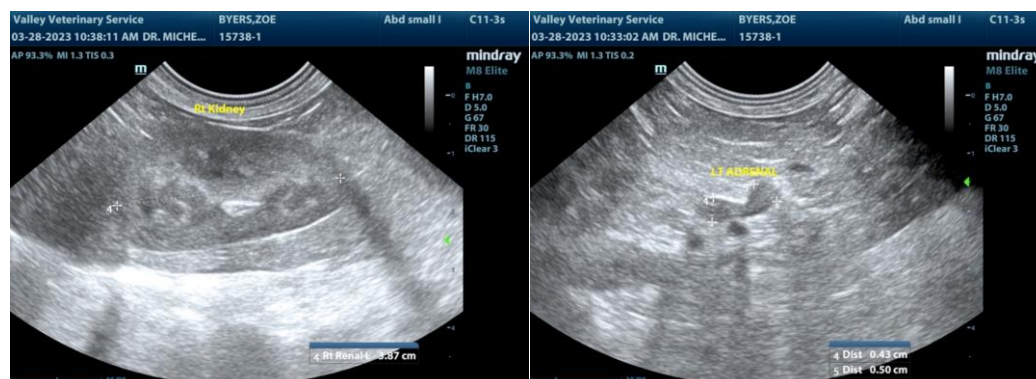
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com