



PATIENT PRESENTING CLINICAL SIGNS

Mojo Hamrick Elevated liver values, PU/PD Apoquel

SPECIES Labs: CBC: WBC 20.2 with neutrophilia, minor monocytosis and thrombocytosis. Chemistry panel: glucose 185, ALP 393, ALT 244, Spec Grav 1.023, 1+ protein

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Fox Terrier 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.

SEX MN The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.61 cm in diameter.

AGE 2013 The area of the aortic trifurcation was free of pathology.

WEIGHT 14.5 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral present in both kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.61 width at the caudal pole.

The right adrenal gland was mildly prominent in size, exhibiting subjective minor asymmetrical capsule contour and mildly nonhomogeneous to irregular parenchyma without overt evidence of mineralization. The right adrenal gland measured 2.3 cm length x 1.0 cm at the cranial pole in width and 0.72 cm width at the caudal pole.

Spleen

HOSPITAL NAME Lehigh Valley AH (Allen) 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

REFERRING VET Dr. Gregory The liver was enlarged in size with primarily symmetrical contour and generalized nonuniform parenchyma hyperechogenicity. Multifocal variably sized non-expansive hypoechoic intraparenchymal nodules were present, an example measured 1.5 cm in diameter.

INVOICE 14505 The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE 3/31/22



PATIENT *Gastrointestinal*

Mojo Hamrick 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.

SPECIES 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.

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

BREED *Pancreas*

Fox Terrier 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.

SEX

MN *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

2013

- Hepatopathy, exhibiting generalized nonuniform hyperechoic to multifocal hypoechoic nodular parenchyma.

WEIGHT

- Mild gallbladder debris (non-mucocele)

14.5

- Mild chronic renal changes

INTERPRETED BY

- Mildly prominent to irregular right adrenal gland

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis with multifocal areas of hyperplasia or hematopoiesis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

The mildly prominent to irregular right adrenal gland, likewise, is nonspecific with considerations potentially indicating emerging functional versus nonfunctional adenomatous change, benign hyperplasia, while the possibility of emerging neoplasia (although thought less likely at this time) cannot be definitively excluded. Full adrenal work up warranted, given this presentation and if clinical signs consistent with adrenal hyperfunction are present. Screening blood pressure recommended.

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

REFERRING VET

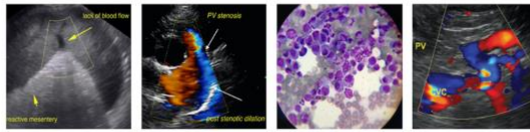
Dr. Gregory

Assuming normal clotting status, ultrasound guided FNA of the liver, for screening cytology, may be considered. Further renal staging, including urine culture and sensitivity, baseline urine protein to creatinine ratio, +/- leptospirosis titers/PCR, if clinically indicated, would be reasonable. Ideally, sonographic reassessment of the right adrenal gland in 4-5 weeks is recommended.

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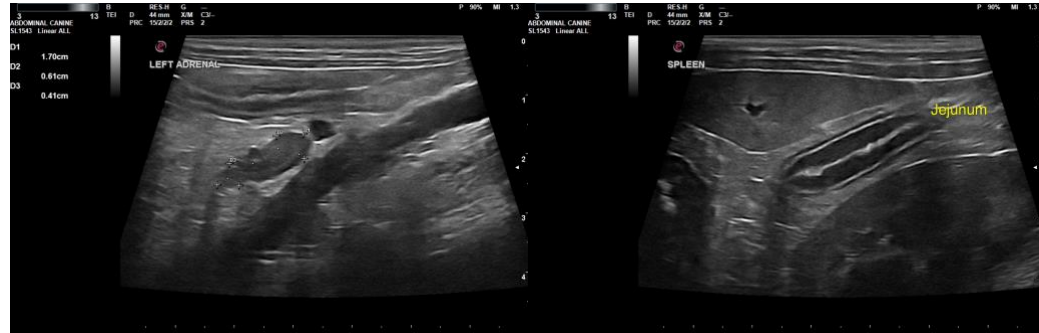
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Mojo Hamrick

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Fox Terrier

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