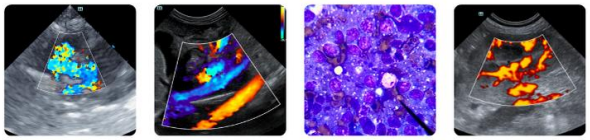


PATIENT

Taylor Myers

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

12.7Y

WEIGHT

13lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Rodriguez

INVOICE

74042

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- U/S due to bloodwork changes

Abnormal PE/Chem/CBC/UA Results: BUN:46, ALT:490, ALK: 582, T4:4.4, PLI:57

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. Primarily anechoic urine was present in the lumen. Moderate particulate nondependent sediment was present. Pinpoint areas of urinary bladder and proximal urethra lumen mineral were present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. Medullary mineral was noted. No evidence of pyelectasia was present. The left kidney measured 3.75 cm in length. The right kidney measured 3.88 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 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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.

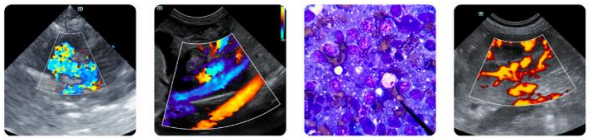
Liver/ Gallbladder

The liver 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 non-distended in size with thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate urine sediment and pinpoint bladder and proximal urethra lumen mineral.
- Chronic renal changes with medullary mineral.
- Normal adrenal glands.
- Hepatopathy.
- Nonorganized gallbladder debris (nonmucocele).
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was most consistent with benign hepatopathy criteria with considerations including vacuolar/nonobstructive cholestatic hepatopathy, inflammatory disease, hyperplasia, hepatotoxicosis i.e. copper, or other. No evidence of hepatic neoplastic criteria or adrenal disease as a contributing factor.

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory criteria. Hepatosupportive medications may prove beneficial.

Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs suggestive of chronic pancreatitis.

Full urinary workup including urinalysis, culture and sensitivity on sterile urine sample if inflammatory sediment +/- UPC if noninflammatory proteinuria is recommended.

Sonographic monitoring is indicated if evidence of progressive hepatopathy or cholestasis.

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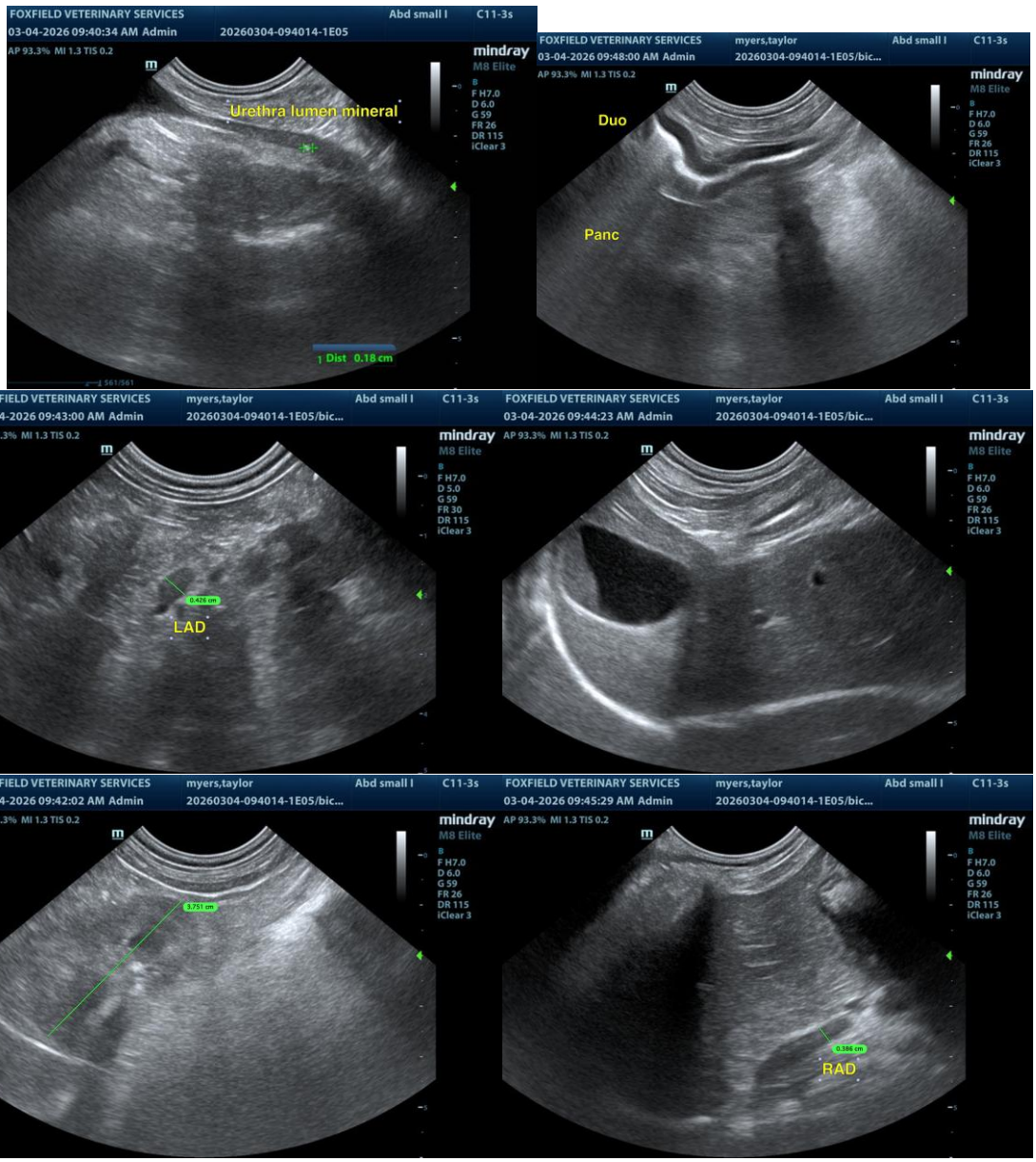

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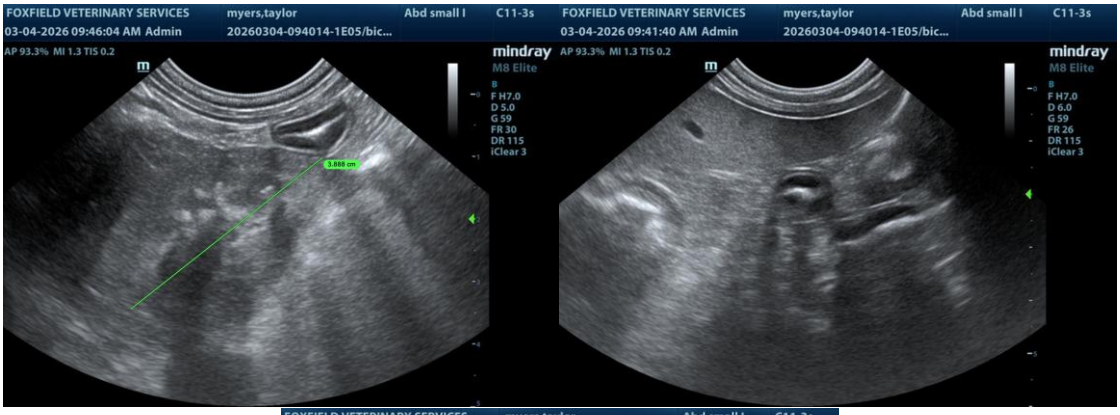

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com