



**PATIENT**

Tasha White

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

F/S

**AGE**

9 years

**WEIGHT**

78.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small Veterinary Clinic,  
Corvallis. OR

**REFERRING VET**

Jessica Bailes

**INVOICE**

16322

**DATE**

3/9/23

**PRESENTING CLINICAL SIGNS**

Hx of elevated liver values, no other concerns

Abnormal PE/Chem/CBC/UA Results: NSF on PE BW/UA: CHEM: increased ALT ( 138), increased ALP ( 239), increased CHOL ( 329), mild hypomagnesemia ( 1.4), otherwise WNL CBC: thrombocytosis ( 456), otherwise WNL TT4: WNL @ 1.3 UA: USG = 1.016; negative proteinuria, IS No improvement in liver values despite denamarin x 30 days

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No mineral or calculi were noted. 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 8.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm length x 0.74 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.60 cm width at the caudal pole. No adrenal tumors were visualized.

**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. Normal vascular volume was noted.



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The gallbladder was non-distended in size containing primarily anechoic content with minor, non-organized, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of 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 presented subjective mild prominent size with minor capsule asymmetry exhibiting isoechoic heterogeneous parenchyma compared to adjacent noninflamed peripancreatic omentum.

**WEIGHT**

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Normal bilateral adrenal glands
- Mildly prominent to irregular pancreas - patient variant, minor remodeling potentially owing to previous inflammation, low-grade / chronic pancreatitis thought less likely

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory or hepatic anagenic stimulation criteria. The addition of Ursodiol to current Denamarin may prove beneficial owing to its antioxidant and immunomodulatory effects within the liver, as well as the presence of minor gallbladder debris, which may indicate mild nonobstructive cholestasis.

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A Spec cPL could be considered if clinical signs suggestive of low-grade pancreatitis have been noted or arise. However, the appearance of the pancreas is mild and nonspecific.

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Given no reported clinical signs consistent with hepato-adrenal disease, continued hepatosupportive medications with further monitoring of liver enzymes +/- recheck sonogram would be reasonable.



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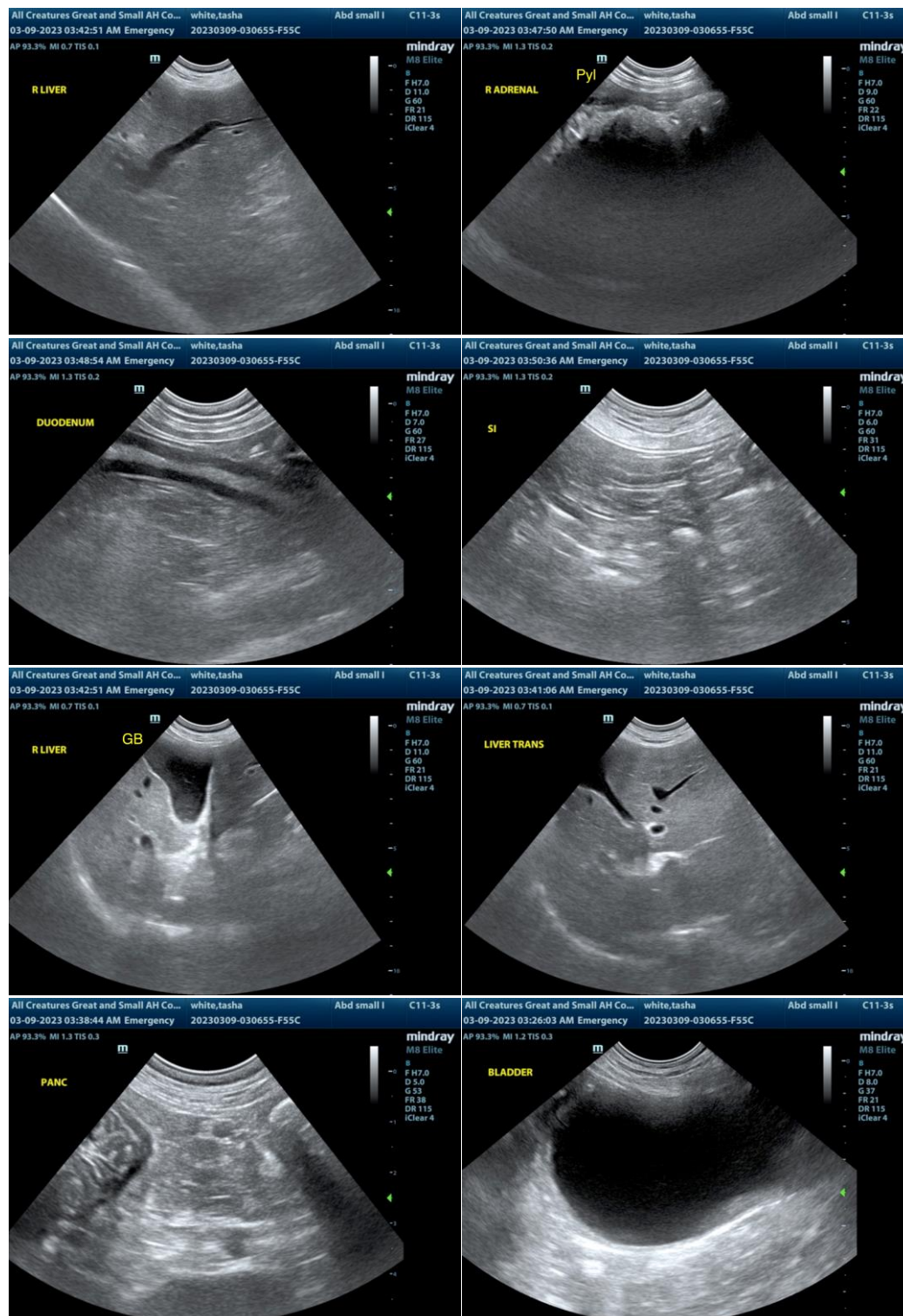
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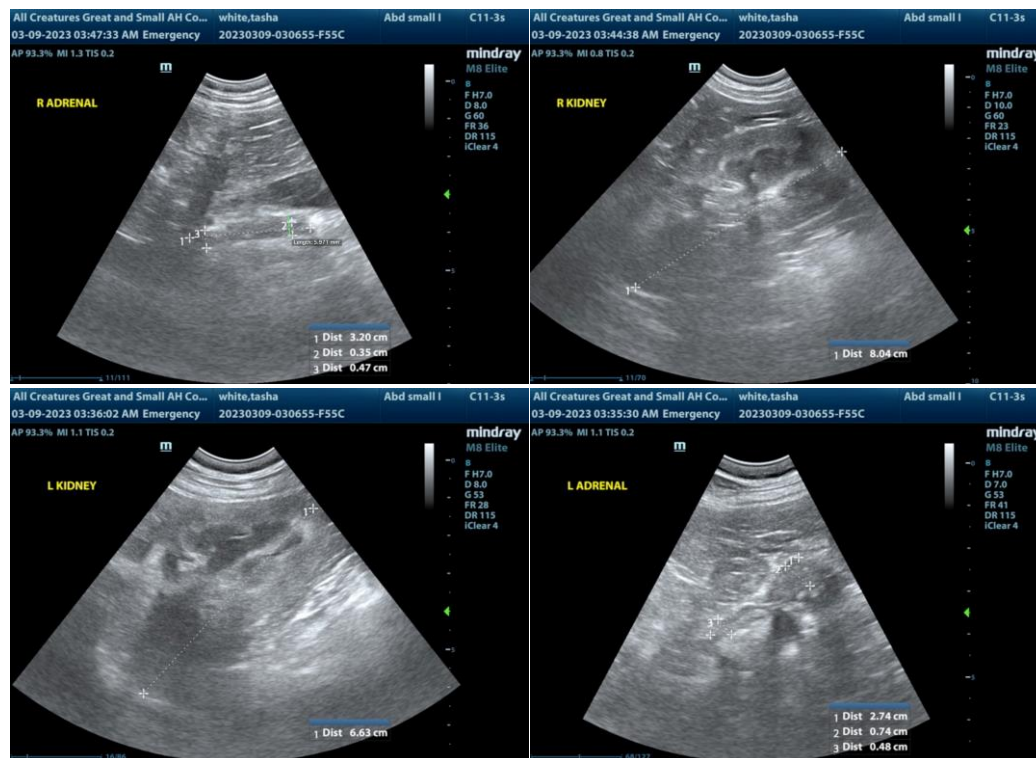
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com