**PATIENT**

Izzy Kelley

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

FS

**AGE**

9.5 years

**WEIGHT**

67.4 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

13652

**DATE**

4/13/22

**PRESENTING CLINICAL SIGNS**

-History of orthopedic issues unknown etiology. Recent BW showed elevation in liver enzymes. Would like evaluation prior to starting NSAIDs. Eating and drinking well with no vomiting.

**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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 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 0.55 cm width at the caudal pole and 0.44 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 0.62 cm width at the caudal pole and 0.78 cm width at the cranial pole.

**Spleen**

The spleen was normal in size and contour with subtle sectorial to generalized mild parenchyma heterogeneity exhibiting normal overall parenchyma echogenicity. No masses or nodules were noted. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver exhibited normal to possible mild generalized enlargement. 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. The gallbladder walls were overall normal without evidence of inflammatory criteria. Primarily anechoic content with mild hyperechoic nonshadowing debris was present in the gallbladder neck. The common bile duct was normal. No evidence of peripheral gallbladder inflammation was noted.

**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.

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 subtle heterogeneous to hyperechoic parenchyma. This is incidental and likely minor age-related pancreatic changes, and not considered pathological.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Minor splenic parenchyma heterogeneity
- Low-grade hepatopathy exhibiting mild parenchymal remodeling
- Minor hyperechoic gallbladder debris

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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The minor splenic parenchyma heterogeneity was not overtly consistent with pathology with considerations including likely patient variant, mild hyperplasia, hematopoiesis, potential minor hypersplenism given the breed, or incidental splenitis. No evidence of splenic neoplastic criteria was noted.

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and Feline)

Although the overall liver was nonspecific, low-grade inflammatory hepatopathy with minor parenchymal remodeling is suspected, given the ALT/AST elevation. Low-grade hepatitis / cholangiohepatitis considered a primary differential diagnosis, given the presence of concurrent minor gallbladder debris. No overt evidence of neoplastic criteria was noted. Hepatic functionality appears to be normal given normal albumin, glucose, and BUN levels. Hepatosupportive medications including Denamarin and Ursodiol with continued monitoring of hepatic enzymes and potential for hepatic sampling, if persistent / progressive hepatic enzymes, would be reasonable.

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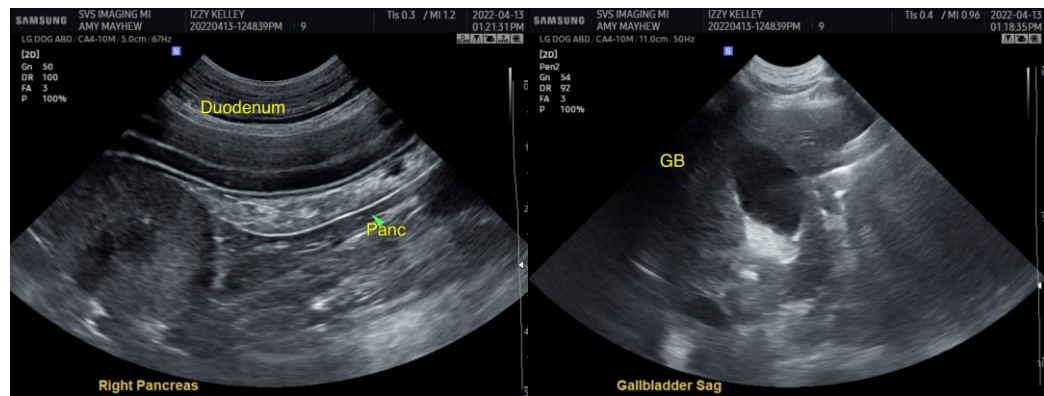
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Clinical Sonography & Telectology

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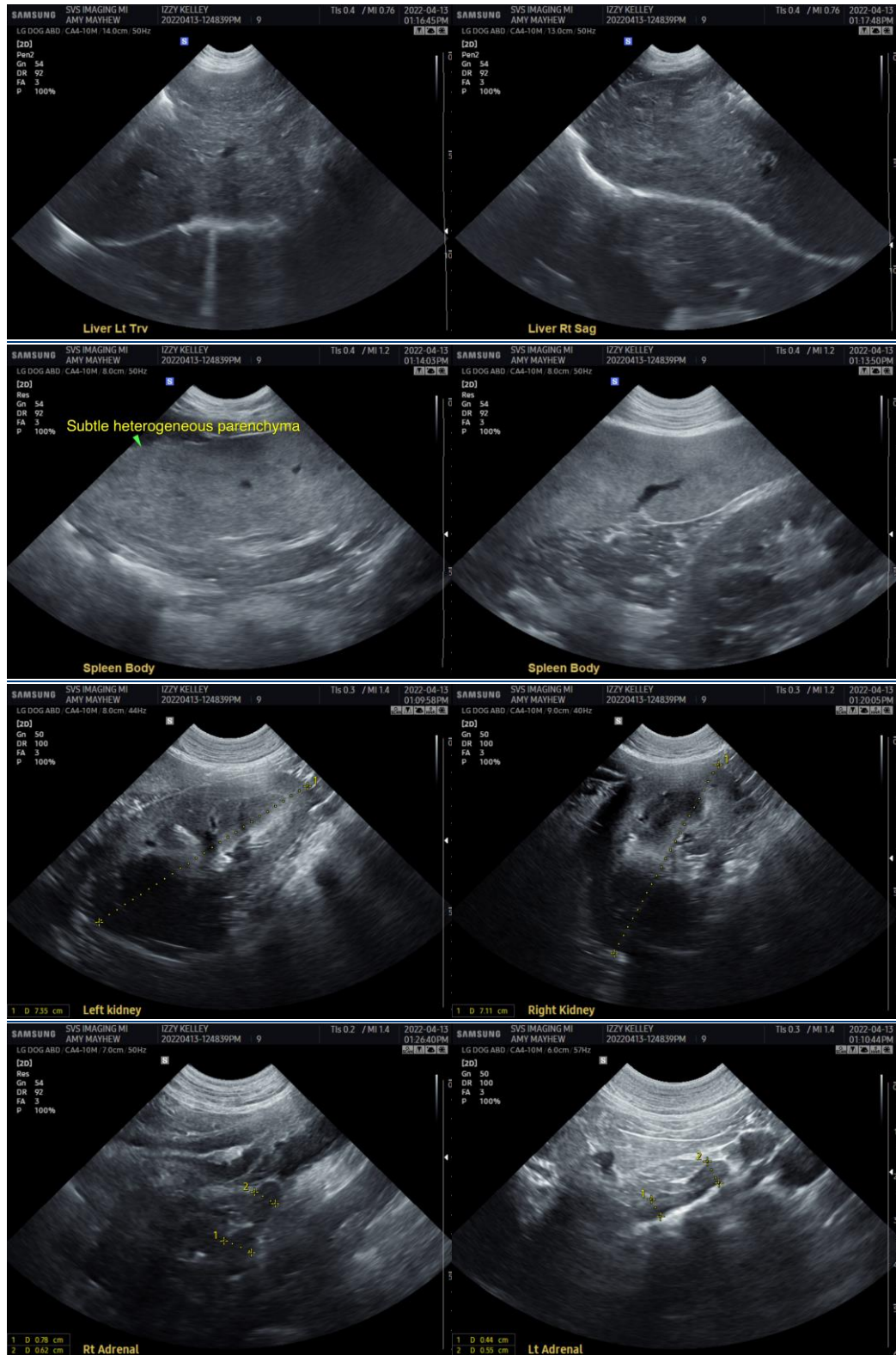
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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Canine

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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Shepherd Mix

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