



PATIENT

Bowie Howaniec

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

7 years

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders/Dr.
Dapolito

INVOICE

16615

DATE

4/13/23

PRESENTING CLINICAL SIGNS

Very elevated ALT found on BW for dental. Postponed dental and started on Denamarin and Clavamox. ALT has decreased but still elevated. No clinical signs.

Abnormal PE/Chem/CBC/UA Results: 11/22/2022 ALT 1,494. 12/21/2022 ALT 659, AST 120. 2/17/2023 ALT 569, AST 90. 3/22/2023 ALT 426.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. No evidence of mineral or calculi was noted.

The residual prostate was free of pathology.

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 6.9 cm in length. The right kidney measured 6.9 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 0.44 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 0.56 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign
- Sonographically unremarkable gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated ALT / AST combination, primary considerations for the hepatopathy may include inflammatory / immune-mediated disease, toxic hepatopathy i.e., copper, or other nonspecific hepatitis, i.e., viral, bacterial, Leptospirosis, etc., without sonographic evidence of infiltrative neoplastic criteria. Further assessment may include ultrasound-guided FNA cytology, primarily to potentially identify inflammatory cell type, +/- Leptospirosis titers / PCR if endemic to the area or potential exposure. Hepatic core surgical biopsy would be required for a definitive diagnosis including histopathology, as well as copper levels. No overt evidence of macroscopic shunt was noted.

Empirically, continued hepatosupportive medications with potential continued empirical broad-spectrum antibiotics, given positive response of hepatic enzyme levels, potentially up to 4-6 weeks with hepatic enzyme reassessment. Hepatic functionality is likely adequate or normal, assuming normal albumin, glucose, BUN, and cholesterol levels. No overt anesthetic contraindications if evidence of normal to adequate hepatic functionality.



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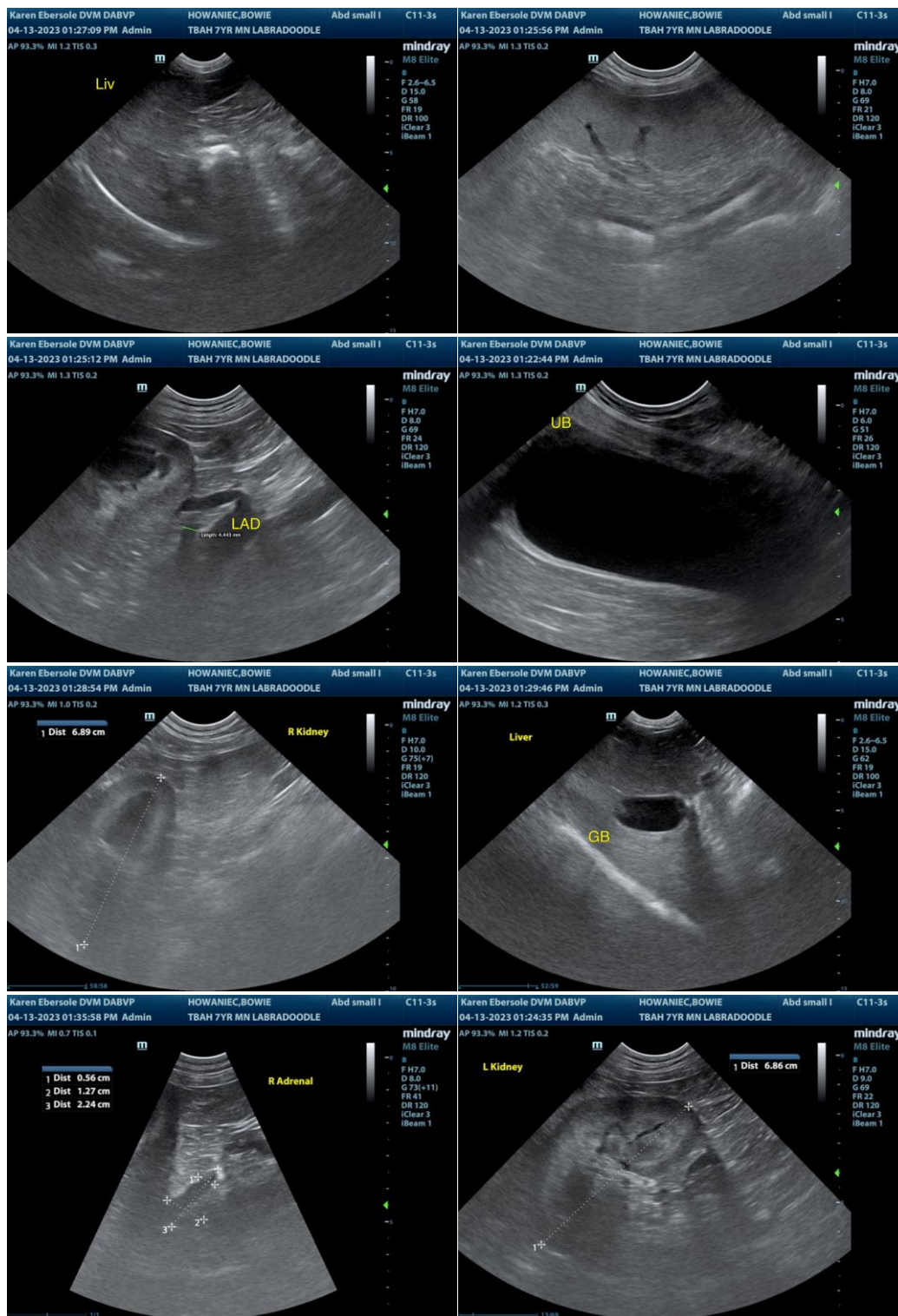
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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