



PATIENT PRESENTING CLINICAL SIGNS

Westley Sabri

History: Most recent exam was 2 months ago and was generally unremarkable. Patient has lipomas, chronic stifle problem (ACL rupture) and at that time had an ear infection. Patient shows some signs consistent with HAC but is not PU/PD Current Medications Triflexis Radiographic Findings Radiographs taken last summer demonstrated a slightly enlarged liver with rounded liver border.

SPECIES

Canine

BREED

Terrier X

Abnormal PE/Chem/CBC/UA Results: 02-03-22: Liver Chemistries: ALT mildly elevated at 122 (it was normal at 97 last summer). ALP is 2200, up from 1687. Cholesterol (393) is now mildly elevated as well 03-29-22: Urine cortisol creatinine ratio is 49.

SEX

Neutered Male

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 were noted. Aortic trifurcation was normal.

AGE

9 Years

WEIGHT

31 Pounds

The residual prostate was normal, measuring 0.79 cm in diameter.

INTERPRETED BY

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

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.0 cm in length.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

Both adrenal glands were mildly prominent in size with primarily maintained symmetrical capsule contour and hypoechoic parenchyma. No evidence of parenchymal mineralization. The left adrenal gland measured 2.2 cm in length x 0.63 cm at the caudal pole in width. The right adrenal gland measured 1.6 cm in length x 0.63 cm at the caudal pole in width.

HOSPITAL NAME

Santa Clara AH

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.

REFERRING VET

Dr. Barbara Brasted-
M.A.C.

Liver

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The liver was enlarged with symmetrical to mildly swollen hepatic contour. Mildly increased, primarily uniform hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture. No masses or nodules were noted.

DATE

4/15/22

The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic ingesta/chyme was present.

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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.

SEX

Pancreas

Neutered Male

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

AGE

9 Years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

31 Pounds

ULTRASONOGRAPHIC FINDINGS

- Early to mild bilateral chronic renal changes
- Bilateral prominent adrenal glands, no evidence of neoplastic criteria
- Benign hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Minor pancreatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jenna Walsh, CVT

The appearance of the liver was nonspecific yet consistent with benign hepatomegaly. Considerations may include metabolic, vacuolar or steroid hepatopathy with nonobstructive cholestasis, given the ALP elevation with potential for primary or concurrent inflammatory hepatopathy (i.e., cholangiohepatitis) given the ALT elevation and presence of minor gallbladder debris.

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Full adrenal work up warranted given the hepatic presentation and appearance of the bilateral adrenal glands, if strong clinical suspicion of hyperadrenocorticism. Assuming normal clotting status, hepatic FNA could also be considered for screening cytology.

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M.D.

Conservatively, hepatosupportive medications, including Denamarin and ursodiol may prove beneficial.

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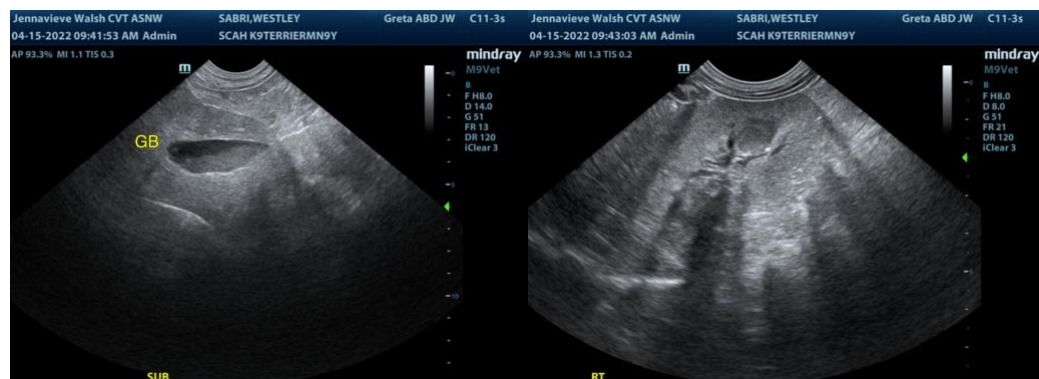
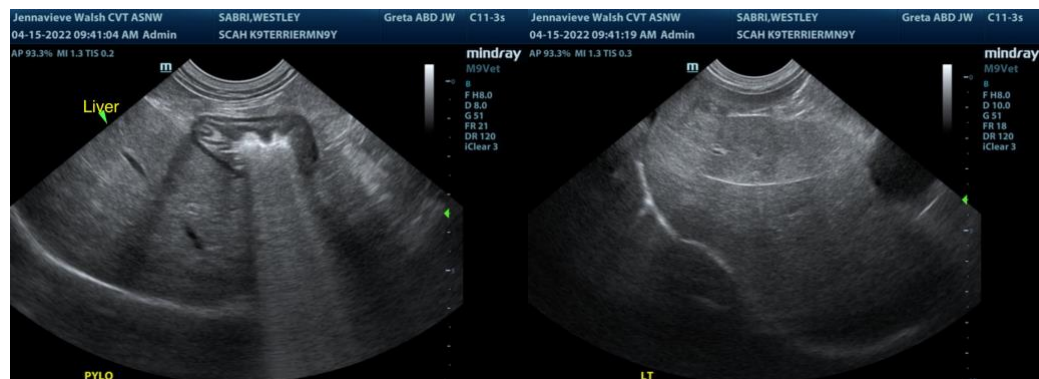
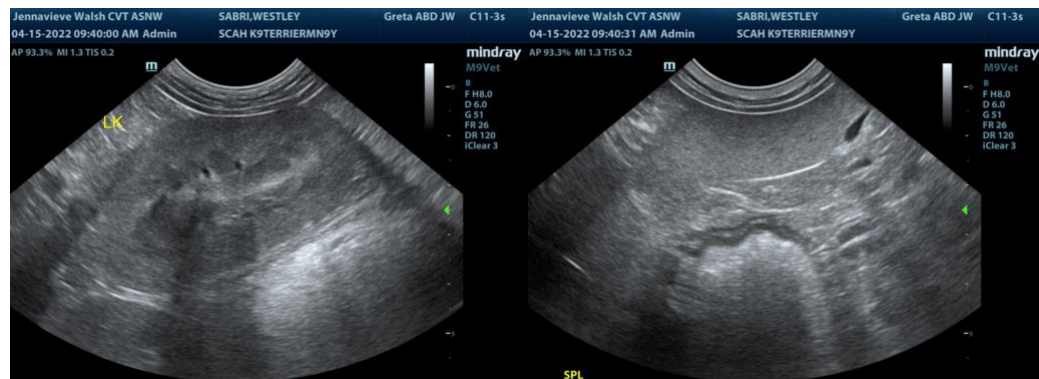
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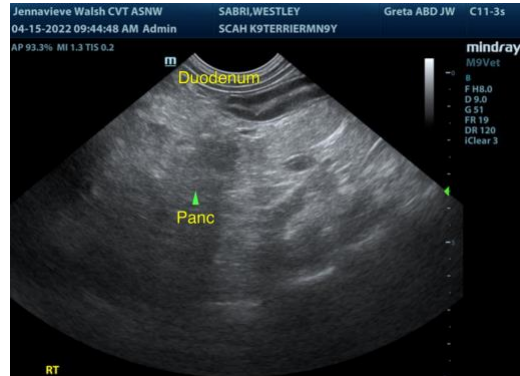
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com