



PATIENT PRESENTING CLINICAL SIGNS

Kasey Szatkowski PD, accidents in house, elevated liver values

ALP 964, ALT 619, AST 68, TBili 0.3, Cholesterol 386, Unremarkable CBC

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

Urinary System

The urinary bladder was mildly subnormal in size which prevented full sonographic interpretation of the urinary bladder walls. The urethra to a depth of 3.0 cm exhibited normal structure and tone. Mild anechoic urine was present with no sediment or calculi. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age-related mural changes. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic criteria was noted.

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AGE

The area of the aortic trifurcation was free of pathology.

2009

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 pyelectasia was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 cm in length.

WEIGHT

54.5

Adrenal Glands

The bilateral adrenal glands were subtly prominent in size with mild asymmetrical capsule contour and subtle heterogeneous nonmineralized parenchyma. The left adrenal gland measured 2.7 cm length x 0.82 cm width at the caudal pole. The right adrenal gland measured 3.5 cm length x 0.69 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with normal structure and contour. 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 containing primarily anechoic content with mild, nondependent to dependent echogenic sludge. The cystic and common bile ducts were normal.

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PATIENT

Gastrointestinal

Kasey Szatkowski

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.

Canine

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

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Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

54.5

- Possible mild cystitis
- Bilateral mild chronic renal changes
- Slightly Irregular adrenal glands - nonspecific
- Hepatopathy exhibiting mild parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with probable benign hepatopathy. Considerations may potentially include vacuolar hepatopathy, inflammatory / immune-mediated disease, age-related hepatic parenchymal remodeling, indistinct nodular hyperplasia, or other hepatopathies. Hepatic neoplasia is considered a less likely differential diagnosis.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening UCCR +/- LDDST may be considered If clinical suspicion for hyperadrenocorticism.

REFERRING VET

Dr. Goldstein

Further evaluation of the liver may include (assuming normal clotting status), ultrasound-guided FNA for screening cytology, primarily to assess for evidence of inflammatory cells +/- Leptospirosis titers / PCR if endemic to the area or potential exposure. Hepatosupportive medications Including Denamarin and Ursodiol may prove beneficial.

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Canine

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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