



PATIENT

Koby Cook

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

6 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Abina Glennon

INVOICE

16647

DATE

4/19/23

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: ALT 148, ALP 2272.

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 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 5.3 cm in length. The right kidney measured 5.5 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 1.9 cm length x 0.45 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 1.8 cm length x 0.59 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 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.

The gallbladder was non-distended in size containing anechoic content with mild to moderate nonorganized mildly congealed gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Koby Cook

The stomach presented intact wall layering with a normal wall layer ratio. Mild ingesta sonographically consistent with food was present.

SPECIES

Canine

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.

BREED

Maltese

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

SEX

MN

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.

AGE

6 years

Free Abdomen

Two subjective thinly walled cystic lesions noted in the mid-abdomen within the area of the ileocolic junction were present containing anechoic fluid without evidence of cellular component. The larger cystic lesion measured 3.4 cm x 2.3 cm. The smaller cystic lesion measured ≈2.2 cm in diameter. No evidence of regional inflammation was noted. Generalized normoechoic omentum was present. No evidence of significant omental lymphadenopathy was noted.

WEIGHT

Not Provided

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Mild to moderate gallbladder debris - not consistent with mucocele criteria
- Cyst-like lesions mid abdomen adjacent to ileocolic junction - omental cysts, chronic cystic lymphadenopathy, less likely pancreatic cyst, no overt evidence of abscess criteria

IMAGING PERFORMED BY

Kelly Vazquez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

New Bridge VH

The liver was nonspecific yet consistent with benign hepatopathy. Considerations may include idiopathic vacuolar hepatopathy, nonobstructive cholestasis, primary or concurrent inflammatory hepatopathy i.e., cholangiohepatitis or other. Screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory cells.

REFERRING VET

Dr. Abina Glennon

Hepatosupportive medications including Denamarin and Ursodiol +/- antibiotic trial with monitoring of hepatic response if evidence of inflammatory criteria on hepatic cytology may prove beneficial.

INVOICE

16647

The mid-abdominal cyst-like lesions are likely incidental and not consistent with neoplastic criteria. Concurrent centesis of the larger cyst-like lesion for fluid analysis, cytology, +/- C/S, if clinically indicated, could be considered.

DATE

4/19/23



PATIENT

Koby Cook

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

6 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VH

REFERRING VET

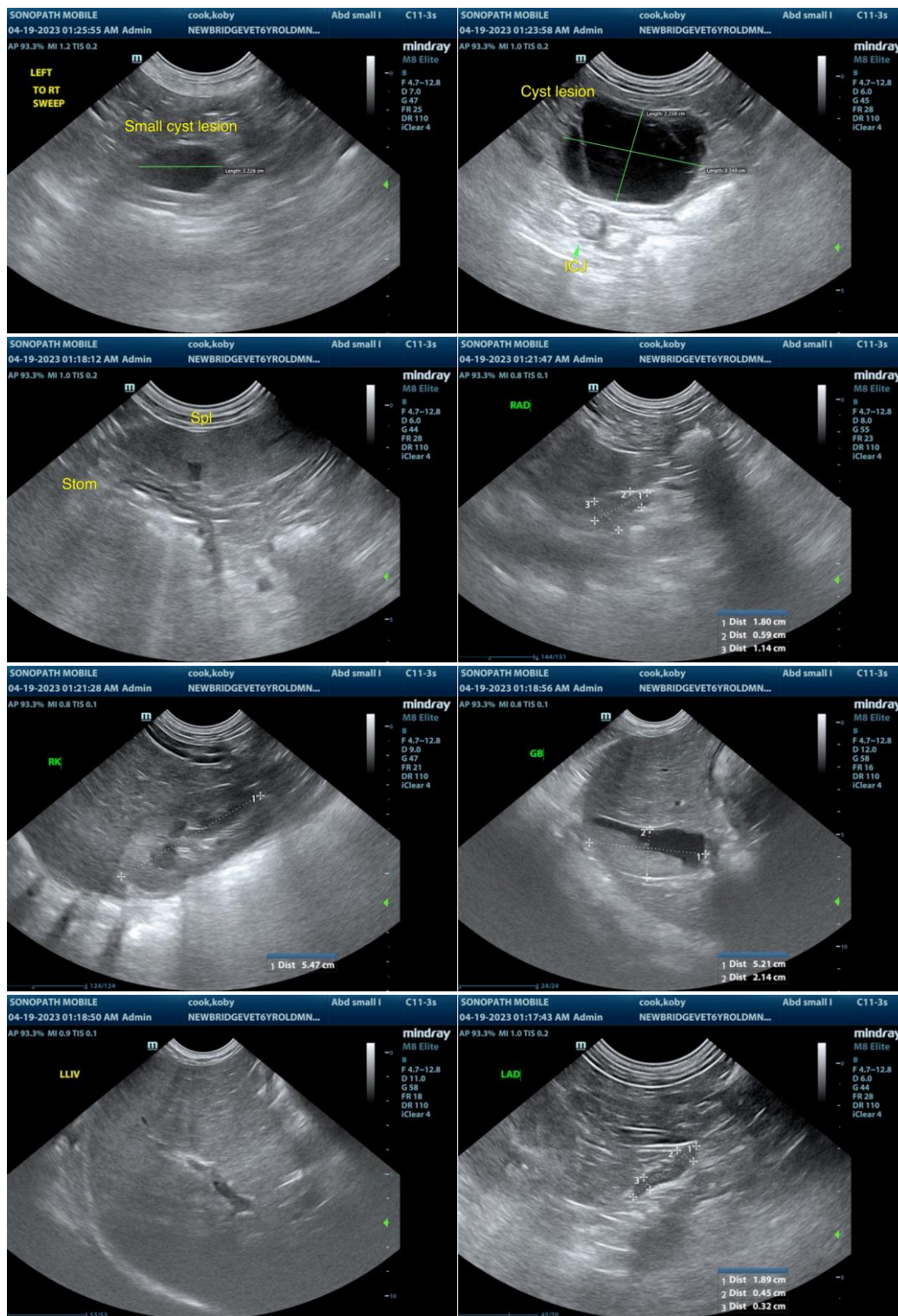
Dr. Abina Glennon

INVOICE

16647

DATE

4/19/23





PATIENT

Koby Cook

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

6 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VH

REFERRING VET

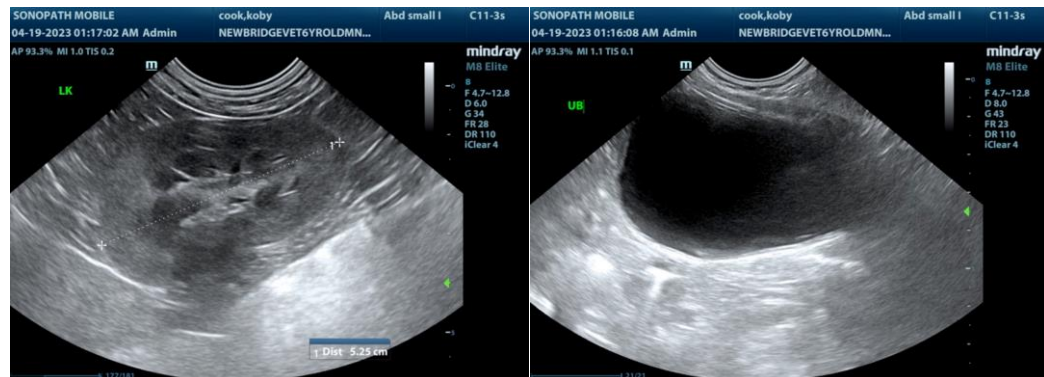
Dr. Abina Glennon

INVOICE

16647

DATE

4/19/23



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