



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Yaya Melvin	<p>P has a history of idiopathic epilepsy. Managed with phenobarbital for years. Last monitoring lab work revealed a mildly increased ALT (125), a moderately increased ALP (791), and a mildly increased pre-prandial bile acids (51.3 umol/L... single sample only). Phenobarbital within therapeutic range. Neurologist recommended pre and post bile acids (pending) and AUS prior to considering tapering phenobarbital and starting another anti-seizure medication.</p>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Chihuahua	<b>Urinary System</b>
<b>SEX</b>	<p>The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.</p>
MN	
<b>AGE</b>	<p>No overt pathology was noted in the area of the residual prostate.</p>
7	
<b>WEIGHT</b>	<p>The area of the aortic trifurcation was free of pathology.</p> <p>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 border demarcation expected for the age of the patient. Pinpoint medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.</p>
8.1	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<p>The left adrenal gland was indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.52 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 0.54 cm width at the caudal pole and 0.4 cm width at the cranial pole.</p>
<b>IMAGING PERFORMED BY</b>	
Dr. Saum Hadi	<b>Spleen</b>
<b>HOSPITAL NAME</b>	<p>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.</p>
Bethany Family Pet Clinic	
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Saum Hadi	<p>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. The gallbladder walls were sonographically normal without evidence of inflammation changes. Primarily anechoic content with mild nondependent, mildly inspissated nonmineralized sludge was present. The cystic and common bile ducts were normal.</p>
<b>INVOICE</b>	
13693	
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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, variably echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

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**

- Benign hepatopathy
- Mild nondependent, mildly inspissated gallbladder sludge - possible very early noninflamed gallbladder mucocele
- Mild pinpoint renal medullary mineral

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic presentation is sonographically consistent with benign hepatopathy / hepatomegaly. Vacuolar hepatic changes and nonclinical cholestasis, given the primarily elevated ALP, with potential for concurrent primary or secondary hepatic inflammation or low-grade toxicity owing to chronic phenobarbital without evidence of neoplastic criteria, may be possible.

Hepatosupportive medications including Denamarin and Ursodiol are warranted. Potential hepatic FNA for screening cytology, assuming normal clotting status, and primarily to assess for evidence of Inflammatory cells could be considered for further assessment.



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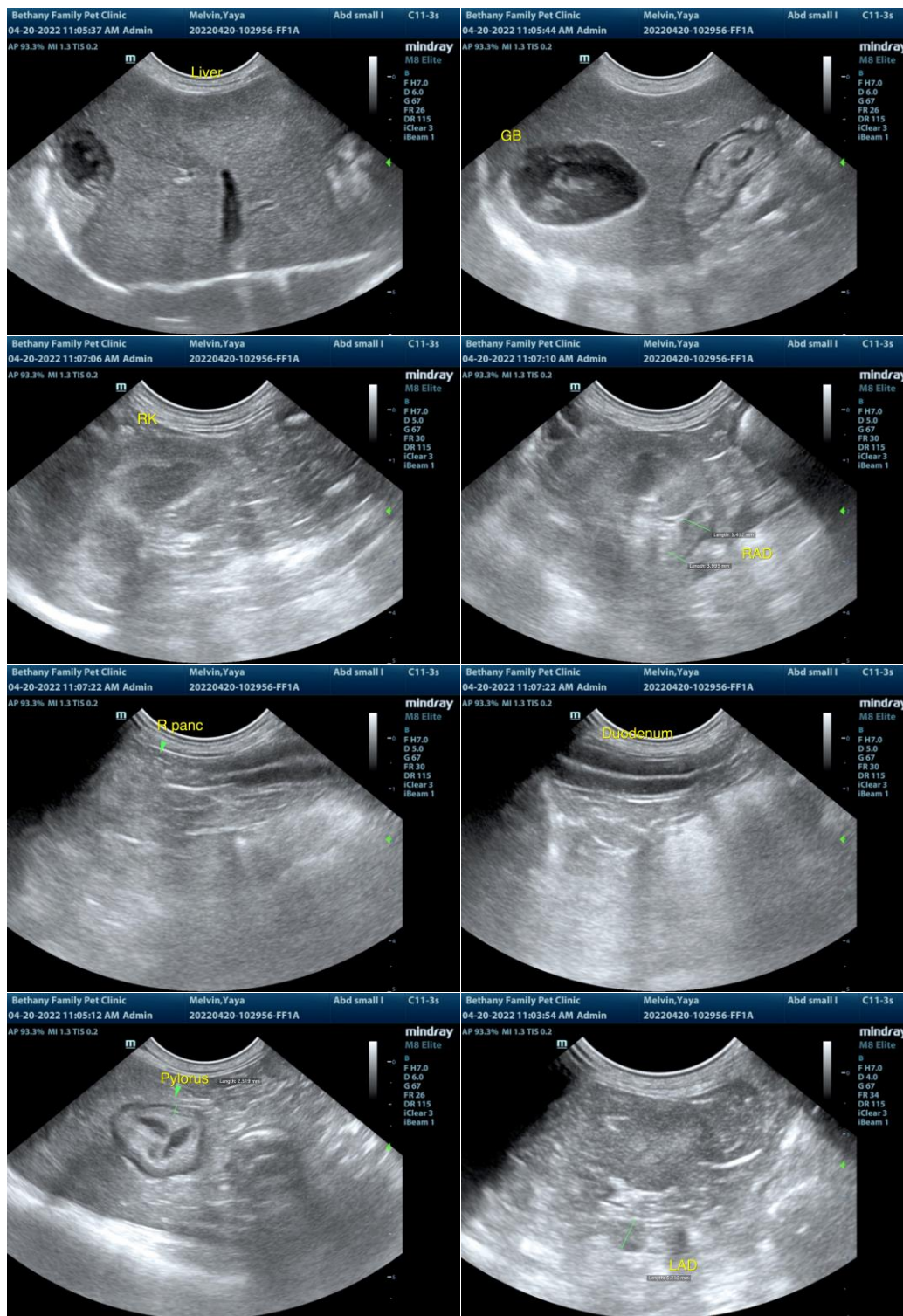
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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