



PATIENT

Jasper Jalbert

SPECIES

Canine

BREED

Cavalier Mix

SEX

MN

AGE

8yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

INVOICE

13574ag

DATE

04/24/2023

PRESENTING CLINICAL SIGNS

ALP elevation (2,484) and has climbed significantly since last year. Ddx - liver dz, HAC, etc. Current medications: Apoquel 5.4mg BID. Gabapentin and Trazodone for sedation.

Abnormal PE/Chem/CBC/UA Results: ALP 2,484, Retics 120, Cholesterol 353, TP 7.6, Alb 4.0. ALP last year was 519.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 5.0 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 1.9 cm length.

Spleen

The spleen exhibited overall normal size with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Areas of medial capsule asymmetry with concurrent regional hyperechoic capsule thickening was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic masses or nodules.

Liver/Gallbladder

The liver presented subjectively mild to moderately 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. No hepatic masses or nodules. Normal hepatic vascular volume. 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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



PATIENT

Jasper Jalbert

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.

SPECIES

Canine

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 was evident.

BREED

Cavalier Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy-sonographically suggestive of vacuolar hepatopathy pattern.
- Sonographically normal gallbladder.
- Normal bilateral adrenal glands-no adrenomegaly/tumors.
- Probable benign/incidental splenic medial capsule fibrosis-possible medial intraparenchymal to coalescing splenic myelolipomas or emerging mineralization.

AGE

8yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

24lb

Primary adrenal disease is considered unlikely given normal adrenal presentation and lack of reported clinical signs suggestive of Cushing's syndrome. Idiopathic vacuolar hepatopathy is suspected to be a primary differential diagnosis with inflammatory or other hepatopathy possible yet thought less likely.

INTERPRETED BY

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

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment yet may be non-diagnostic.

Hepatosupportive medications such as Denamarin +/- Ursodiol due to its antioxidant and immunomodulatory effects within the liver and a hydrolyzed/novel protein diet may prove beneficial.

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne



INVOICE

13574ag

DATE

04/24/2023



PATIENT

Jasper Jalbert

SPECIES

Canine

BREED

Cavalier Mix

SEX

MN

AGE

8yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

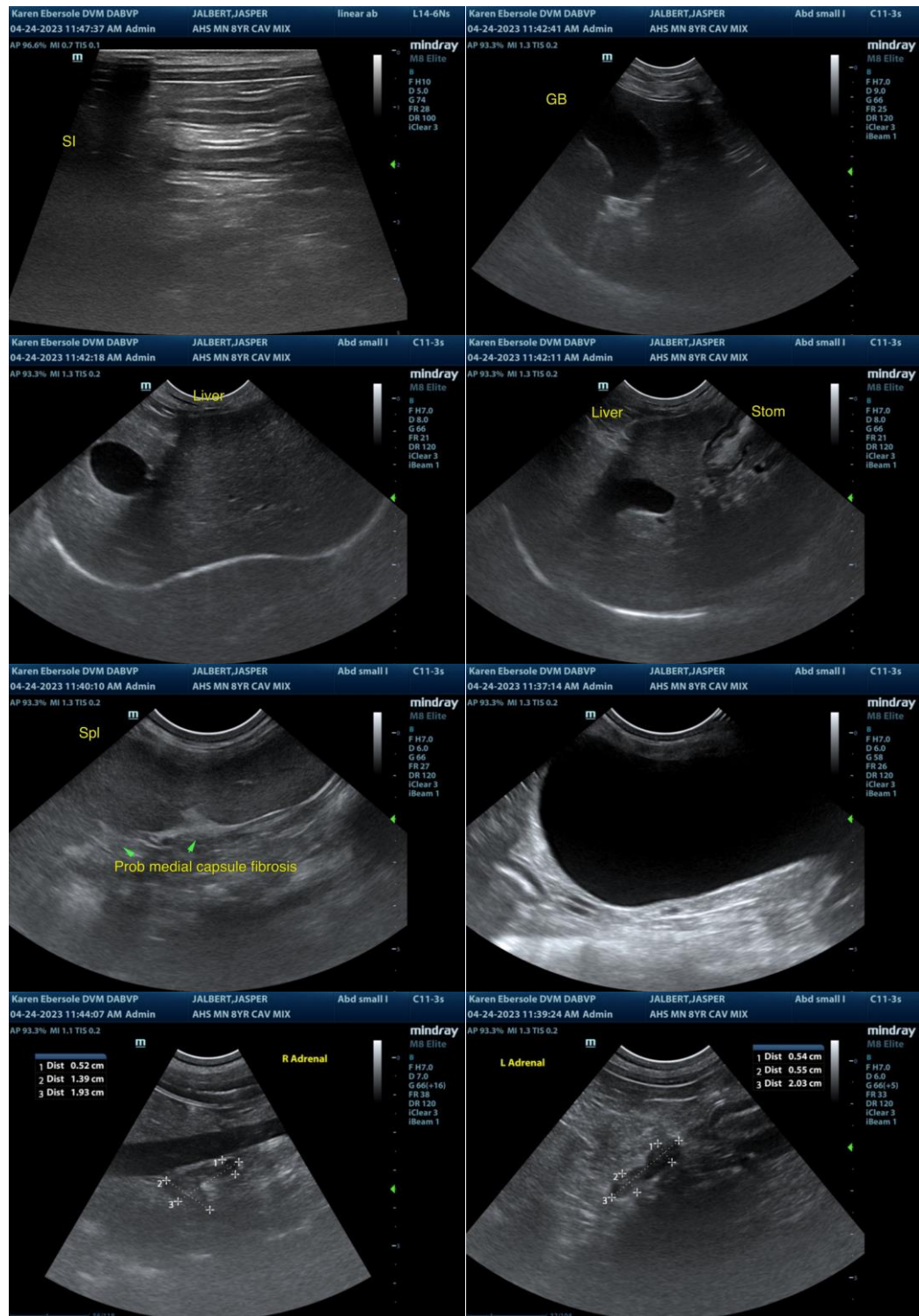
Dr. Chadbourne

INVOICE

13574ag

DATE

04/24/2023





PATIENT

Jasper Jalbert

SPECIES

Canine

BREED

Cavalier Mix



SEX

MN

AGE

8yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

INVOICE

13574ag

DATE

04/24/2023

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)
mac.daniel@sonopath.com