



PATIENT

Reagan Evans

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

13 years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Hollo

INVOICE

16708

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Elevated ALT (411), AST (71), Alk Phos (541) HX ot on rimadyl, liver enzymes elevated despite starting denamarin 1/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate left kidney pyelectasia was present with mild right kidney pyelectasia. The left kidney measured 6.8 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.72 cm width at the caudal pole. The area of the right adrenal gland was free of overt pathology, although not definitively visualized owing to patient size and conformation.

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.

Liver/ Gallbladder

The liver exhibited subjective normal hepatic size with adequate vascular volume. 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 in size containing primarily anechoic content with minor, nonorganized, echogenic gallbladder debris. 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.



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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with parenchymal remodeling
- Minor gallbladder debris (non-mucocele)
- Bilateral moderate chronic degenerative renal changes with bilateral pyelectasia
- Sonographically normal urinary bladder - no evidence of mineral or calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was nonspecific yet consistent with benign chronic hepatopathy. Considerations may include vacuolar hepatopathy, nonobstructive cholestasis, chronic inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, mild fibrosis, or other hepatopathy without evidence of hepatobiliary neoplastic criteria. Hepatic sampling would be required for a definitive diagnosis.

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Continued hepatosupportive medications +/- Ursodiol if tolerated, due to its antioxidant and immunomodulatory effects within the liver, may prove beneficial. If currently on Rimadyl, consider discontinuation for an alternative NSAID or analgesic.

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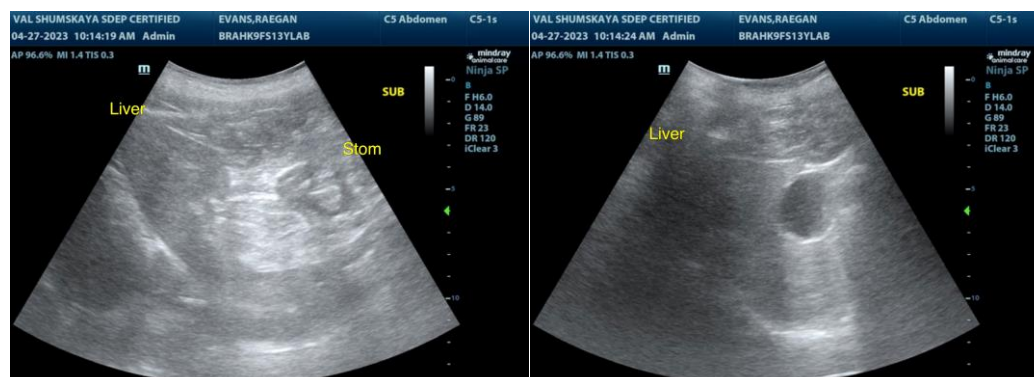
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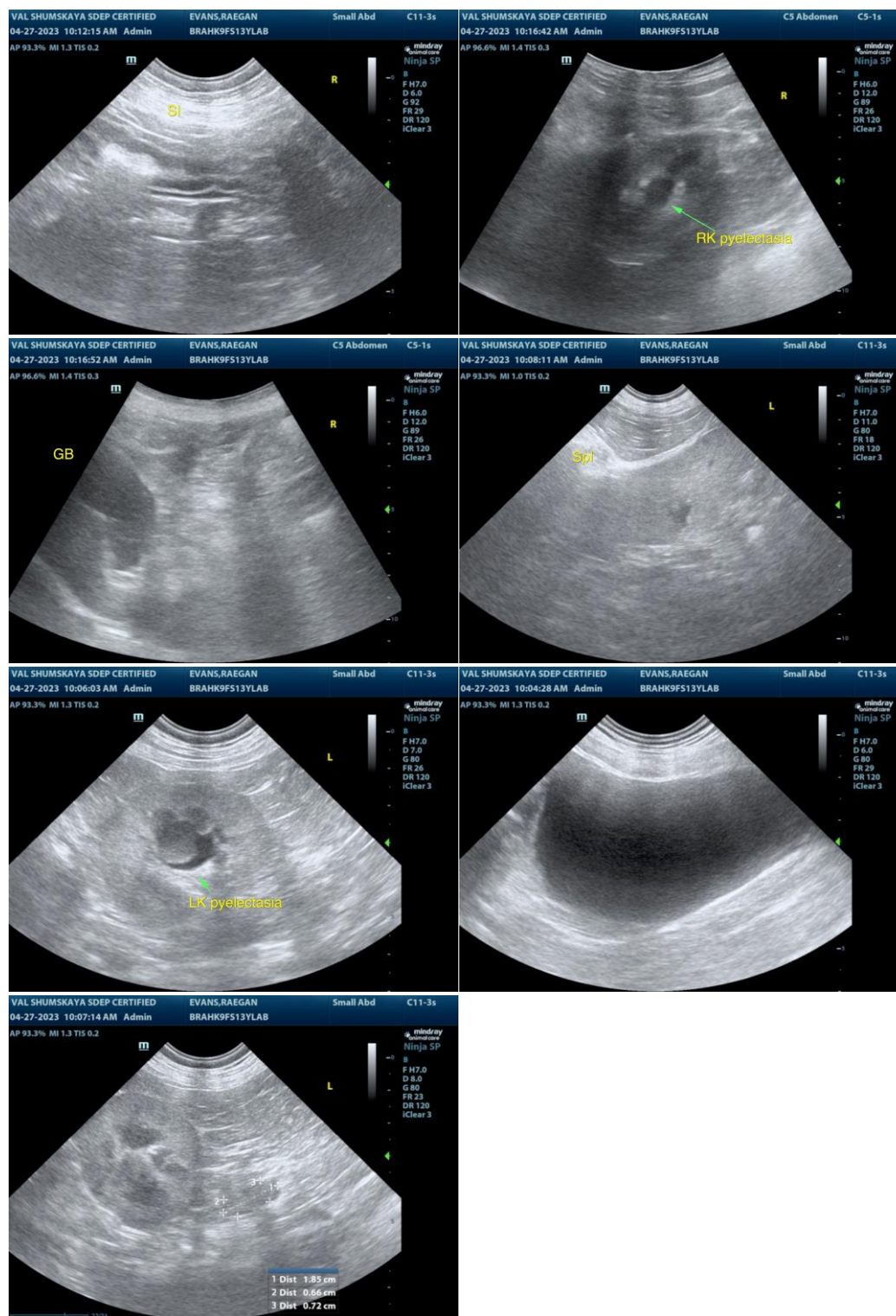
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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