



PATIENT

Gizmo Coble

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 years

WEIGHT

68.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Kristen Lavin, DVM

INVOICE

14929

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Incidental liver enzyme elevations found on annual labwork. ALT 546; ALP 300; GGT 17. Was on Ursodiol 500 mg SID x 1 month with no change in liver enzymes on recheck lab work. *Sedated with trazodone/butorphanol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.53 cm in width.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the right kidney. 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 pelvic dilation was present. The right kidney measured 7.5 cm in length.

The left kidney was not definitively visualized. No overt pathology in the area of the left kidney.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of hyperplasia or tumors. The left adrenal gland measured 1.0 cm width in the cranial pole and 0.86 cm width in the caudal pole. The right adrenal gland measured 0.91 cm width in the cranial pole and 0.73 cm width in the caudal pole.

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 was subjectively normal in size, 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 in size with mild primarily anechoic content with mild particulate sediment. The gallbladder walls were sonographically unremarkable with mild sectorial non-thickened



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mural hyperechogenicity. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing ingesta/chyme. The stomach was otherwise normal. The ventral gastric body wall measured 0.35 cm.

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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. The duodenum wall measured 0.56 cm. The jejunum wall measured 0.33 cm.

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

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.

Free Abdomen

WEIGHT

68.2 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting mildly remodeled to nonuniform parenchyma
- Mild gallbladder debris, potential low-grade cholecystitis
- Age-related right kidney

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign chronic hepatopathy. Primary considerations for nonspecific chronic hepatitis or cholangiohepatitis given the primarily elevated ALT with potential for primary or concurrent vacuolar hepatic changes and nonobstructive cholestasis given the elevated ALP/GGT combination. No evidence of hepatic neoplasia, which is considered a less likely differential diagnosis. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology +/- leptospirosis titers/PCR, if endemic to the area and potential exposure. Denamarin/ursodiol combination may prove beneficial, although at times, hepatic enzyme elevations are nonresponsive to hepatosupportive medications. Core or surgical hepatic biopsy may be indicated for a definitive diagnosis.

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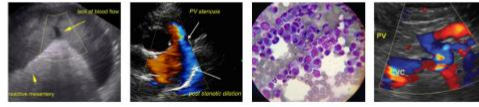
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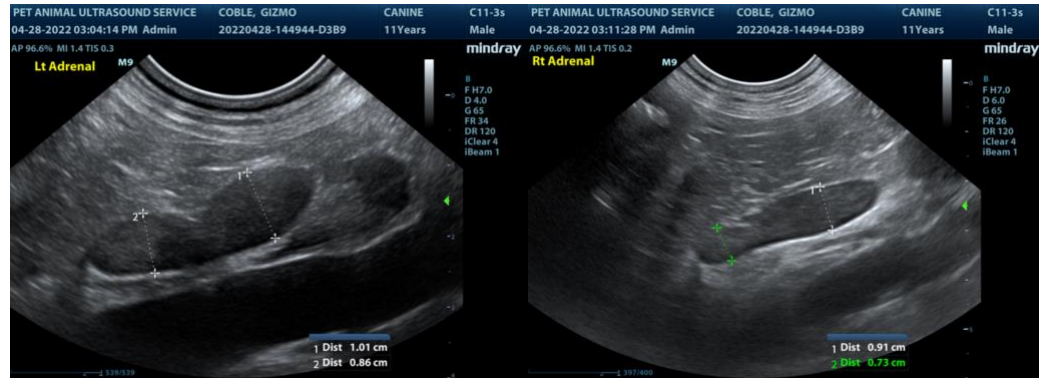
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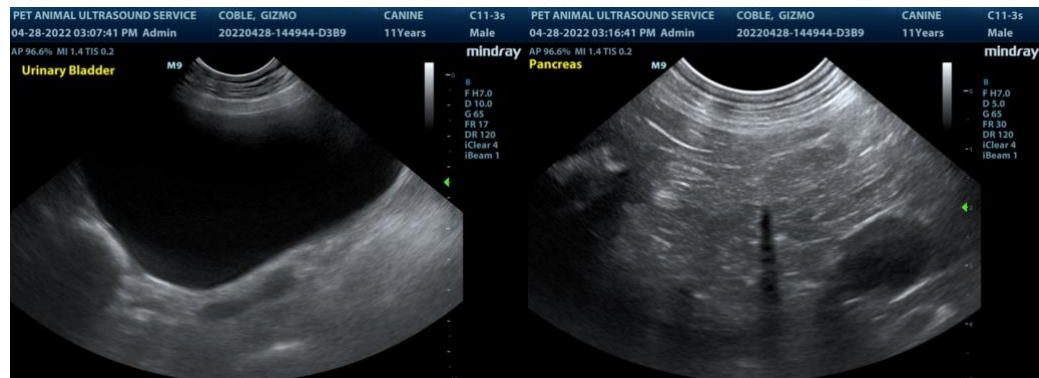
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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