



PATIENT

Poppet Heindenreich

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

4 y

WEIGHT

44

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

16506

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Mild ALT elevation noted incidentally on pre-anesthetic blood screen before routine dental cleaning without extractions. No signs of PU/PD, normal appetite and no vomiting, o reports occasional soft stools (mucoïd film noted). Recheck LEZ ~1.5 months after dental showed slight progression in ALT elevation along with AST inc. Bile acids WNL, fecal neg for ova/parasites/antigen. Chronic enteropathy panel shows increase in cPL and TLI with normal B vits and dysbiosis index showing normal flora patters (not consistent with dysbiosis).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or 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 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 5.7 cm in length. The right kidney measured 5.7 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 0.46 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient conformation, yet no overt pathology was noted.

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 subjective mild enlargement. 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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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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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.

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Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.0 cm x 0.63 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Low-grade benign hepatopathy - low-grade inflammatory hepatopathy i.e., low-grade nonspecific hepatitis, toxic hepatopathy i.e., copper, or other hepatopathy possible, no evidence of portosystemic vascular anomaly
- Sonographically normal gallbladder
- Structurally normal gastrointestinal tract
- Sonographically unremarkable pancreas
- Intermittent mild benign / reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, initial screening hepatic FNA cytology could be considered primarily to assess for or possibly identify potential inflammatory cell type.

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Given reported low-grade hepatic enzyme elevations, hepatosupportive medications and continued monitoring would be reasonable. Hepatic core surgical biopsy is likely required for a definitive diagnosis. No sonographic evidence of active pancreatitis, although low-grade or chronic pancreatic inflammation may present as sonographically normal.

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As-needed gastrointestinal supportive care is recommended. Eventual hepato-gastrointestinal biopsies may be indicated.

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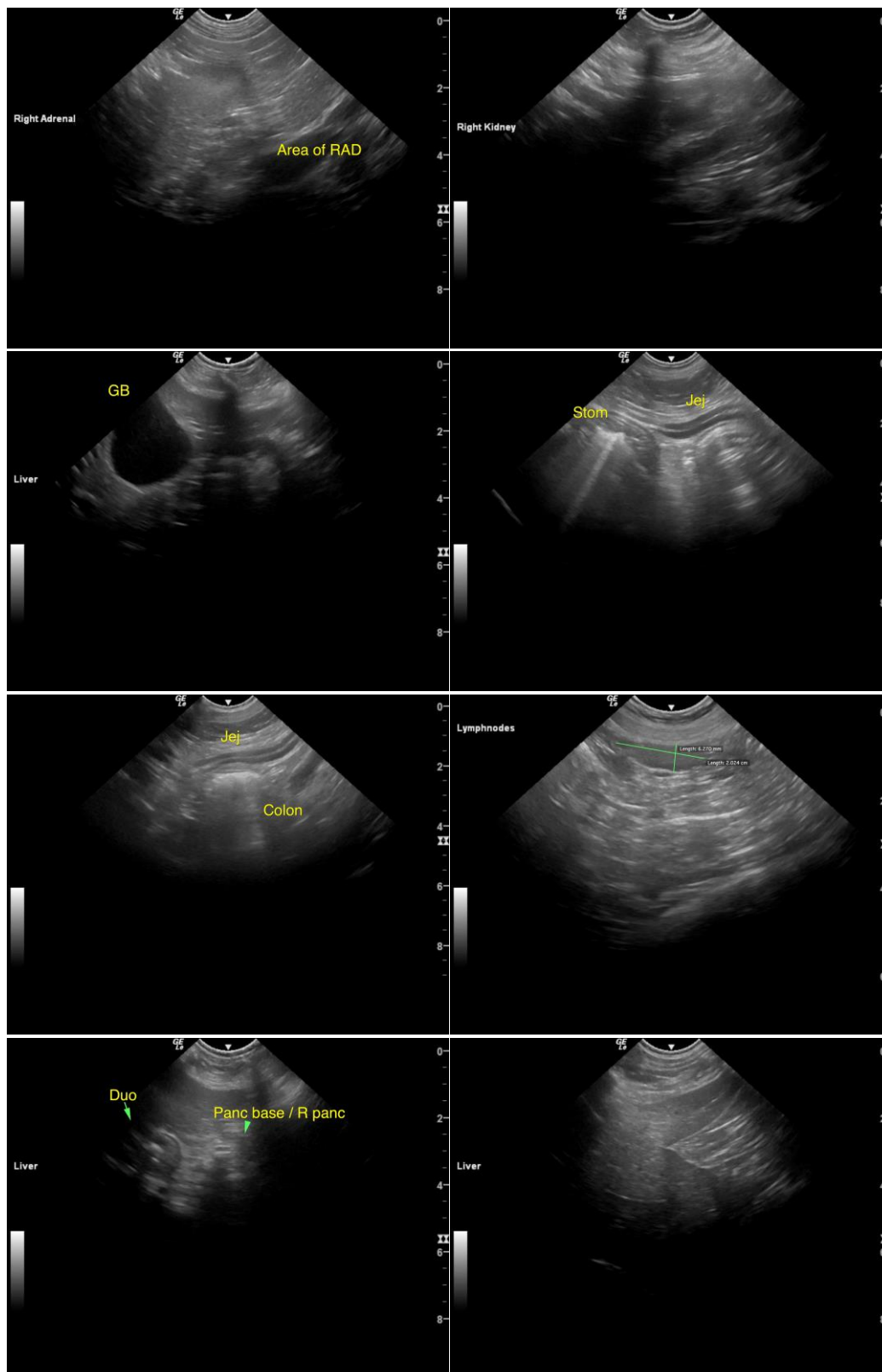
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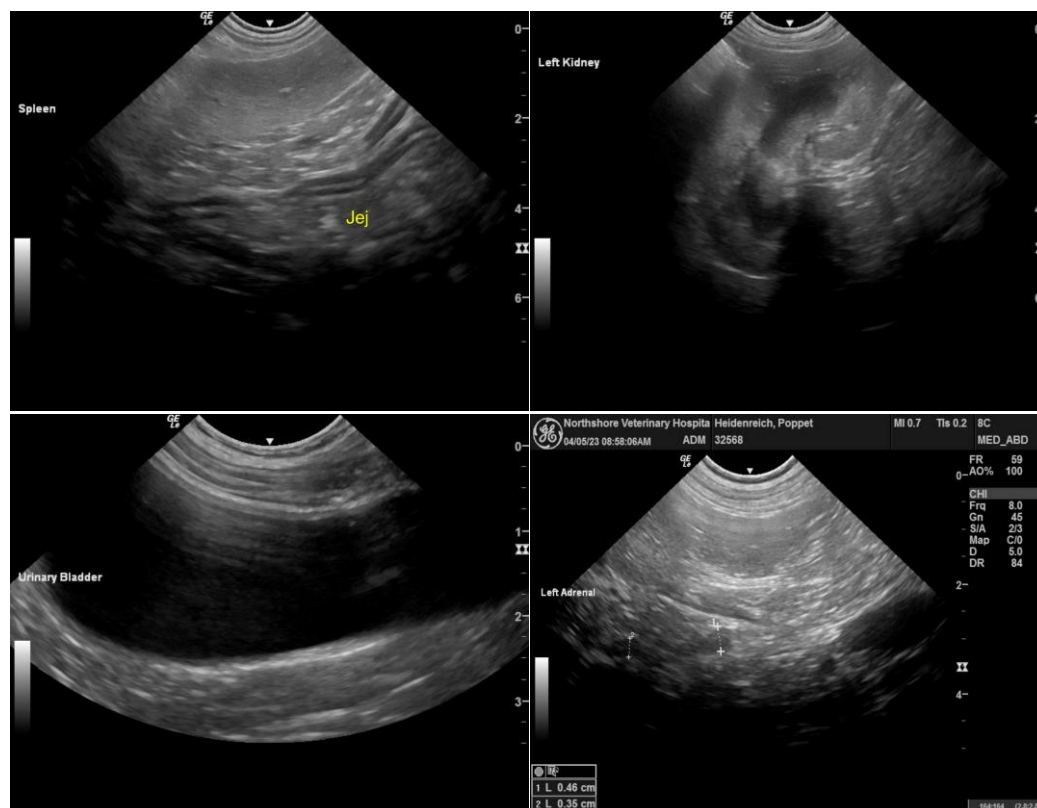
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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