

**PATIENT**

Chief Franz

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

11 years

WEIGHT

54.5

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Kissinger

INVOICE

13620

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Presented for routine dental, presurgical bloodwork showed an elevated ALT and GGT. Has an intermittent history of hyporexia. Exam findings and abnormal lab values: elevated ALT and GGT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the residual prostate was free of overt pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present. No evidence of pyelectasia was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

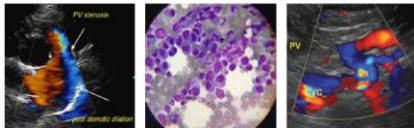
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.45 cm width at the cranial pole.

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 exhibited subjective mild enlargement with normal 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 gallbladder debris. The gallbladder was otherwise normal without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid was present. The ventral gastric body wall width measured 0.65 cm.

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 gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Suspect mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet suggestive of benign to chronic hepatopathy. Nonspecific inflammation hepatopathy i.e., hepatitis / cholangiohepatitis and nonobstructive cholestasis are suspected, given the elevated ALT/GGT combination.

Further assessment may include ultrasound-guided FNA of the liver using a 25-gauge needle for screening cytology primarily to assess for evidence of inflammatory cells. Leptospirosis titers / PCR could be considered if clinically indicated.

Hepatic functionality is likely normal assuming normal albumin, glucose, BUN, and cholesterol levels. No overt anesthetic contraindications based on overall hepatic appearance, assuming these levels are normal. Hepatosupportive medications including Denamarin and Ursodiol are recommended with an assessment of hepatic response. Hepatic core biopsy is likely required for a definitive diagnosis.

Empirical therapy for mild gastritis which may include gastroprotectants is suggested during periods of intermittent hyporexia.



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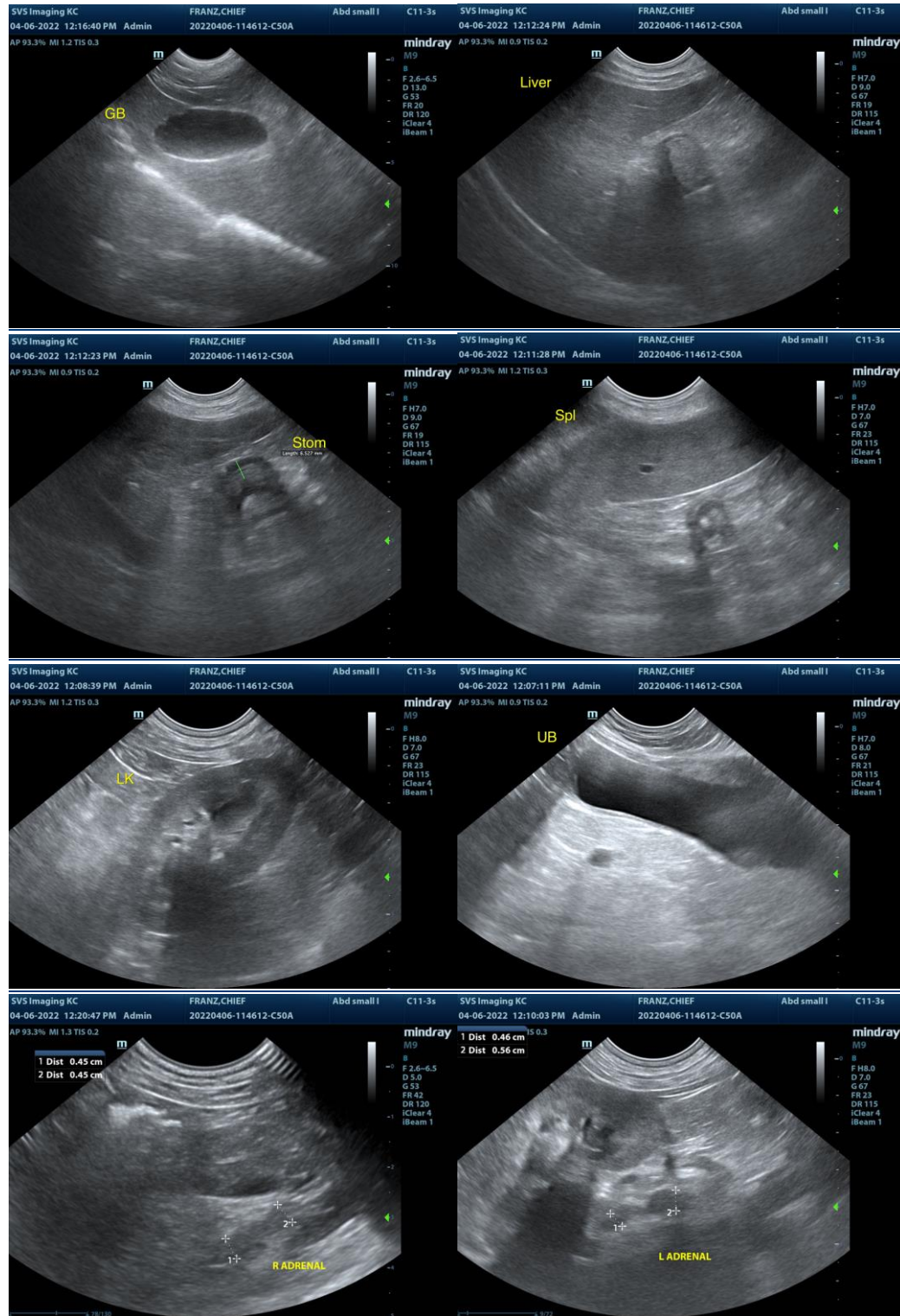
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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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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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