



PATIENT PRESENTING CLINICAL SIGNS

Lucy Bevans Elevated liver values, vomiting (controlled with z/d), osteoarthritis.
 Medication: Galliprant, Gabapentin

SPECIES
 ALP 1691
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Rottweiler The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

SEX
 FS The area of the aortic trifurcation was free of pathology.

AGE
 2017 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 6.9 cm in length. The right kidney measured 7.8 cm in length.

WEIGHT
 102.3 *Adrenal Glands*

INTERPRETED BY
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was overtly normal in size, position, and shape yet indistinctly visualized. No overt pathology was noted. The right adrenal gland subjectively measured 0.72 cm width at the caudal pole.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT ARDMS/RVT *Spleen*

HOSPITAL NAME
 White Haven VH 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.

REFERRING VET
 Dr. Gallagher *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE
 16546

DATE
 4/6/23



PATIENT *Gastrointestinal*

Lucy Bevans The visualized gastric wall was sonographically unremarkable. The lumen of the stomach contained mild nonshadowing ingesta, sonographically consistent with food, without signs of obstruction or foreign material.

SPECIES

Canine 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.

BREED

Rottweiler

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

SEX

FS

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.

AGE

2017

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

102.3

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Sonographically unremarkable gallbladder
- Overtly normal gastrointestinal tract with gastric ingesta - ingesta sonographically consistent with food

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the liver was nonspecific yet consistent with benign hepatopathy and suggestive of suspected vacuolar hepatic changes given the ALP elevation. No evidence of post hepatic cholestasis was evident.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

No suspicion of underlying primary adrenal disease, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc.

HOSPITAL NAME

White Haven VH

Hepatosupportive medications including Denamarin +/- Ursodiol, due to its antioxidant and immunomodulatory effects within the liver, may prove beneficial. Continued hydrolyzed diet trial with as-needed gastroprotectants, given the patient's history of vomiting, is recommended.

REFERRING VET

Dr. Gallagher

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REFERRING VET

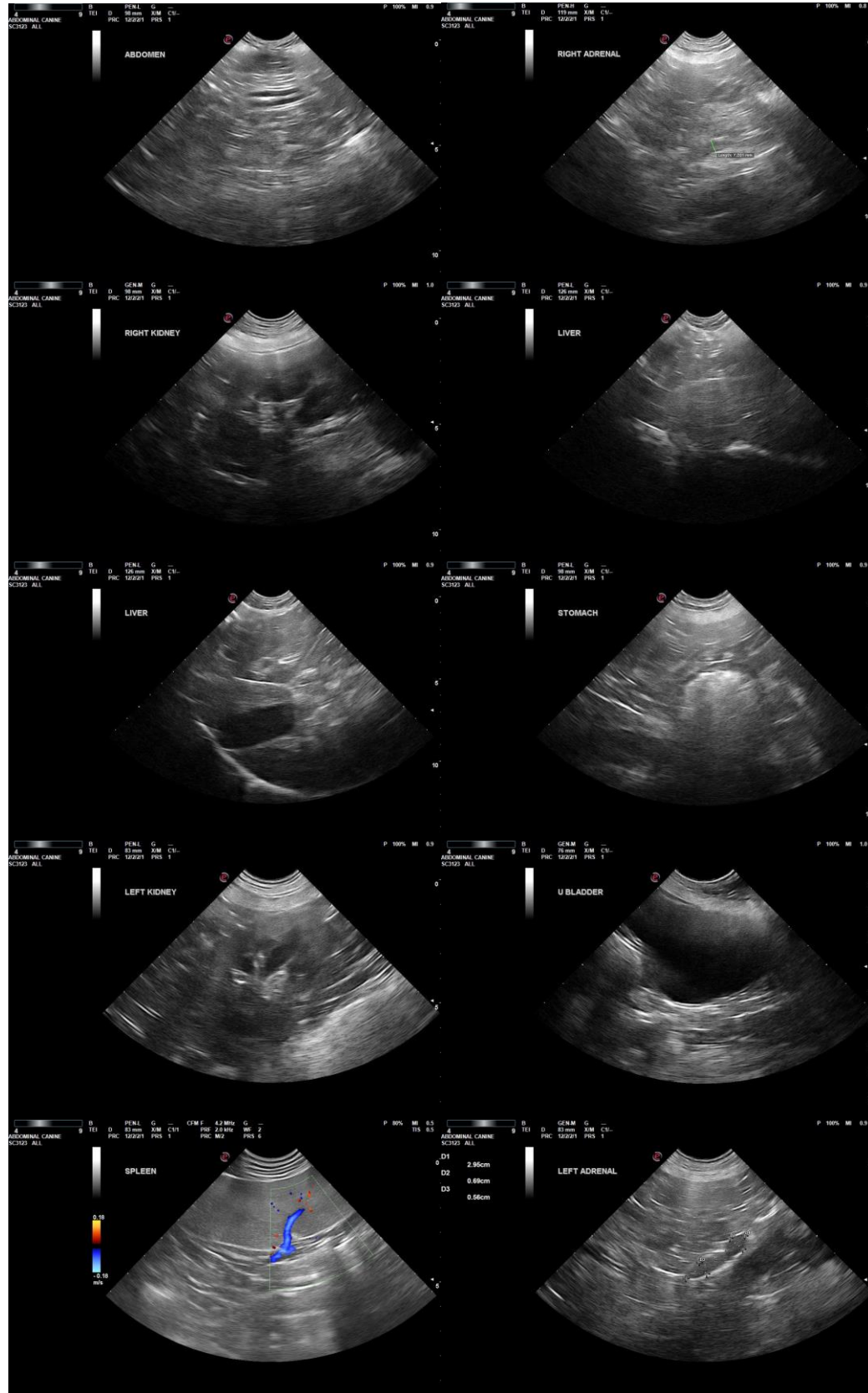
Dr. Gallagher

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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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