



PATIENT PRESENTING CLINICAL SIGNS

Riley Penkala Elevated liver values. No response to Denamarin.
 Medication: Thyroxine

SPECIES

Canine ALP 336, ALT 377, Albumin 3.4, Glucose 84, BUN 11, Unremarkable CBC

BREED

Pitbull **Urinary System**

SEX

MN 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. No overt mineral or calculi was noted.

AGE

2015 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 6.5 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT

72.3

Adrenal Glands

The left or right adrenal glands were not definitively visualized owing to mild increased periadrenal artifact, patient size, and conformation. Possible isoechoic adrenal parenchyma was noted. No obvious pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited subjective to borderline mild splenomegaly yet maintained a symmetrical capsule contour with generalized mild parenchyma heterogeneity. Solitary to intermittent, well-demarcated, mildly expansive, primarily homogenous splenic nodules, which did not appear to distort the splenic capsule, were noted. An example of a splenic nodule measured 3.6 cm diameter. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited potential for borderline to mild subnormal size with possible areas of minor capsule asymmetry. Nonhomogeneous hepatic parenchyma exhibiting mild variable echogenicity was noted. Indistinct portal vascular borders were noted. No definitively visualized hepatic masses were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

INTERPRETED BY

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

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

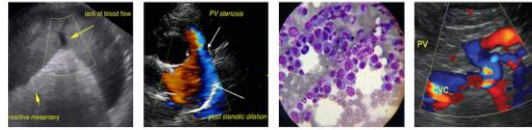
Dr. Gallagher

INVOICE

16545

DATE

4/6/23



PATIENT

Riley Penkala

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.

SPECIES

Pancreas

Canine

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.

BREED

Pitbull

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Nonspecific splenic nodules - hyperplasia, hematopoiesis, hematomas, focal splenitis, granuloma, neoplasia, all potentials
- Chronic hepatopathy exhibiting potential for borderline / mild subnormal liver size
- Sonographically unremarkable gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of an accessible splenic nodule is recommended for further clarification. Sonographic monitoring of the splenic nodules with initial recheck in 4 weeks would be a more conservative approach.

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(Canine and Feline)

Chronic vacuolar hepatopathy, inflammatory / immune-mediated disease, toxic hepatopathy, i.e., copper, hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with infiltrative neoplasia (less likely) are possible. Given the sonographic liver size, FNA hepatic parenchyma cytology may be limited. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

IMAGING

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ARDMS/RVT

If tolerated, the addition of Ursodiol to current Denamarin may be beneficial owing to its antioxidant and immunomodulatory effects within the liver.

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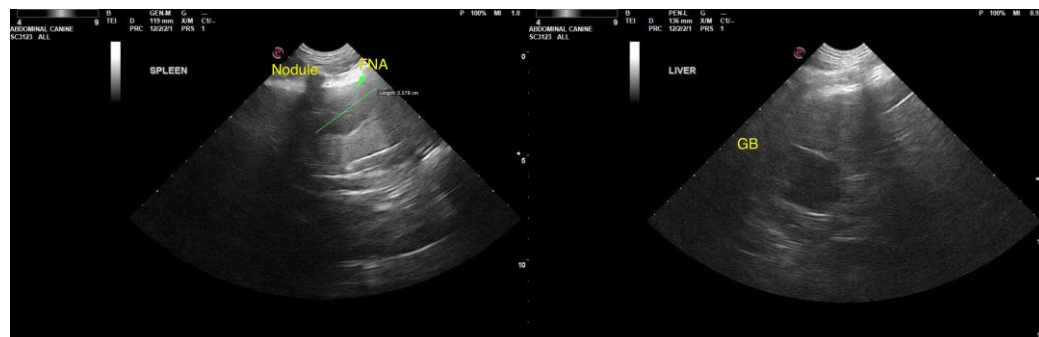
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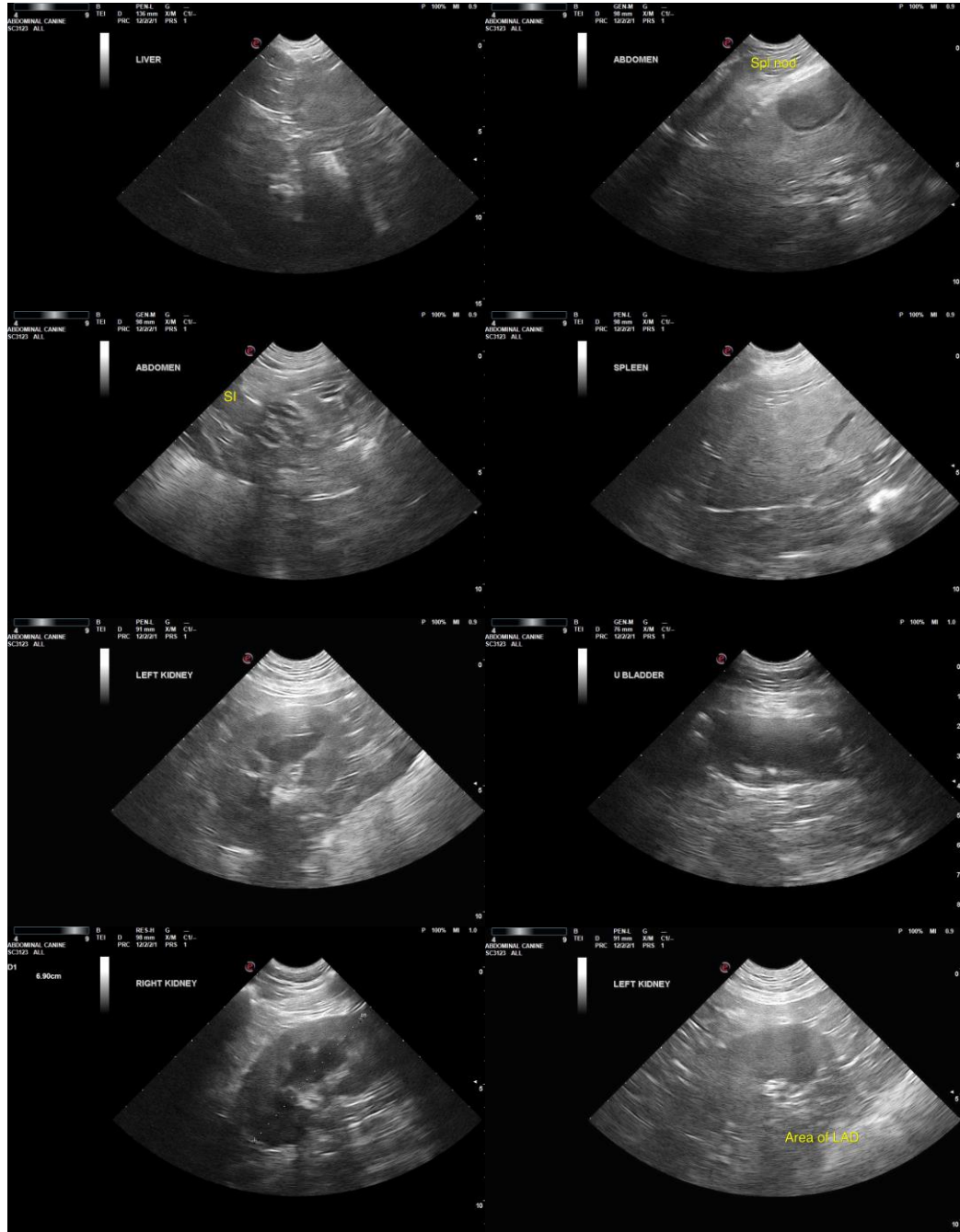
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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