

**PATIENT**

Beau Advanced AH

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

NM

**AGE**

11 years

**WEIGHT**

91 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Haenni

**INVOICE**

13638

**DATE**

4/7/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite Currently on Carprofen and Gabapentin for arthritis  
Abnormal PE/Chem/CBC/UA Results: CBC WNL, TP 8.1, Glob 5.0, ALT >1000, ALP 342

**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 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 pathology was noted in the area of the residual prostate.

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. A solitary, thinly walled cyst was present in the caudal pole of the left kidney measuring 0.9 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 8.5 cm in length. The right kidney measured 8.9 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 0.57 cm width at the caudal pole and 0.48 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 0.94 cm width at the caudal pole and 0.49 cm width at the cranial pole.

**Spleen**

The spleen exhibited subjective mild generalized enlargement with folding of the cranial and caudal spleen noted. Generalized mild parenchyma heterogeneity was present. Overall normal splenic capsule contour was present with no splenic masses or nodules noted.

**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. Subtle subjective increased prominence of the portal vascular borders was noted. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained nonshadowing ingesta / chyme. The ingesta / chyme extended into the upper duodenum, with the small intestine otherwise normal.

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 omental masses, lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild age-related renal changes with left kidney cortical cyst
- Nonspecific splenomegaly exhibiting cranial and caudal folding
- Hepatopathy - subjectively benign
- Mild retained gastric and upper duodenal ingesta / chyme

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Primary consideration for nonspecific hepatitis / cholangiohepatitis, given the primarily and significantly elevated ALT (viral, bacterial, Leptospirosis, toxin, etc.), with potential of concurrent or primary vacuolar hepatic changes and nonobstructive cholestasis, given the ALP elevation.

The subjective splenomegaly may indicate a patient variant, splenomegaly owing to sedation if clinically applicable, being hyperplasia, hematopoiesis, or incidental splenitis, while the potential for early splenic neoplasia cannot be excluded.

Assuming normal clotting status and if the liver is accessible, hepatosplenic FNA using a 25-gauge needle would be warranted for screening cytology primarily to assess for evidence of hepatic inflammation and rule out potential for splenic neoplasia. Leptospirosis titers / PCR could be considered if endemic to the area or if potential exposure.

Some degree of nonobstructive upper gastrointestinal hypomotility is possible if documented NPO. No overt evidence of mechanical upper gastrointestinal obstruction was noted.

Empirically, hepatosupportive medications would be appropriate with serial monitoring of hepatic enzyme levels.

IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



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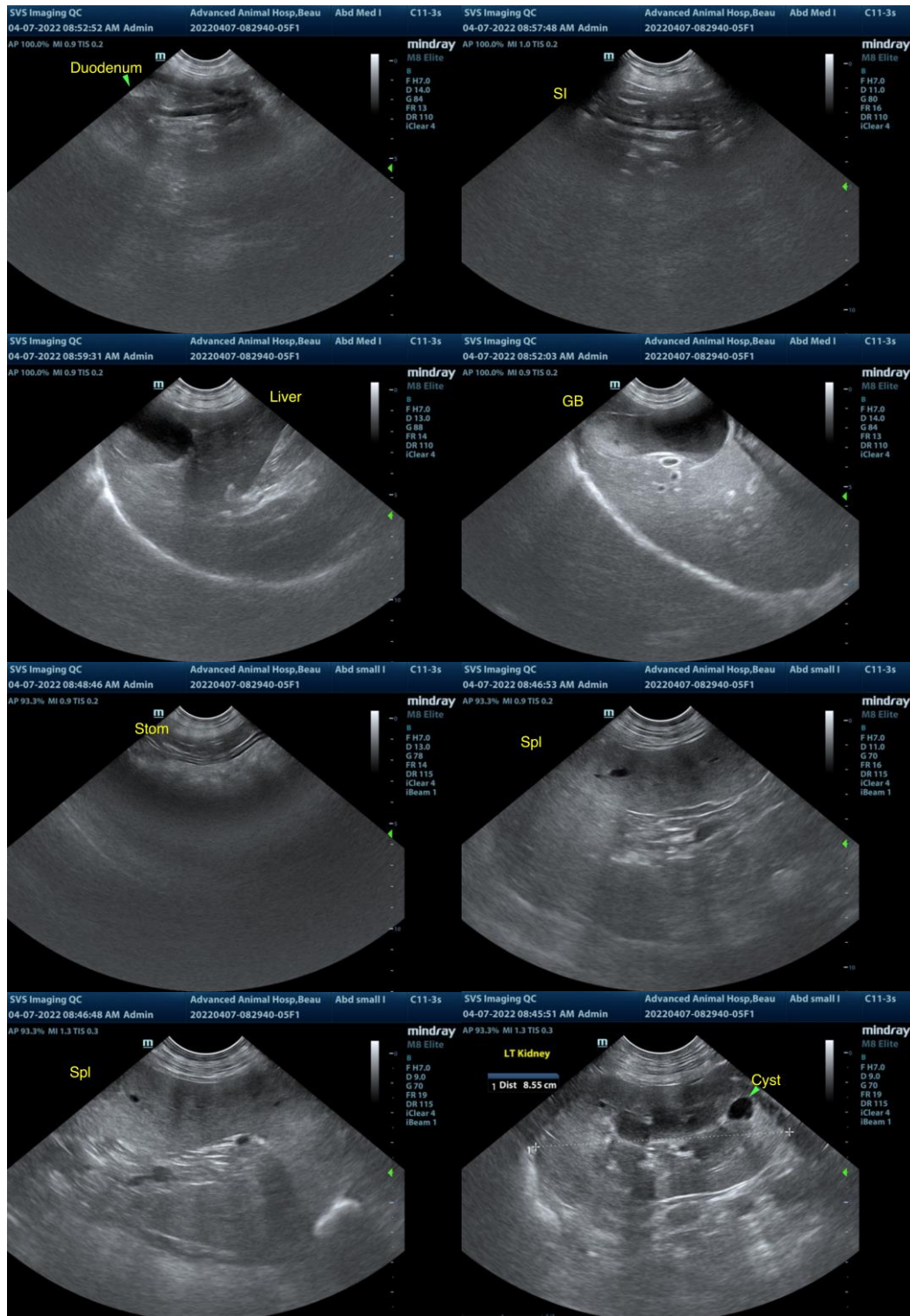
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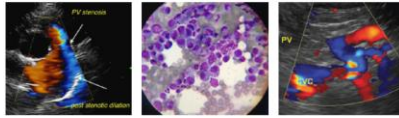
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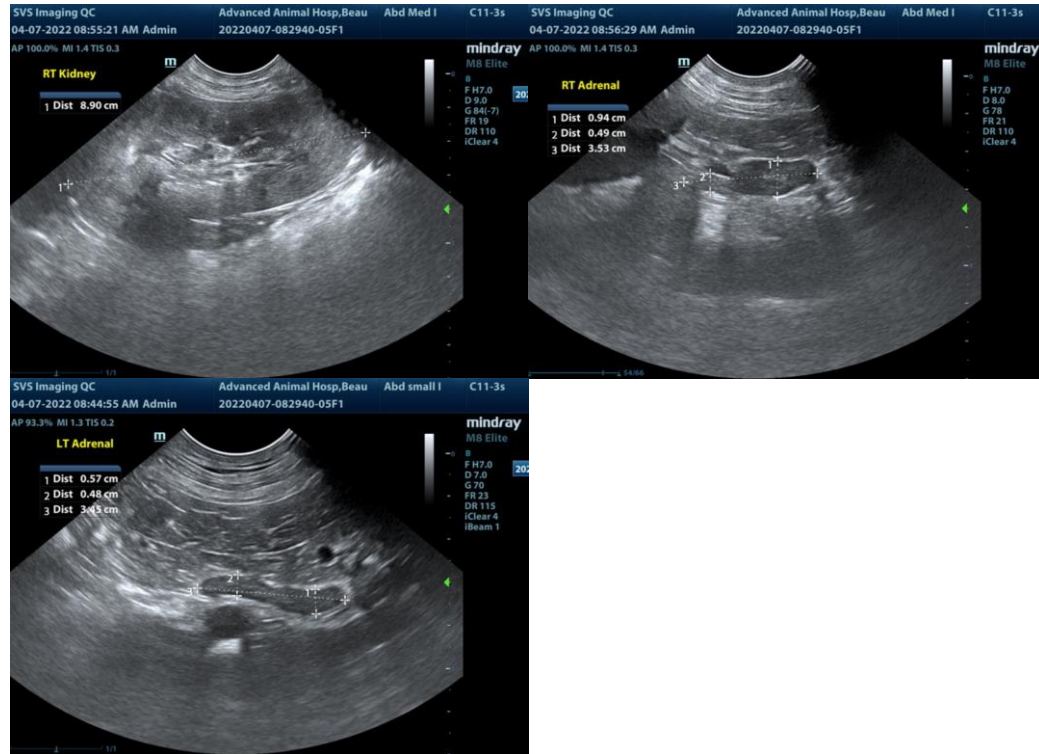
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**