



PATIENT

Charlie Widegren

PRESENTING CLINICAL SIGNS

Elevated liver enzymes: ALT 173, ALP 1088. On Denamarin 90mg SID. Doing well clinically. Sedated with Dexdomitor.

SPECIES

Canine

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.

BREED

Terrier Mix

SEX

The residual prostate was free of pathology.

M/N

The area of the aortic trifurcation was free of pathology.

AGE

9 years

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. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length. Pinpoint medullary mineral were noted.

WEIGHT

13.1 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.37 cm width at the caudal pole.

A uniform, mildly hyperechoic nodule was present in the mid-right adrenal gland exhibiting subtle expansion with slight impingement upon the adrenal capsule, yet without evidence of parenchymal escape. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.36 cm x 0.57 cm. The overall right adrenal gland measured 1.7 cm length x 0.54 cm width at the caudal pole.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

Spleen

The spleen was normal in size and contour exhibiting subtle parenchyma heterogeneity with mild medial folding of the caudal spleen. The splenic folding is not indicative of underlying splenic pathology and is likely a patient variant.

REFERRING VET

Catherine Caffarella,
 BVSc

Liver/ Gallbladder

The liver presented enlarged in size. 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 containing primarily anechoic content with mild dependent to non-dependent yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

INVOICE

16554

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4/8/23



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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.

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 pancreas base and right pancreatic limb was mild nonuniform hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The pancreas was normal in size and contour without evidence of peripancreatic inflammation. No evidence of peripancreatic reactive omentum was noted. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Mild gallbladder debris - not consistent with mucocele criteria
- Mild splenic folding - incidental
- Nonspecific mild chronic renal changes
- Right adrenal nodule - suspect adenoma
- Mild nonuniform hyperechoic pancreas - potential mild pancreatic fibrosis or chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology could be considered primary to assess for evidence of inflammatory criteria, given the ALT elevation. Vacuolar hepatopathy, inflammatory disease i.e., cholangiohepatitis, hyperplasia, hematopoiesis, or other hepatopathy are possible without evidence of neoplastic criteria.

The right adrenal nodule may indicate suspect adenoma. Technically, the possibility of emerging right adrenal nodular neoplasia, i.e., pheochromocytoma, cannot be excluded. Screening blood pressure is suggested to assess for evidence of hypertension. Primary adrenal disease is considered less likely, given no reported clinical signs consistent with Cushing's Syndrome.

Continued hepatosupportive medications which may include Ursodiol and monitoring of hepatic enzymes may prove beneficial. Sonographic monitoring of the right adrenal nodule and gallbladder, if clinical signs consistent with adrenal disease or increased cholestasis, is suggested.



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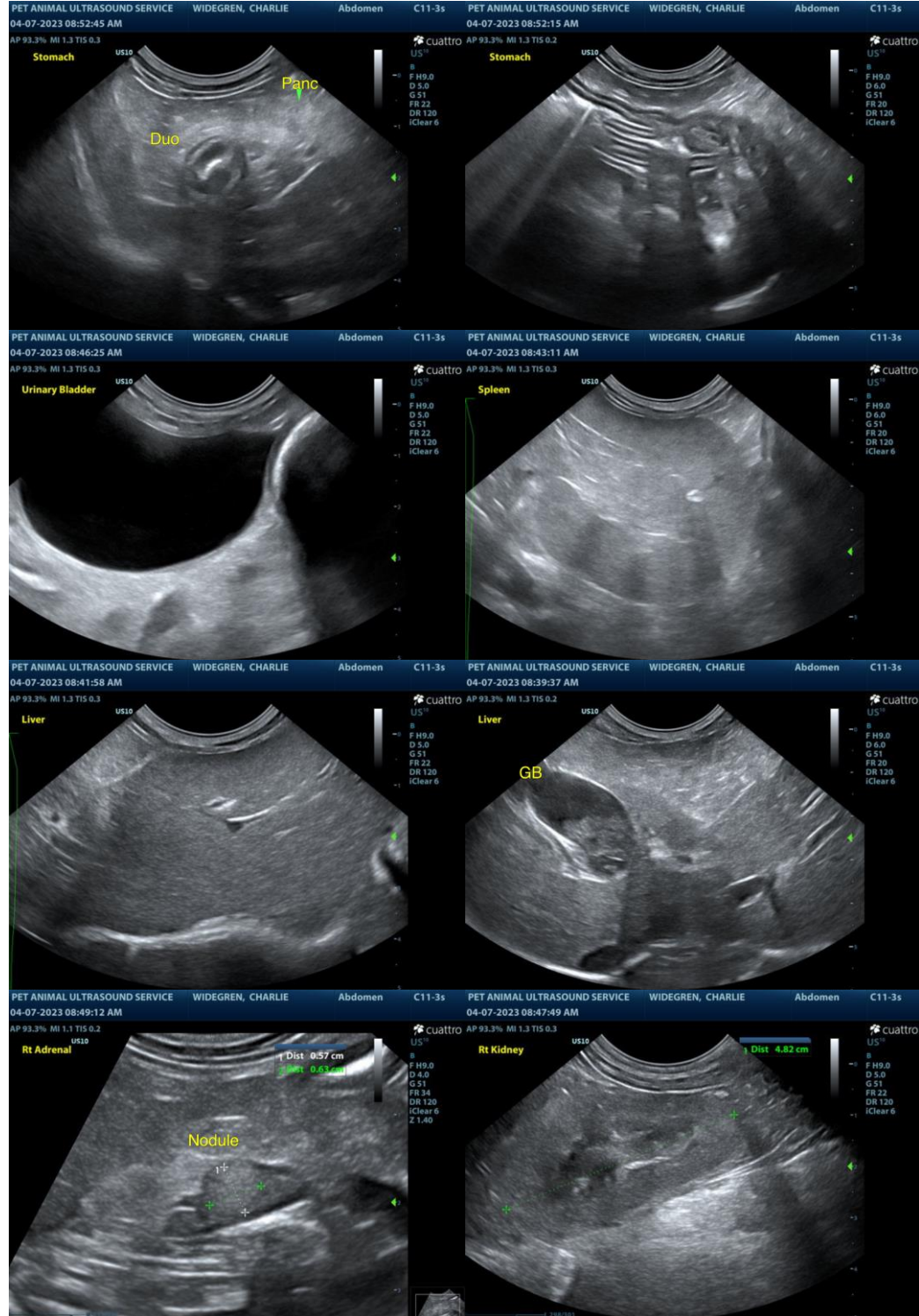
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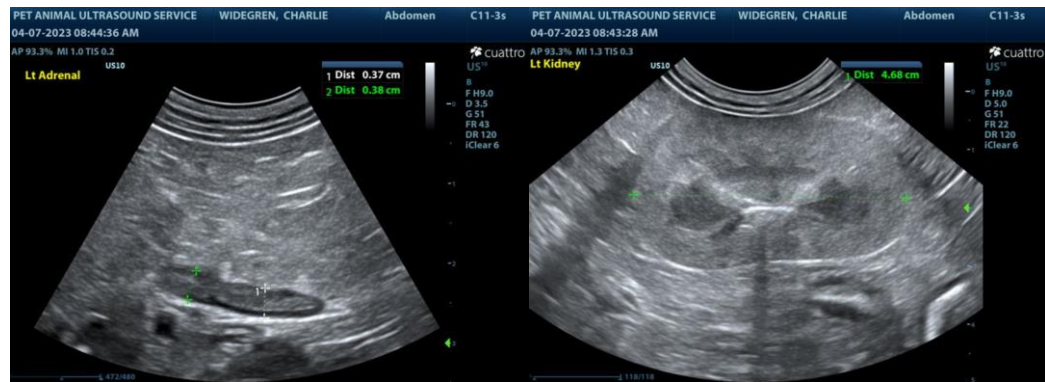
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BREED

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SEX

M/N

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.

AGE

9 years

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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