



PATIENT

Zoey Wilson

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Flanagan/
Dr. Perkins

INVOICE

13634

DATE

4/8/22

PRESENTING CLINICAL SIGNS

Presented for US of liver and bladder. Previous UTIs, cleared on Baytril. Elevated LE noted on BW 3-4-22. Resolved by 3-18-22. Current medications: methocarbamol, Denamarin, Cranberry supplement, and cbd. Gave low dose Torbugesic and Acepromazine for sedation/anxiolytic (IV).

Abnormal PE/Chem/CBC/UA Results: BW (3-4-22) ALP 167, ALT 248. USG 1.010. BW (3-18-22) ALP 121, ALT 52.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible proximal pelvic urethra to a depth of 3.0 cm exhibited normal structure 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.

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. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.3 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 2.1 cm length x 0.72 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.71 cm width at the caudal 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 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. The gallbladder was non-distended in size with mild, nondependent yet mobile gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 minor ingesta / chyme most consistent with post prandial presentation without 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 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

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Mild age-related kidneys - no evidence of pyelonephritis
- Hepatic parenchymal remodeling - benign
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract pathology as an obvious cause of potential recurrent urinary infection. Ideally, recheck urine culture and sensitivity 7 days post completion of recent antibiotic therapy is suggested. If recurrent documented infection based on sterile urine culture and sensitivity and without overt evidence of renal or cystourethral pathology, gross assessment of the vulva and vaginal vault for evidence of pathology which may predispose to ascending infection may be indicated.

Potential resolved inflammatory enteropathy is possible, given the previous primarily elevated ALT with potential for minor vacuolar hepatic changes possible. No evidence of hepatic or hepatobiliary neoplastic criteria or significant hepatobiliary pathology was evident. If recurrent hepatic enzyme elevations, hepatosupportive medications including Denamarin and Ursodiol may be considered.



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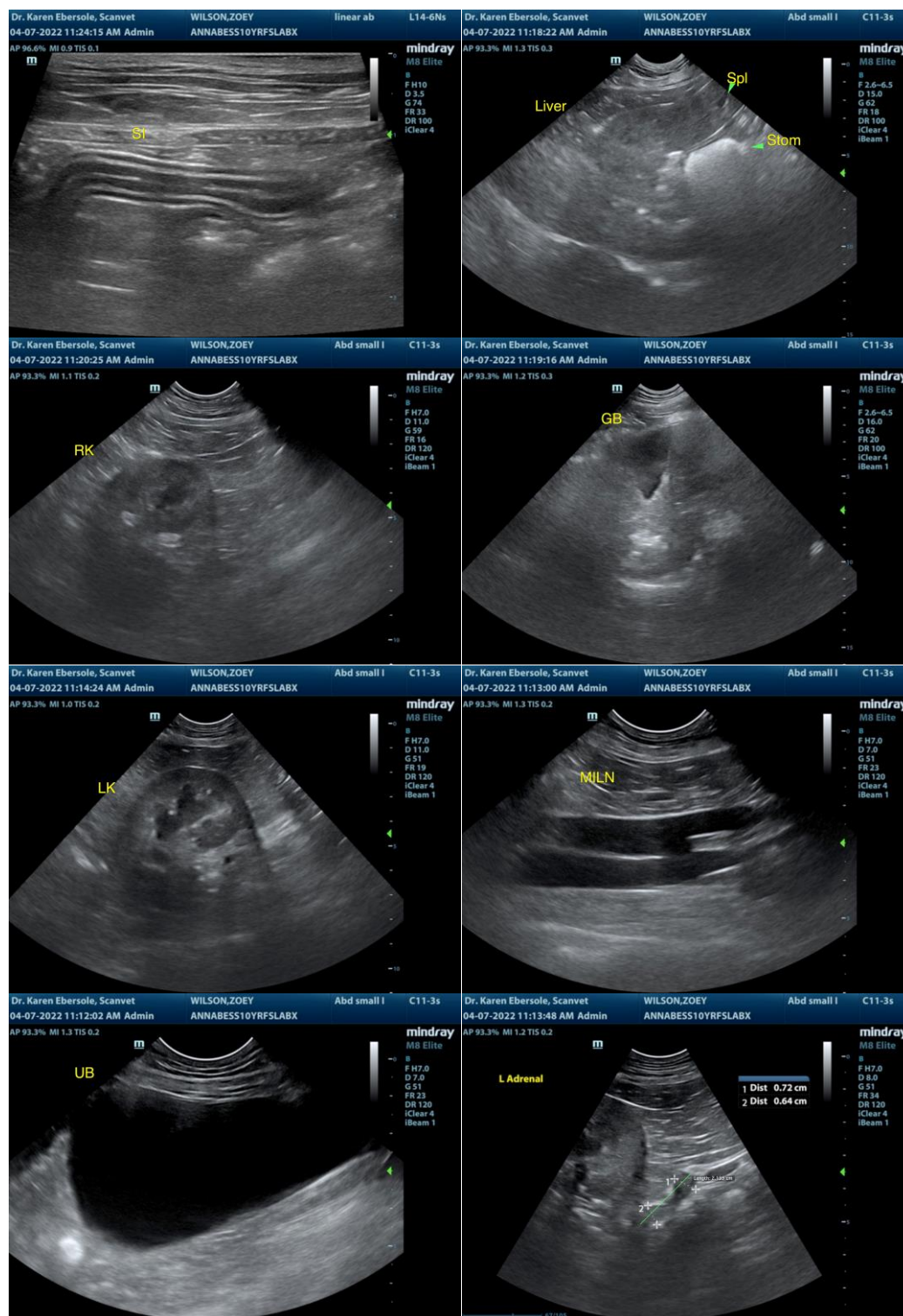
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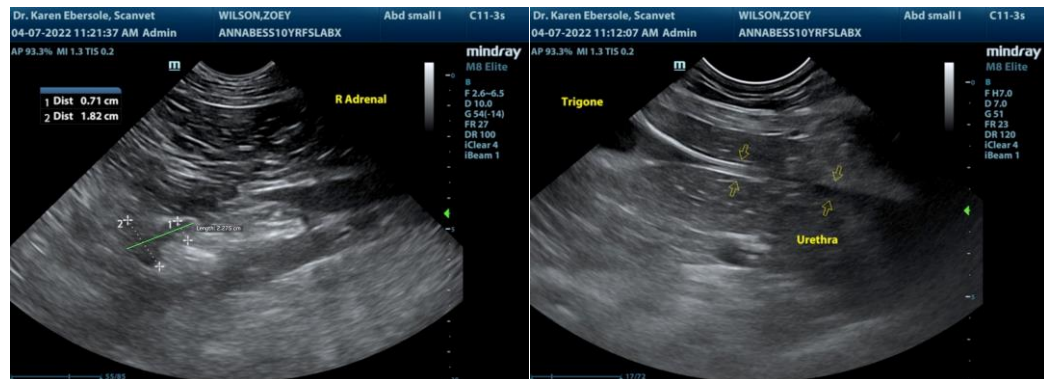
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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