



PATIENT

Ted Besemer

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

14 years

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Parker

INVOICE

13840

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Pet presented for routine wellness exam and doing well at home. Elevated ALKP on senior bw (elevated from previous year) R/O tumor vs other Current meds: Carprofen for OA.
Abnormal PE/Chem/CBC/UA Results: ALKP 2536 (131 H); previously 1472 7/2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 7.3 cm in length. The right kidney measured 6.4 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 0.73 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 0.76 cm width at the caudal pole.

Spleen

The spleen was normal in size exhibiting subtle areas of capsule asymmetry and mild parenchyma heterogeneity with multiple well-demarcated, nondisruptive, hyperechoic nodules.

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 anechoic content with moderate congealed nonmineralized luminal debris. The gallbladder walls were sonographically 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, nonshadowing ingesta 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. Mild segmental digesta / chyme was present.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

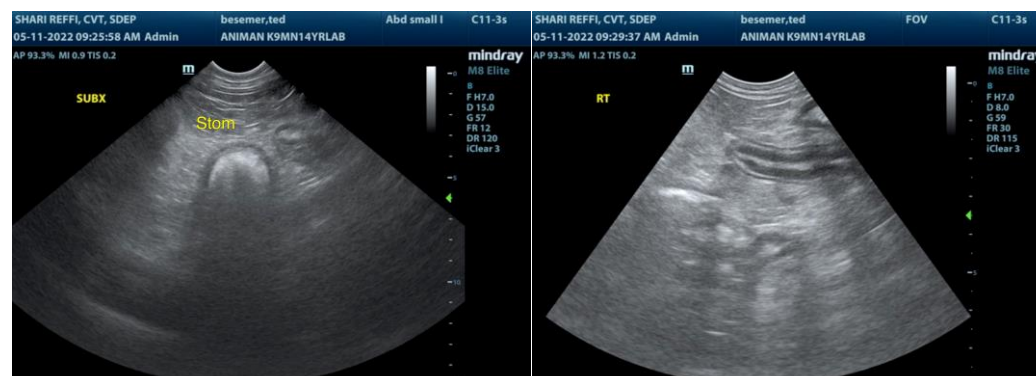
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - consistent with vacuolar hepatopathy
- Moderate congealed gallbladder debris (non-mucocele)
- Benign splenic nodules - consistent with benign myelolipomas
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. Although nonspecific, the presentation of the liver was consistent with benign hepatopathy and suggestive of vacuolar hepatopathy, given the ALP elevation, with potential for mild nonobstructive hepatic cholestasis. Inflammatory hepatic disease is considered less likely, without evidence of neoplastic criteria.

Ultrasound-guided FNA of the liver, assuming normal clotting status, could be considered for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol are recommended with continued monitoring of hepatic enzymes.





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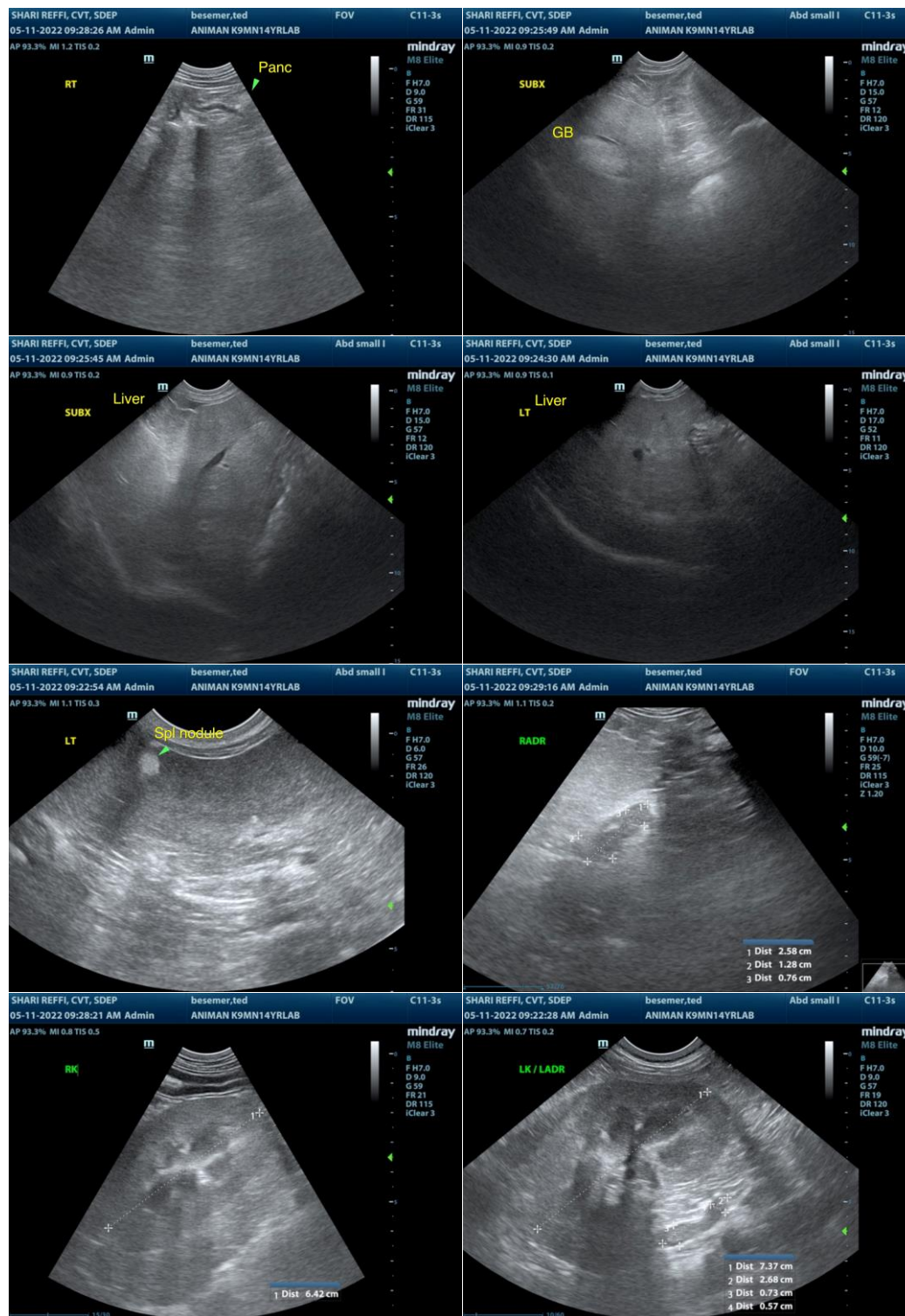
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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