

**PATIENT**

Alexa Gresham

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

10 years

WEIGHT

48.5 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Myers

INVOICE

13868

DATE

5/12/22

PRESENTING CLINICAL SIGNS

-Clinically normal, PE normal for older dog. Has hx of limping, currently taking glucosamine/chondroitin.

Abnormal PE/Chem/CBC/UA Results: ALT 684, AST 114, ALP 373, GGT 19, TBILI 0.4.

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, sediment, or calculi. 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 6.6 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the cranial pole and 0.85 cm width in the caudal pole. The right adrenal gland measured 0.97 cm width in the cranial pole and 0.54 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

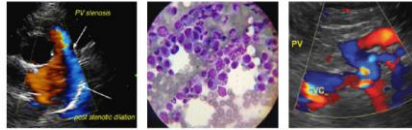
Liver/ Gallbladder

The liver was mildly enlarged with nonhomogeneous to nodular parenchyma. An example of a liver nodule measured 1.9 cm in diameter. 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.

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.



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Pitbull Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Nonhomogeneous irregular to nodular liver
- Mild age-related renal / adrenal changes - no evidence of adrenal neoplastic criteria

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The overall liver was nonspecific with multiple etiologies possible including vacuolar hepatopathy, inflammatory / immune mediated disease with areas of nodular to regenerative hyperplasia, fibrosis, extramedullary hematopoiesis, infiltrative neoplasia, or other hepatopathy. Correlation with pending hepatic FNA is recommended. Hepatic core surgical biopsy may be required for a definitive diagnosis. No evidence of post hepatic obstruction was noted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

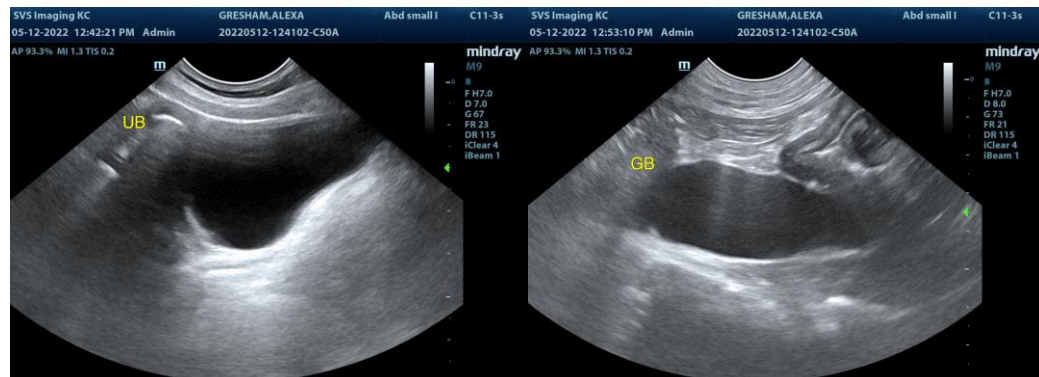
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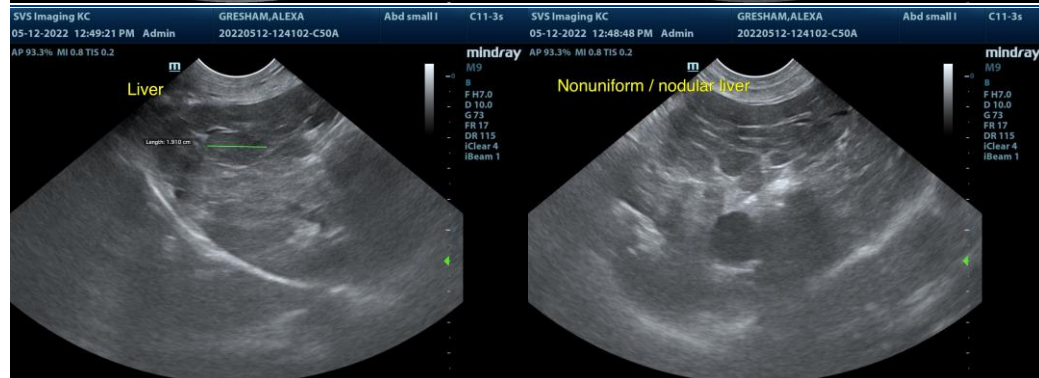


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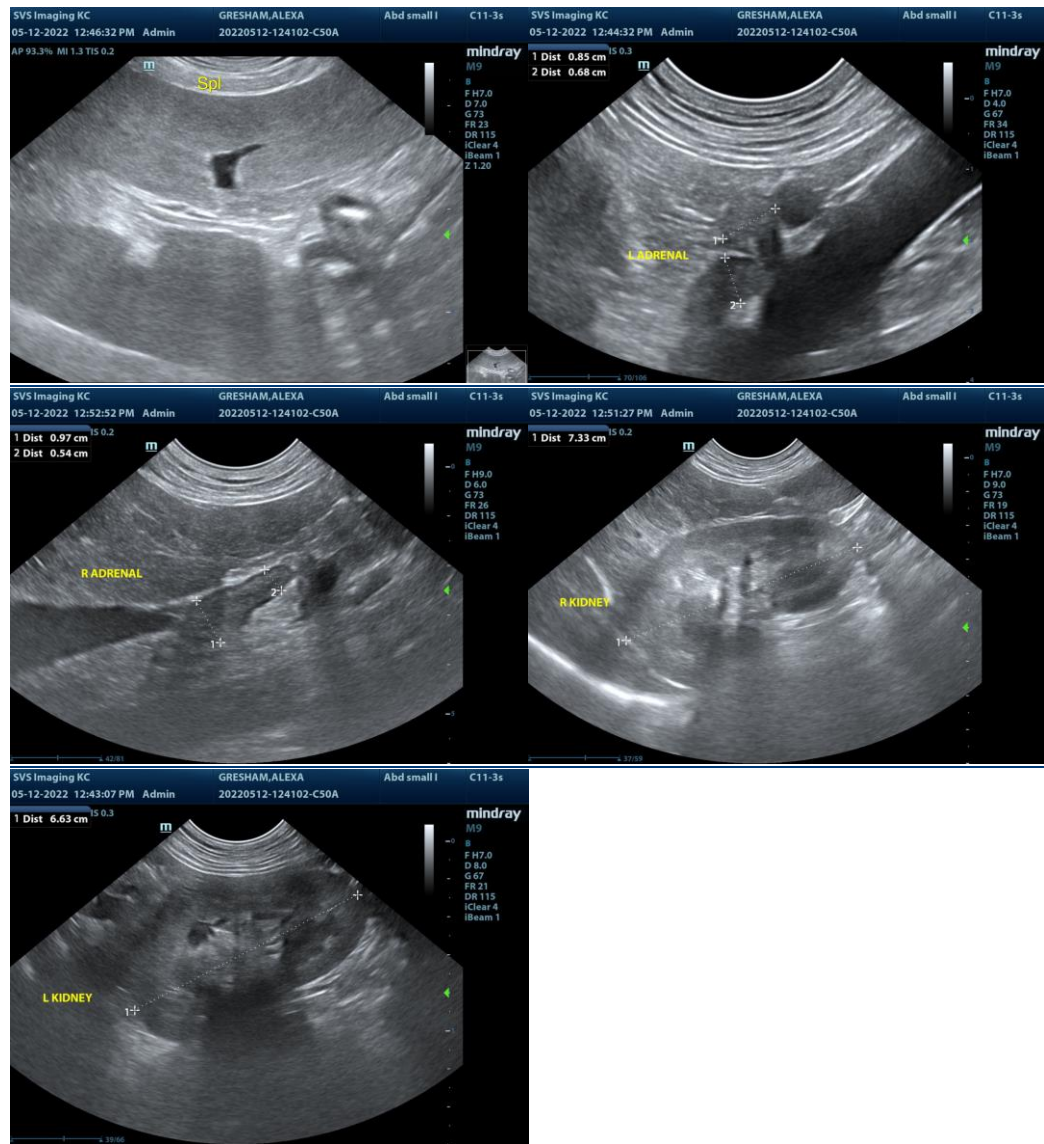
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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