



PATIENT

Boomer Clymer

PRESENTING CLINICAL SIGNS

ALT elevated on pre-operative bloodwork. P was scheduled for L CCL repair.
Abnormal PE/Chem/CBC/UA Results: ALT 303IU/L (12-118)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mini Poodle X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

SEX

Neutered Male

No overt pathology in the area of the residual prostate.

AGE

11.5 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 5.4 cm each.

The area of the aortic trifurcation was free of pathology.

WEIGHT

30.7 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.40 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kevin Moon, DVM

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild congealed yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Stephanie Herr

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild ingesta/chyme present in the gastric lumen.

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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.

DATE

5/20/22



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Pancreas

SPECIES

Canine

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 was evident.

BREED

Mini Poodle X

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

PRIARY FINDINGS

- Low-grade hepatopathy – suspect low-grade inflammatory hepatopathy.
- Mild gallbladder debris (non-mucocele)

AGE

11.5 Years

SECONDARY FINDINGS

- Mild age related kidneys.
- Mild gastric ingesta/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver (assuming normal clotting status and using 25-gauge needle) could be considered for screening cytology and potential identification of suspected inflammatory cell type. Hepatic functionality suspected to be normal, assuming normal albumin, glucose, cholesterol and BUN levels. No overt anesthetic contraindications. Hepatosupportive medications including Denamarin and Ursodiol, given the presence of mild gallbladder debris, which may suggest some degree of non-clinical cholestasis, recommended with continued monitoring of ALT elevation.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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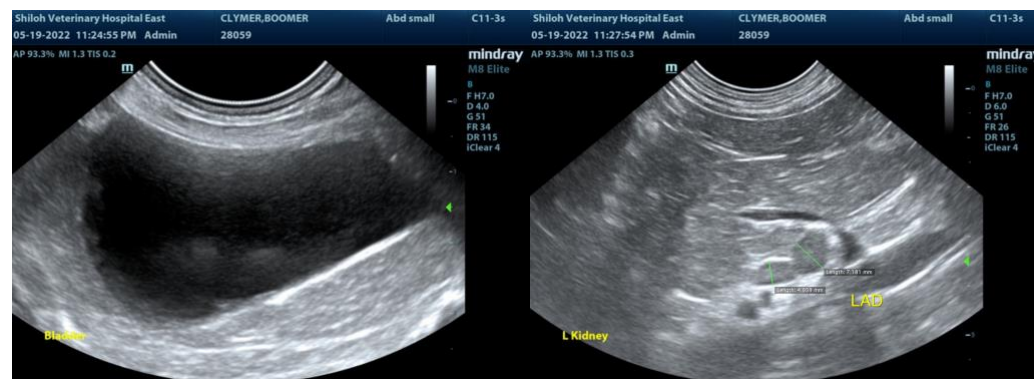
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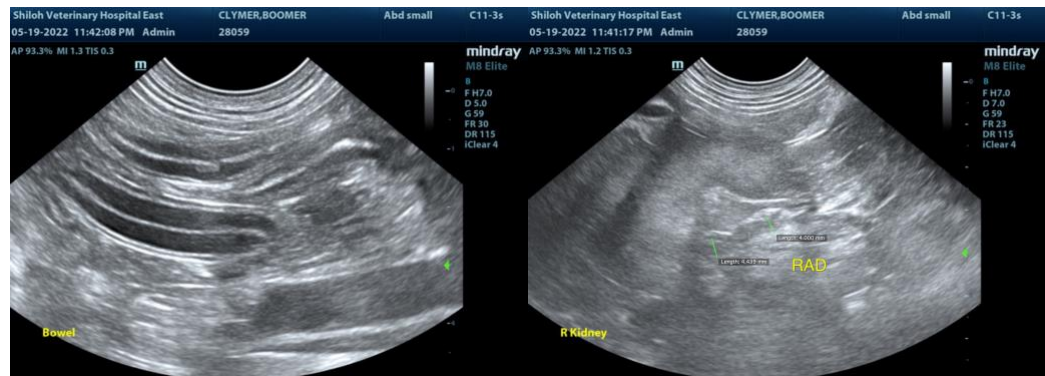
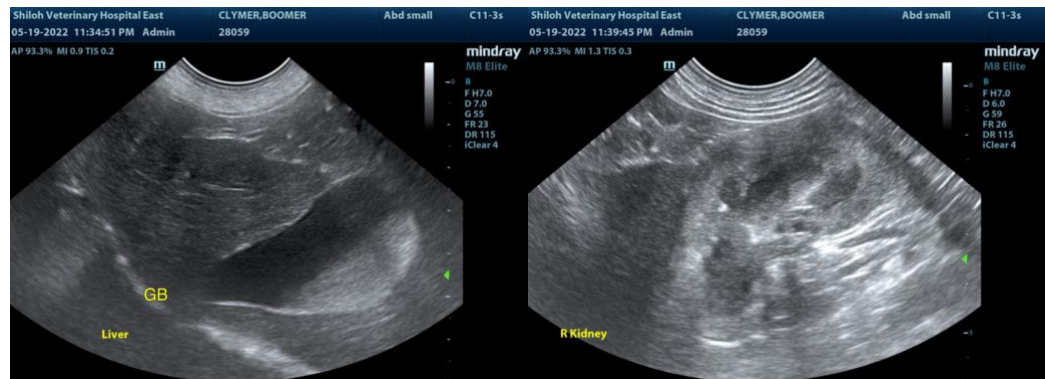
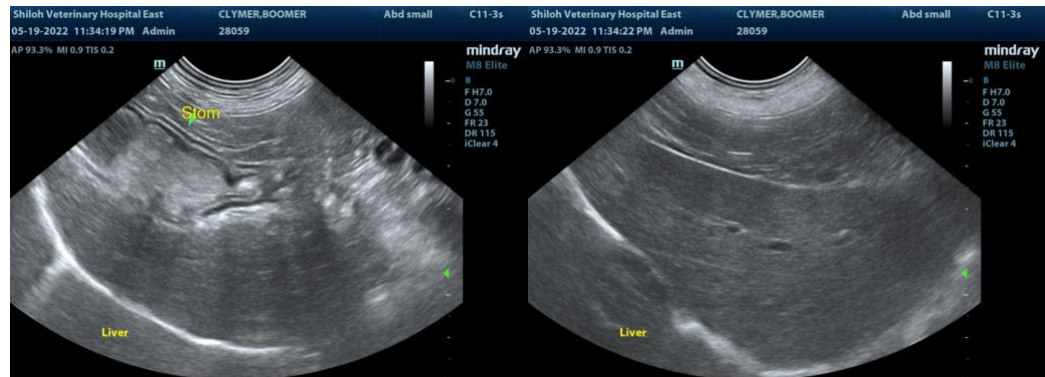
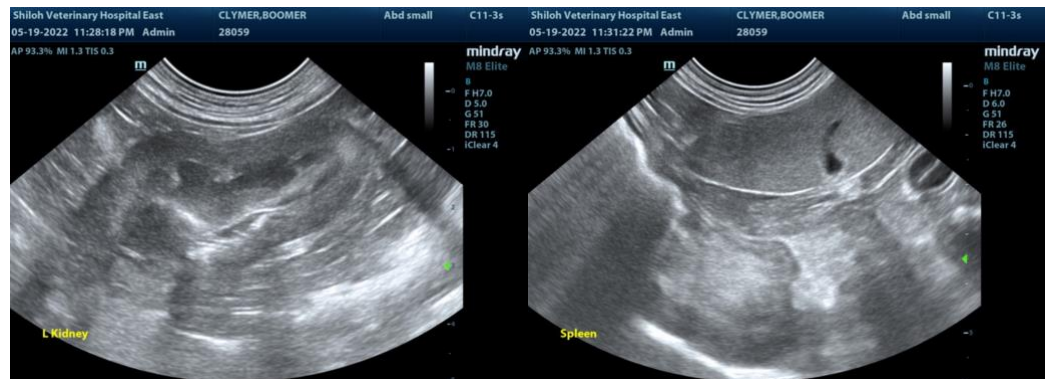
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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info@SonoPath.com

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