



**PATIENT**

Paris Piper

**SPECIES**

Canine

**BREED**

Bichon/poodle X

**SEX**

FS

**AGE**

10

**WEIGHT**

5.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Dr Stan Gira ,  
SABADILLA AC

**INVOICE**

13938

**DATE**

5/24/22

**PRESENTING CLINICAL SIGNS**

Chronic elevation of liver enzymes. Current LB diarrhea Current meds : Hepatosyl-LQ ,long term Metronidazole

Abnormal PE/Chem/CBC/UA Results: ALP >2000, normal high ALB, Normal BA test

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 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. Focal areas of minor medullary mineral were present in both kidneys. A solitary, thinly-walled cyst containing anechoic fluid was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size, given the patient's body weight and breed. Subtle nonhomogeneous yet nonmineralized adrenal parenchyma was present. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.62 cm width at the cranial 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 mild enlarged yet maintained symmetrical capsule contour with mild nonuniform to hyperechoic hepatic parenchyma exhibiting parenchymal remodeling. No masses or nodules were noted. Moderate, nondependent, mildly congealed yet nonorganized gallbladder debris was present. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 gastric body wall width measured 0.35 cm.



|  |   |
|--|---|
| <b>PATIENT</b>   | The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with intermittent nonspecific duodenojejunal mucosal speckling. The duodenum wall width measured 0.43 cm. The jejunum wall width measured 0.32 cm.  |
| Paris Piper  |   |
| <b>SPECIES</b>   | The colon walls presented intact yet mild prominent transverse and descending colon walls with nonformed feces consistent with diarrhea present In the descending colon.  |
| Canine   |   |
| <b>BREED</b>   | <b><i>Pancreas</i></b>  |
| Bichon/poodle X  | The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.  |
| <b>SEX</b>   | <b><i>Free Abdomen</i></b>  |
| FS   | No overt lymphadenopathy or peritoneal effusion was present.  |
| <b>AGE</b>   | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
| 10   | <ul style="list-style-type: none"> <li>• Chronic hepatopathy exhibiting nonuniform remodeled to mild echogenic parenchyma - subjectively benign</li> <li>• Moderate gallbladder debris (non-mucocele)</li> <li>• Heterogeneous pancreas - patient / age-related variant, remodeling owing to previous inflammation, or possible low-grade to chronic pancreatitis possible</li> <li>• Bilateral chronic renal changes with minor medullary mineral and solitary right kidney cysts</li> <li>• Bilateral mildly prominent adrenal glands - nonspecific</li> <li>• Colitis pattern, intermittent nonspecific small bowel mucosal speckling</li> </ul> |
| <b>WEIGHT</b>  |   |
| 5.7  |   |
| <b>INTERPRETED BY</b>                                    |   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) |   |
| <b>IMAGING PERFORMED BY</b>                              |   |
| Dr. Gira   | <b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>  |
| <b>HOSPITAL NAME</b>                                     | The overall appearance of the liver was nonspecific yet most suggestive of chronic vacuolar hepatopathy. Potential for inflammatory hepatopathy, i.e., cholangiohepatitis is possible with hepatic neoplasia considered an unlikely differential diagnosis. Continued hepatosupportive medications including Ursodiol, given the presence of gallbladder debris, are recommended.   |
| Resolution Vet<br>Ultrasound LTD                         |   |
| <b>REFERRING VET</b>                                     | Full adrenal workup may be considered if clinical signs consistent with Cushing's Syndrome, i.e., PU/PD, polyphagia, etc., are present.   |
| Dr Stan Gira ,<br>SABADILLA AC                           |   |
| <b>INVOICE</b>   | No overt evidence of gastroenterocolic neoplastic criteria with colitis pattern, given the reported large bowel diarrhea. Potential for concurrent mild enteritis or inflammatory enteropathy cannot be definitively excluded. A limited antigen or hydrolyzed diet, high colony count probiotic, and as-needed therapy for colitis / enterocolitis would be reasonable.  |
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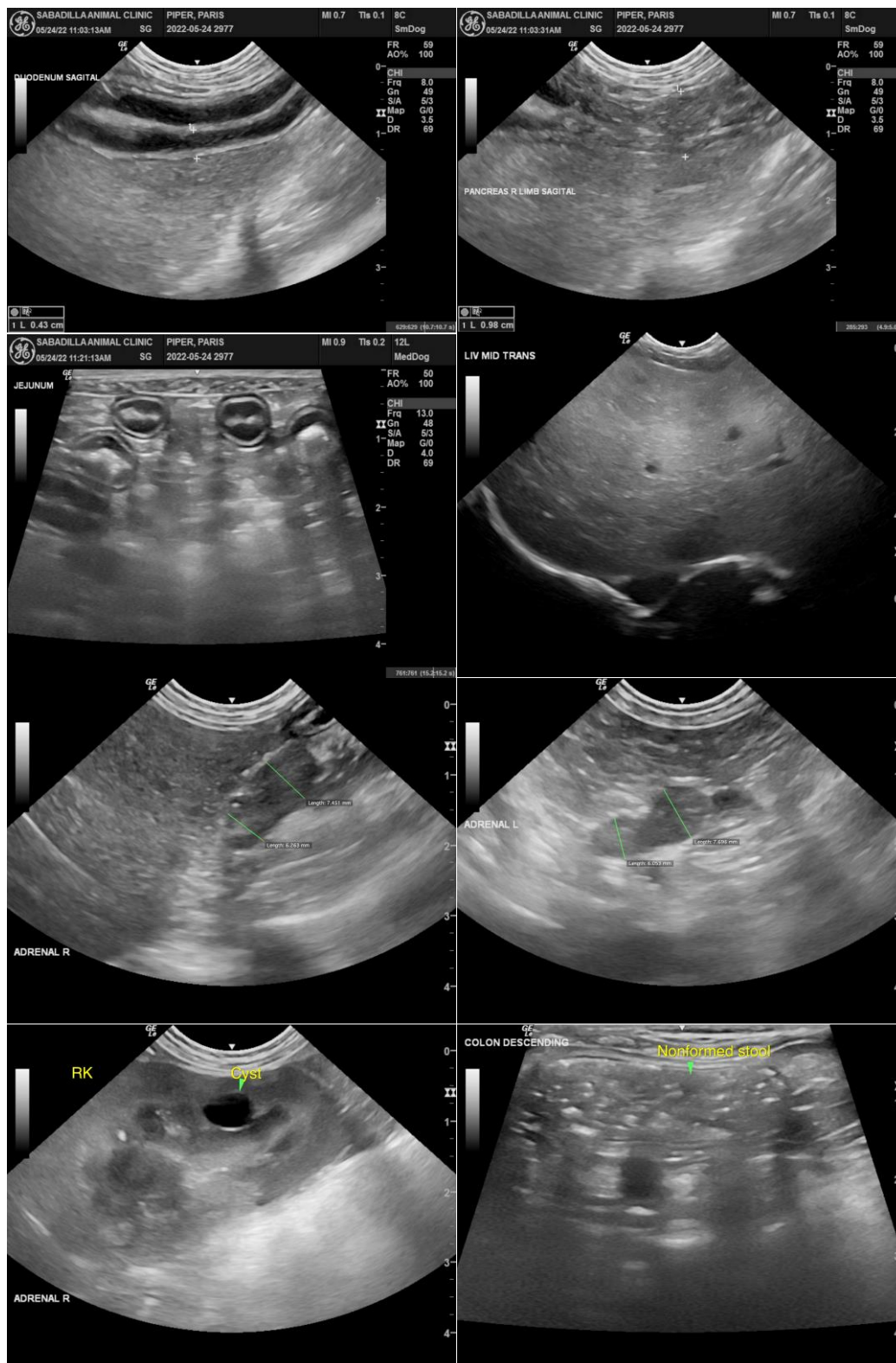
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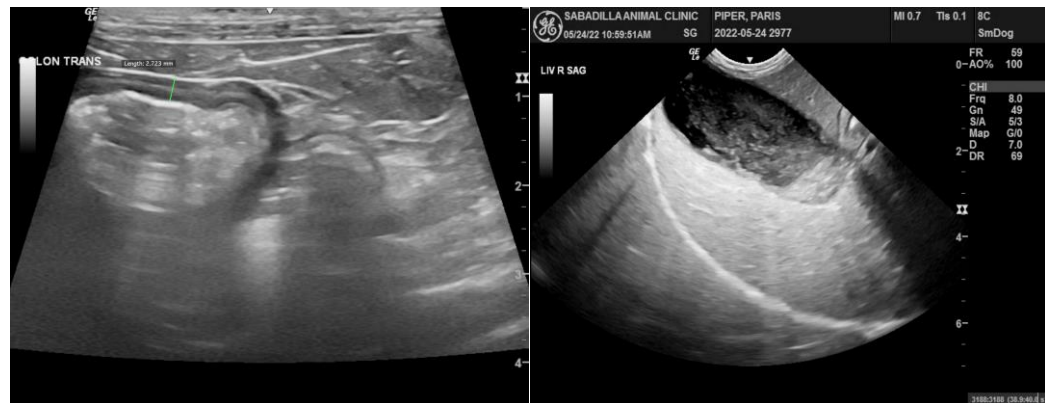
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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