



**PATIENT**

Sampson  
Spaccarotelli

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

11 years

**WEIGHT**

44.4 lbs.

**PRESENTING CLINICAL SIGNS**

Here today for exam and not eating. Sampson had been on thyroid and he's no longer on thyroid. He's had issues with elevated liver enzymes for quite a while. And they have could be apparently affecting him. Just has a consistently elevated ALT, AST, ALP and GGT. \_\_\_ bilirubin. Concerned that might be an issue today for Sampson. So, we're going to recheck the blood, which we did. Chemistry was normal. Got the same results with the liver enzymes today with those elevated values. ALT at 161, AST 75, ALP 151, GGT 26. Concerned this dog has a chronic hepatic disease of some kind. Going to go ahead and set up an ultrasound of the abdomen focused on the liver. We were able to set that up with Animal Sounds for next week. She's going to take home a case of the i/d low fat stew diet that she had ordered previously. And I want to start this dog back on the thyroxine for the thyroid. The T4 was 0.76 today, so we're going to do 0.4 mg of the thyroxine twice daily and see if we can get that T4 to come up. And that hopefully will improve Sampson's condition at this point. I'll call them in a couple of days for an update and see how he's doing. Sampson did great today and hopefully he'll respond to the thyroid medication. We also did an injection of Cerenia to hopefully stimulate the appetite. We'll see what the ultrasound finds next week.

Abnormal PE/Chem/CBC/UA Results: T4: Low BUN: High ALT: High ALP: High GGT: High Potassium: High MCV: High Current Medications Levothyroxine and Cerenia

**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.

No overt pathology was noted in the area of the residual prostate.

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. Small lateral cortical cyst was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.4 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 3.3 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 3.1 cm length x 1.1 cm width at the caudal pole.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Pet Clinic

**REFERRING VET**

Dr. Webb

**INVOICE**

13931

**DATE**

5/24/22



<b>PATIENT</b>	<b>Spleen</b>
Sampson Spaccarotelli	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.
<b>SPECIES</b>	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. No evidence of splenic masses or nodules was noted.
Canine	
<b>BREED</b>	<b>Liver/ Gallbladder</b>
Lab Mix	The liver was subnormal in size with nonhomogeneous to mild mixed echogenic parenchyma exhibiting areas of lobar biliary tree mineralization. Areas of capsule asymmetry were also noted. The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls. Nondependent organized luminal debris exhibiting mild stellate pattern was present. No overt evidence of gallbladder rupture or peripheral gallbladder inflammation was noted. The common bile duct was normal.
<b>SEX</b>	
MN	
<b>AGE</b>	<b>Gastrointestinal</b>
11 years	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.
<b>WEIGHT</b>	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.
44.4 lbs.	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>INTERPRETED BY</b>	<b>Pancreas</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Free Abdomen</b>
Sara Hansen	Moderate to significant volume anechoic peritoneal free fluid was present, as well as mild generalized reactive mesentery. No overt lymphadenopathy was noted.
<b>HOSPITAL NAME</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
The Pet Clinic	
<b>REFERRING VET</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Webb	<b>Primary Findings</b>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>• Subnormal nonhomogeneous to irregular liver with areas of biliary tree mineral</li> <li>• Gallbladder mucocele</li> <li>• Moderate to significant volume anechoic peritoneal free fluid</li> </ul>
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**Secondary Findings**

- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall liver was nonspecific yet sonographically consistent with diffuse chronic to likely end-stage hepatic disease. Considerations may include vacuolar hepatopathy, chronic inflammatory/immune mediated disease, fibrosis, cirrhosis, or other hepatopathy with neoplasia considered unlikely.

Given the lack of hepatic congestion and assuming normal albumin levels, the effusion in this case is suspected to be nonseptic and likely secondary to chronic hepatopathy and potential portal hypertension. Correlation with effusion analysis +/- cytospin cytology is suggested. Fasting and post prandial bile acids could be considered for further assessment of hepatic functionality.

Concurrent gallbladder mucocele, which may be associated with hypothyroidism, is also present yet no overt evidence of significant or primary gallbladder inflammation or rupture. Hepatosupportive medications could be considered yet given the hepatic presentation, a likely unfavorable long-term prognosis is unfortunately indicated.

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DVM, DABVP  
(Canine and Feline)

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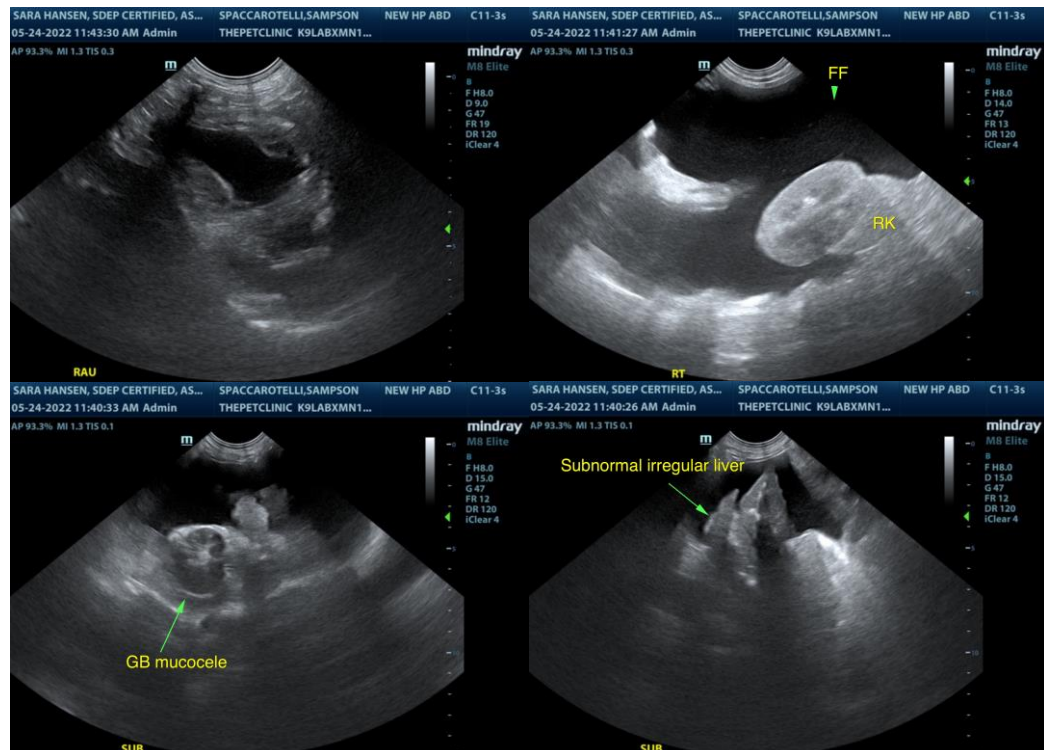
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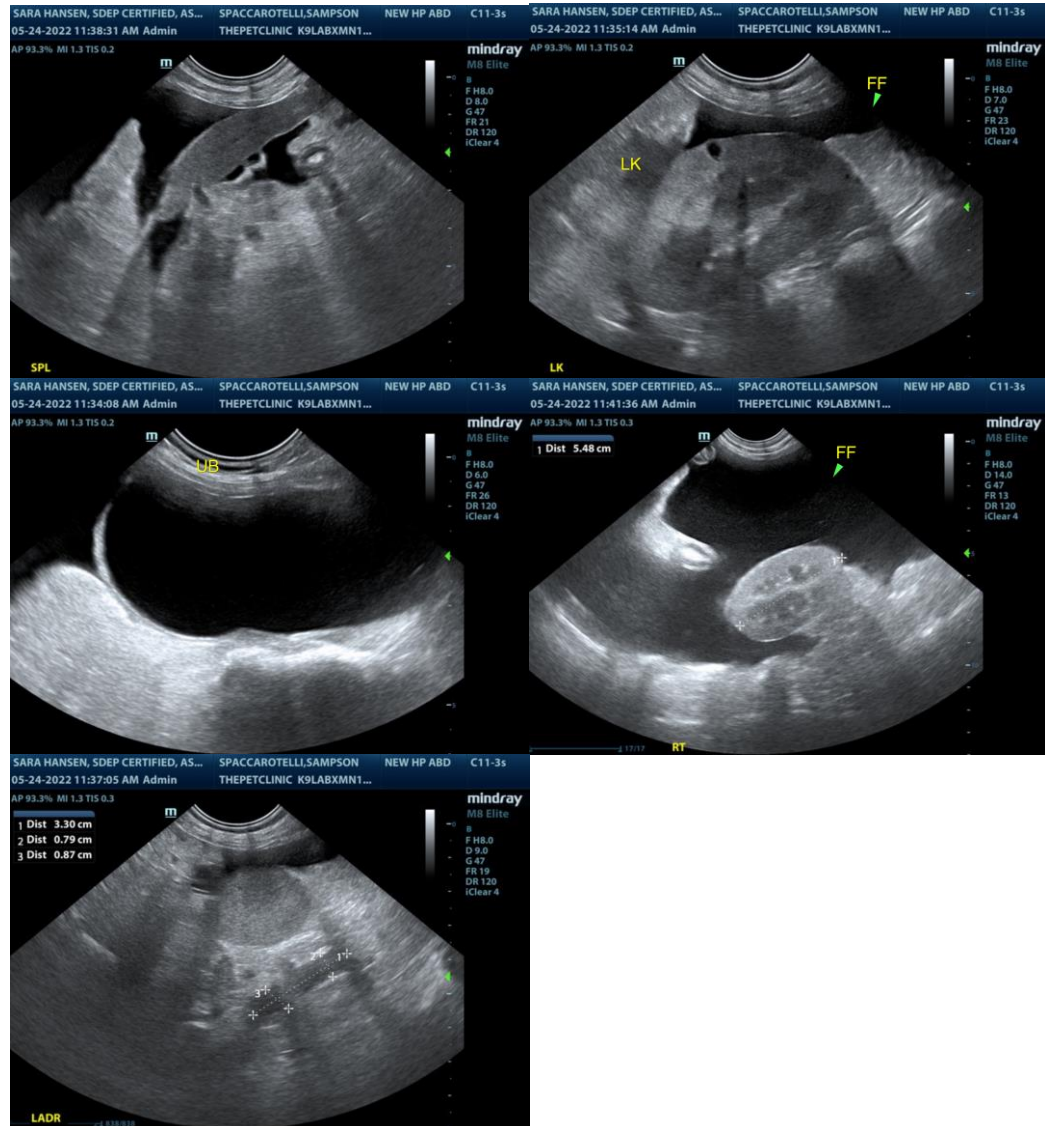
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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