

**PATIENT**

Korra Alexander

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

11 years

WEIGHT

73 lbs.

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

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging MI
REFERRING VET
Rochester Veterinary
Hospital**INVOICE**

13943

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History of progression of liver enzyme and lipase elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 was noted.

No overt pathology was noted in the area of the iliac trifurcation or uterine remnant.

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 7.1 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size exhibiting mild asymmetrical contour and mild nonhomogeneous nonmineralized parenchyma. The left adrenal gland measured 3.3 cm length x 0.92 cm width at the caudal pole and 1.87 cm width at the cranial pole. The right adrenal gland measured approximately 5.0 cm length x 0.82 cm width at the caudal pole and 1.6 cm width at the cranial 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. Mild to moderately sized thrombus was noted in the splenic vein measuring approximately 3.0-4.0 cm in length x 0.77 cm in width. Blood flow to the spleen appeared to be adequate without evidence of splenic infarction, torsion, or neoplastic criteria.

Liver/ Gallbladder

The liver was enlarged with minor areas of asymmetrical hepatic contour and decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. Subtle increased prominence of the portal vasculature borders was noted. The gallbladder was normal in size. The gallbladder wall was uniformly mildly prominent to hyperechoic in appearance. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. Primarily anechoic luminal content was present with very mild hyperechoic sludge. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta / chyme was present. The gastric body wall width measured 0.46 cm.

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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. The duodenum wall width measured 0.55 cm.

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

Pancreas**BREED**

Lab

The subjective proximal to mid left pancreatic limb caudal to the stomach presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and regional peripancreatic to caudal perihepatic reactive mesentery. No overt evidence of neoplasia.

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Free Abdomen

A small pocket of scant free fluid was noted between the liver and gallbladder. Likely indistinctly visualized to minor focal gastric or pancreaticoduodenal lymph node was present. No overt evidence of significant intraabdominal lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings*****WEIGHT**

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- Hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, infectious / toxic hepatopathy, fibrosis, infiltrative neoplasia or other hepatopathy possible
- Mild chronic cholecystitis pattern
- Suspect regional left limb chronic active pancreatitis
- Splenic vein thrombus
- Nonspecific irregular to mildly enlarged bilateral adrenal glands - adenomatous change, benign hyperplasia, emerging neoplastic criteria cannot be excluded
- Perihepatic to peripancreatic reactive mesentery, small pocket of scant perihepatic to pericholecystic free fluid

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- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONSSVS Imaging MI
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Further assessment of the liver may include, assuming normal clotting status, ultrasound-guided FNA for screening cytology +/- Leptospirosis titers/PCR if endemic to the area of potential exposure.

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The splenic vein thrombus does not appear to be a clinical issue at this point. A coagulation panel may be considered to assess for hypercoagulable state. Screening blood pressure to assess for evidence of hypertension, as well as full adrenal work up if clinically indicated, is suggested. Symptomatic treatment pending additional diagnostics may include hepatosupportive medications i.e., Denamarin and Ursodiol, and as needed gastrointestinal support if clinically indicated.

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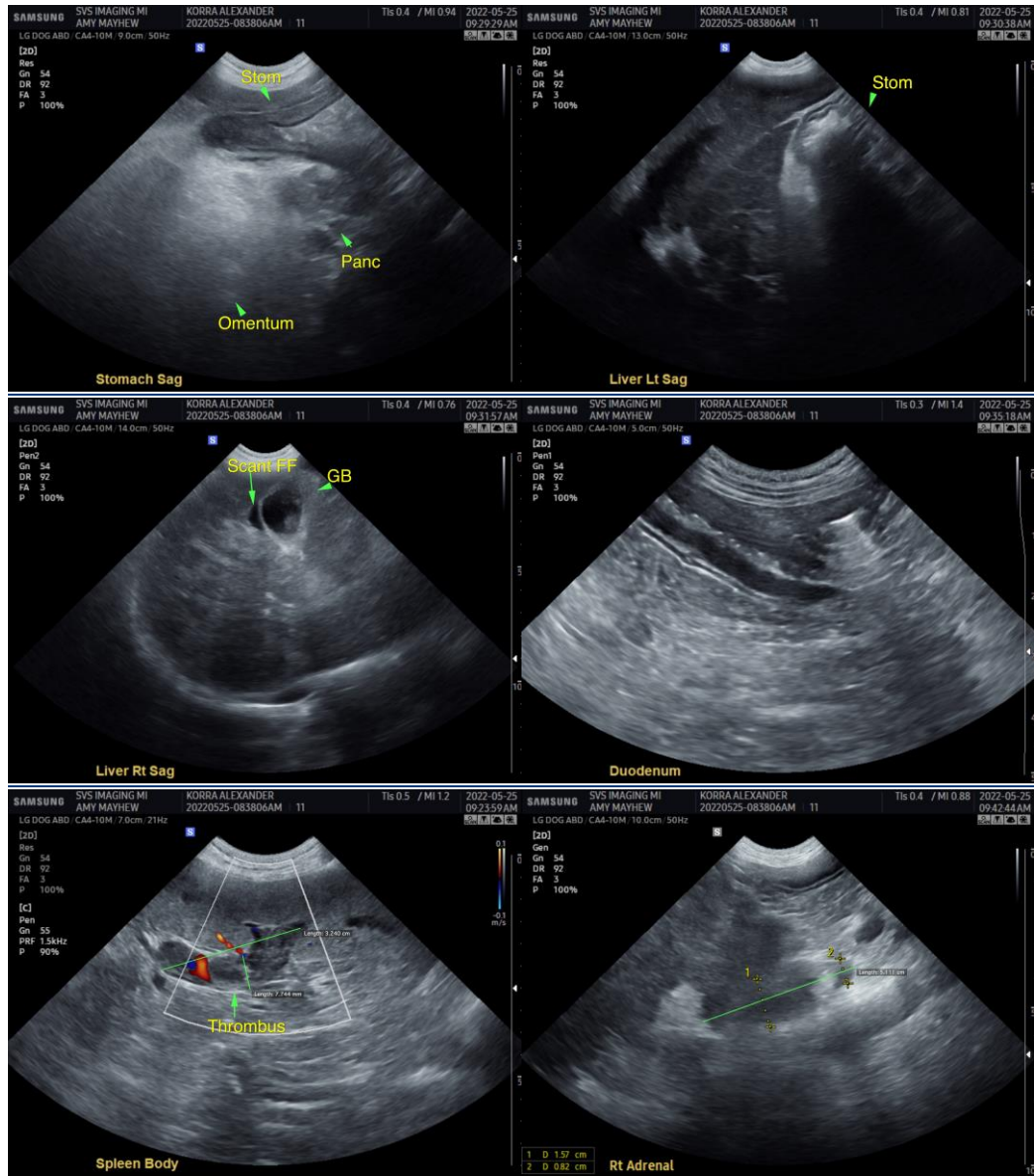
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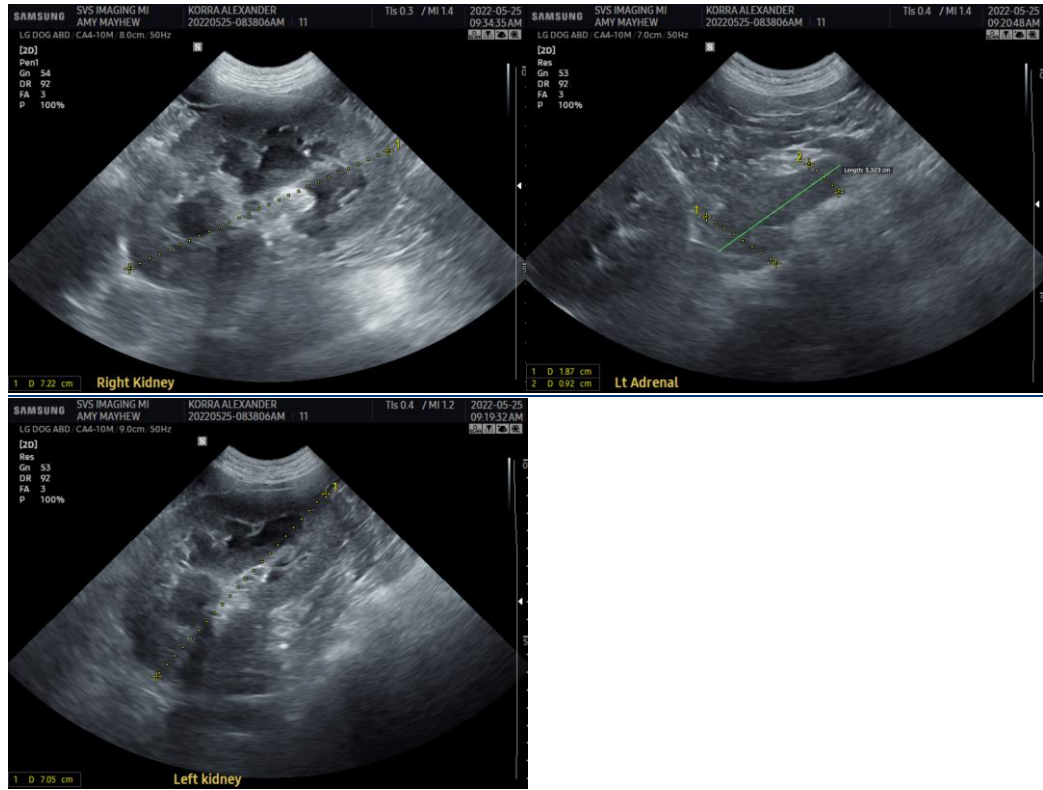
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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