



PATIENT

Bella Lloyd

SPECIES

Canine

BREED

Bichon X

SEX

Female Spay

AGE

9

WEIGHT

7.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay AC

REFERRING VET

Dr. Gupta

INVOICE

13958

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Elevation of liver enzymes on pre dental blood work
Abnormal PE/Chem/CBC/UA Results: Elevated ALP ALPK GGT and T bili mild to moderate

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, 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 4.1 cm in length. The right kidney measured 4.7 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 0.44 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.5 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 subjectively normal in size and maintained symmetrical capsule contour with generalized mild nonhomogeneous hepatic parenchyma exhibiting indistinct to subtle isoechoic to mildly hypoechoic intraparenchymal nodules. 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. Mild hyperechoic gastric ingesta / chyme was present.

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.



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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A solitary cystic-appearing yet symmetrical hepatic lymph node adjacent to the portal vein, measuring 2.0 cm x 0.87 cm, was present. No evidence of peritoneal free fluid or additional Intraabdominal lymphadenopathy was noted.

SEX

Female Spay

ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy exhibiting mild nonuniform to remodeled parenchyma
- Focal cystic-appearing hepatic lymph node - benign
- Sonographically unremarkable gallbladder
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

The overall appearance of the liver was not specific yet consistent with benign likely chronic hepatopathy. Considerations may include vacuolar hepatopathy, cholestasis, Inflammatory/immune-mediated disease with parenchymal remodeling, areas of nodular to regenerative hyperplasia, hematopoiesis, and early fibrosis, or other hepatopathy with infiltrative neoplasia considered unlikely.

IMAGING

PERFORMED BY

Dr. Belan

The focal cystic-appearing hepatic lymph node is suggestive of chronic reactivity or possible inflammation without evidence of lymphatic neoplastic criteria.

Further assessment may include ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle for screening cytology, primarily to assess or possibly identify inflammatory cell type if present. No evidence of post hepatic obstruction was noted.

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Hepatosupportive medications including Denamarin and Ursodiol are recommended and may prove beneficial. Hepatic core surgical biopsy could be considered for histopathology if persistent / progressive hepatic enzyme elevations despite hepatosupportive medications.

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Assuming normal BUN, glucose, cholesterol, and albumin levels indicating normal hepatic functionality, no anesthetic contraindications are evident.

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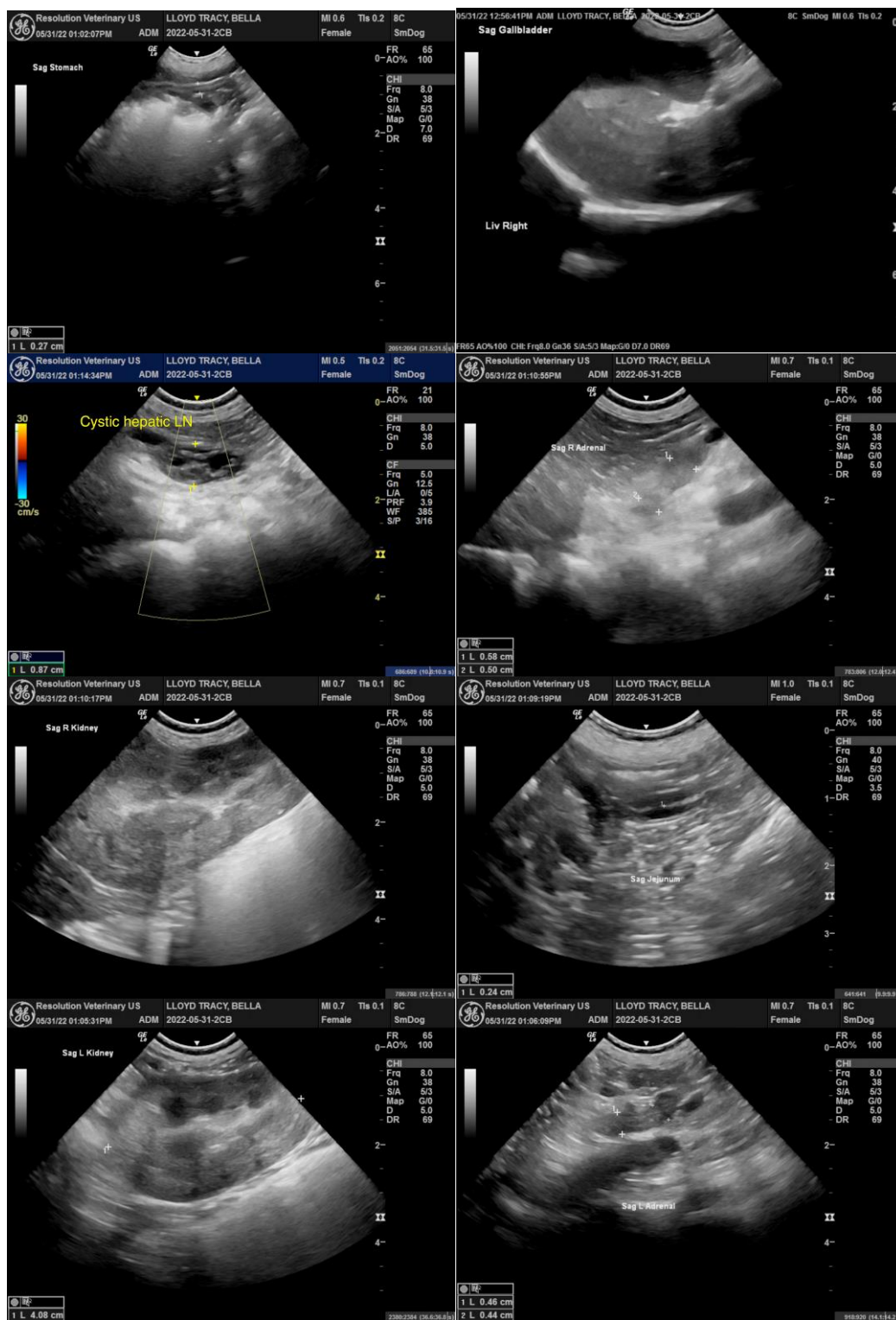
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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