



**PATIENT**

Grace Worley

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

8 year old

**WEIGHT**

61 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Karen Zelinski

**INVOICE**

13784

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

Patient presents for elevated liver enzymes and intermittent vomiting. Current meds: Denamarin, Glucosamine, frequent Acepromazine (for anxiety).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 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 1.5 cm length x 0.44 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.78 cm width at the caudal 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 normal in size and contour with normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and minor subjective parenchymal remodeling. No masses or nodules were noted in the liver. 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 yet prominent wall layering. The ventral gastric body wall width measured 0.65 cm. The stomach contained a mild amount of retained echogenic fluid and chyme. No overt evidence of gastric foreign material, retained ingesta, or mechanical pyloric outflow obstruction was noted.



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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.

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

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**Pancreas**

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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Hypomotile gastritis - subjectively mild
- Benign hepatopathy

**WEIGHT**

61 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy or nonspecific inflammatory parenchymal disease, i.e., nonspecific hepatitis, cholangiohepatitis, or similar. No overt evidence of hepatic neoplastic criteria was noted. Further assessment may include ultrasound-guided FNA of the liver, assuming normal clotting status, for screening cytology +/- Leptospiriosis titers / PCR if potential exposure.

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Continued hepatosupportive medications including Denamarin +/- Ursodiol due to its antioxidant and immunomodulatory effects, with monitoring of hepatic response, would be reasonable.

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A clinical trial including gastroprotectants i.e., Omeprazole 1 mg/kg PO SID, along with a novel protein or hydrolyzed diet with avoidance of dry food over the next 3-4 weeks is recommended. Recheck sonogram to assess the stomach is suggested if continued intermittent vomiting episodes are noted despite supportive care.

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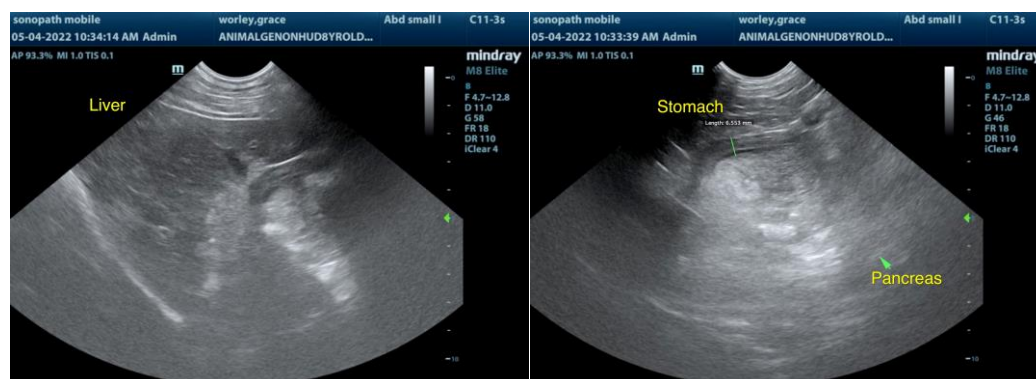
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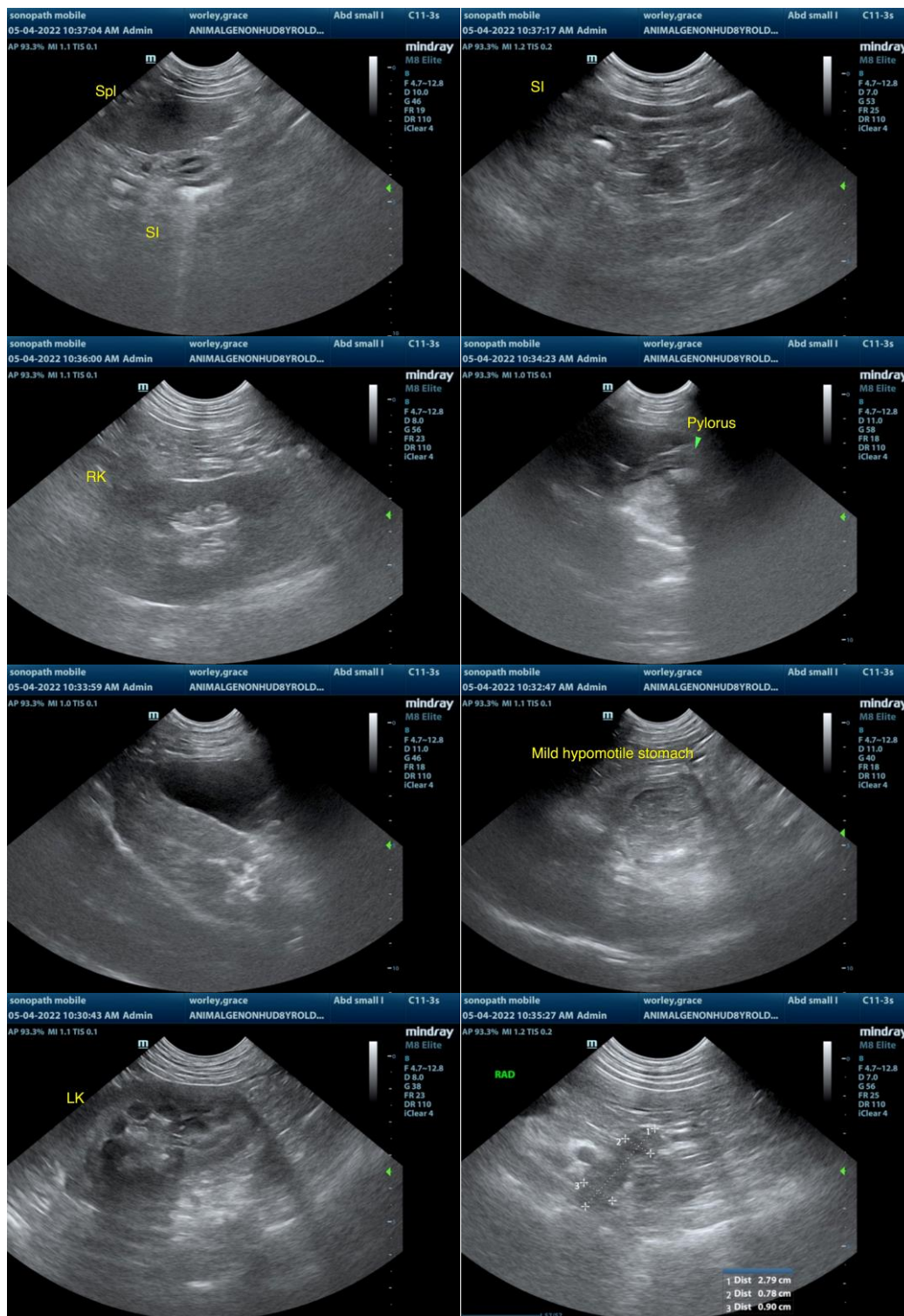
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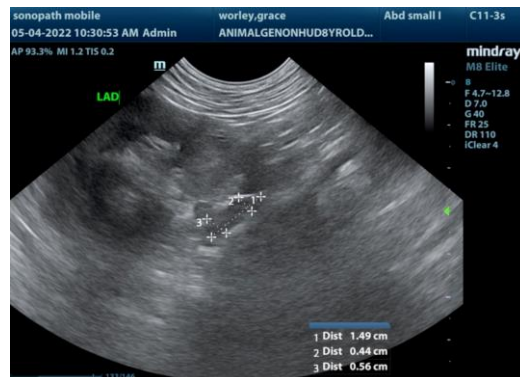
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com