

**PATIENT**

Scooter QCAWC

**PRESENTING CLINICAL SIGNS**

History: Elevated liver enzymes  
 Abnormal PE/Chem/CBC/UA Results: ALT 471, ALP 704, GGT 62

**SPECIES**

Canine

**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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

**BREED**

Min Schnauzer

**SEX**

Neutered Male

No overt pathology in the area of the residual prostate.

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 5.1 cm in length. The right kidney measured 5.6 cm in length.

**AGE**

8 Years

**Adrenal Glands****WEIGHT**

20 Lbs

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm in length x 0.38 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 2.4 cm in length x 0.36 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme without signs of obstruction or foreign material.

**INVOICE**

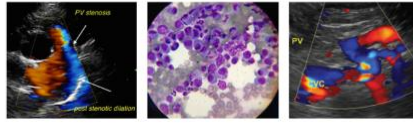
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

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

**PATIENT*****Pancreas***

Scooter QCAWC

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 was evident.

**SPECIES**

Canine

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Min Schnauzer

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy and nonclinical cholestasis given the elevated ALP/GGT combination with primary or concurrent inflammatory hepatopathy (i.e., hepatitis or cholangiohepatitis) given the ALT elevation and presence of gallbladder debris. No overt evidence of neoplastic criteria.

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**WEIGHT**

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Assuming normal clotting status, ultrasound guided FNA of the liver warranted for screening cytology primarily to assess for or possible identify inflammatory cell type, if present. Hepatosupportive medications, including Denamarin and ursodiol given the presence of gallbladder debris as well as an antioxidant and immunomodulatory effects within the liver may prove beneficial with continued monitoring of hepatic enzymes. Hepatic core or surgical biopsy is likely required for a definitive diagnosis and may be considered if persistent/progressive hepatic enzyme elevation, despite hepatosupportive medications.

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DABVP (Canine and Feline)

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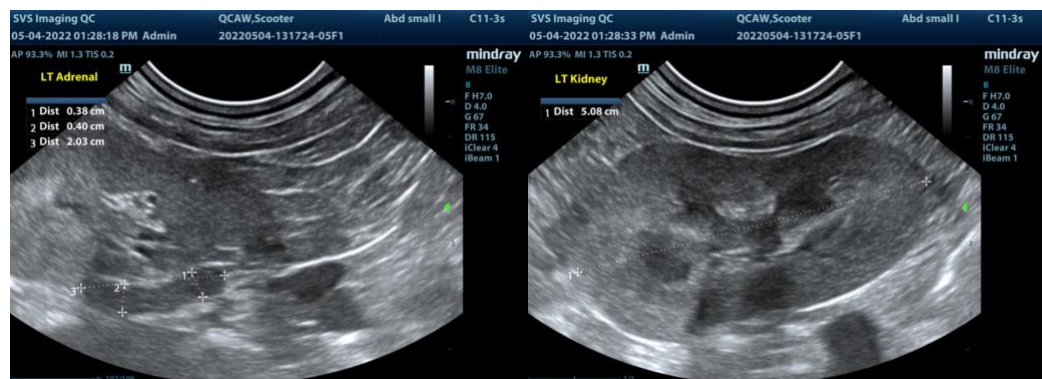
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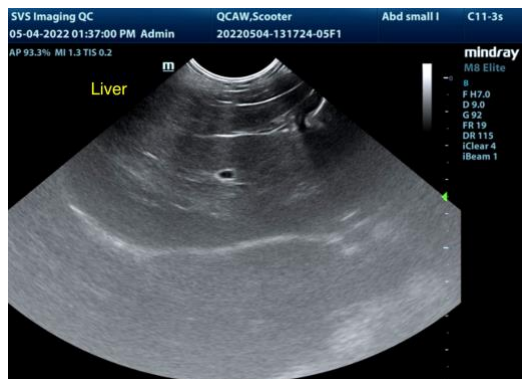
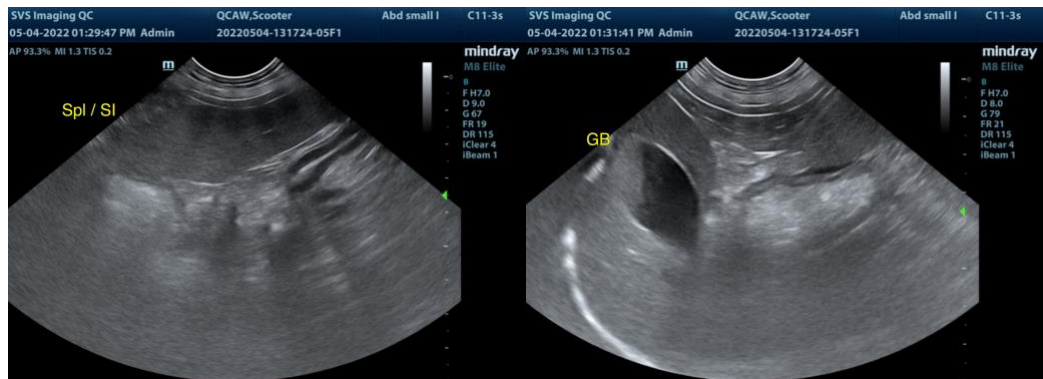
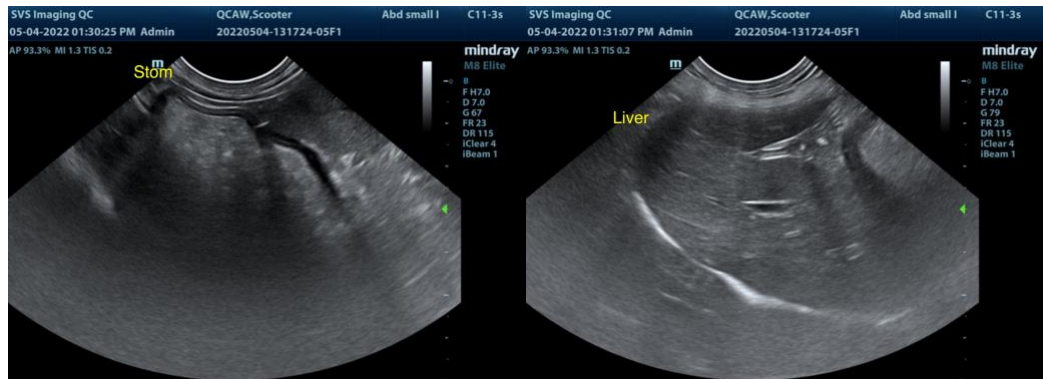
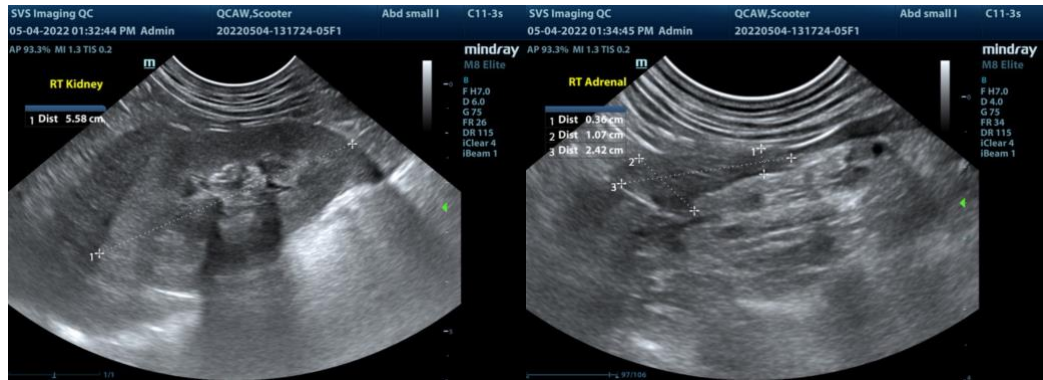
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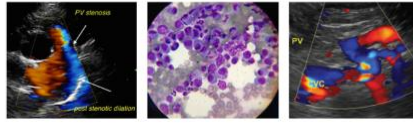
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**SPECIES**

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**info@SonoPath.com**

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