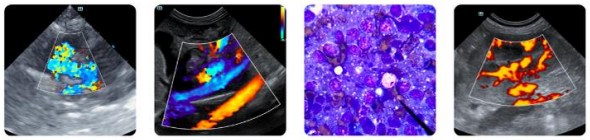


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Herta Tribble

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

3 year

WEIGHT

92

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Stone

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Cassidy Stone

INVOICE

10881

DATE

5/7/26

PRESENTING CLINICAL SIGNS

P started having accidents i the house for about 1 week - O noticed today that P was yellow.
Abnormal PE/Chem/CBC/UA Results: No UTI observed, but P hemoconcentrated with isothenuric urine. Elevation ALP (769) and ALT (383), Elevated GGT 22, and tbil 15.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented a mildly distended size with normal tone. Anechoic urine was present in the lumen with no mineral, calculi, or masses. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

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 7.5 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with overtly normal size, position, and shape subjectively measuring 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

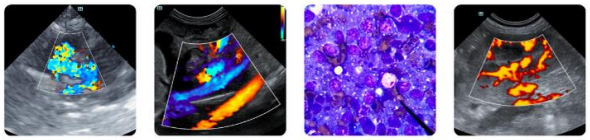
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen exhibited possible mild splenic folding which is not indicative of underlying splenic pathology, with potential for patient variant secondary to sedation if clinically indicated. 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 presented subjective decreased hepatic size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Vascular volume could not be assessed. The gallbladder was non-distended in appearance containing primarily anechoic content with mild, nonorganized gallbladder debris. No visualized common bile duct dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable mildly distended urinary bladder, normal visible proximal urethra
- Hepatopathy exhibiting subjective subnormal liver size
- Nondistended gallbladder with mild nonorganized bile debris (non mucocele)
- Possible mild folded spleen – benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visible evidence of post hepatic obstruction. The liver suggests acute hepatopathy criteria and subnormal liver size. Considerations may include nonspecific acute hepatitis (viral, bacterial, Leptospirosis, toxin), vacuolar / cholestatic hepatopathy, hepato-toxicosis, with occult hepatic neoplasia thought less likely, or other. Further assessment may include, assuming normal clotting status and if accessible, hepatic FNA cytology, bile acid profile, and Leptospirosis titer/PCR.

There is no overt visible adrenal pathology as a contributing factor. Screening urine C/S +/- UPC level may be considered. Definitive diagnosis may require hepatic biopsies for histopathology and copper assessment. Hepatosupportive medications, consideration for empirical supportive care for nonspecific hepatitis with clinical monitoring, and sonographic reassessment if progressive hepatopathy or icterus, would be reasonable.

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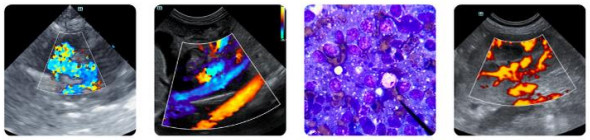

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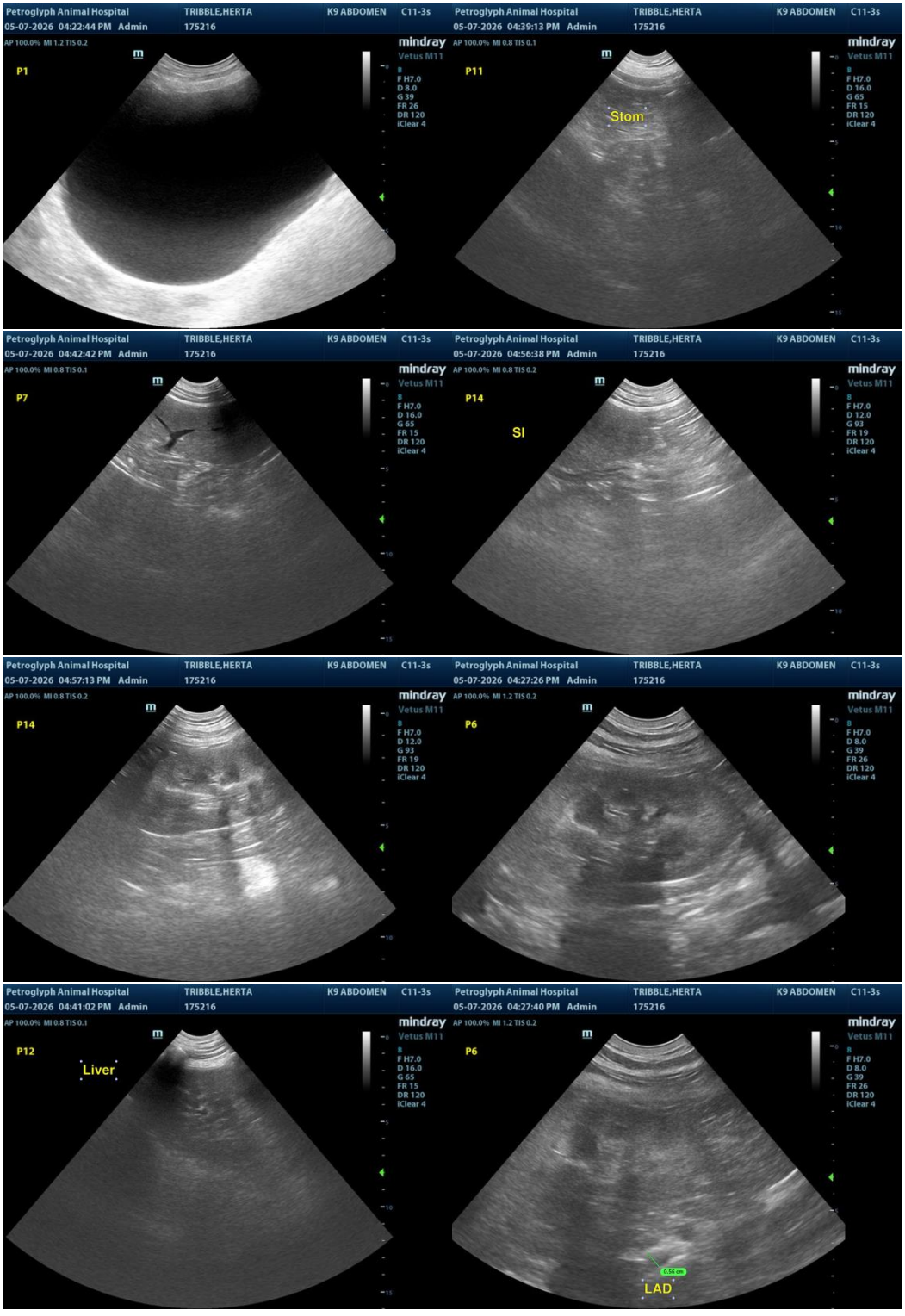

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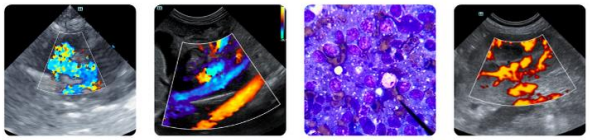

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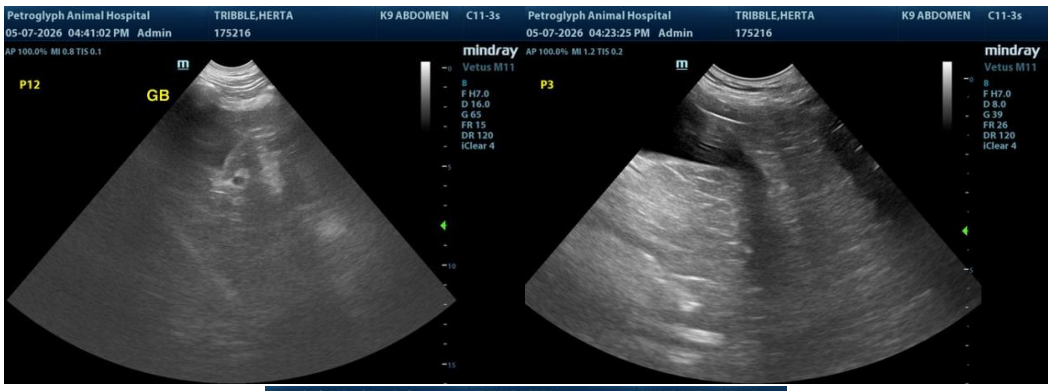

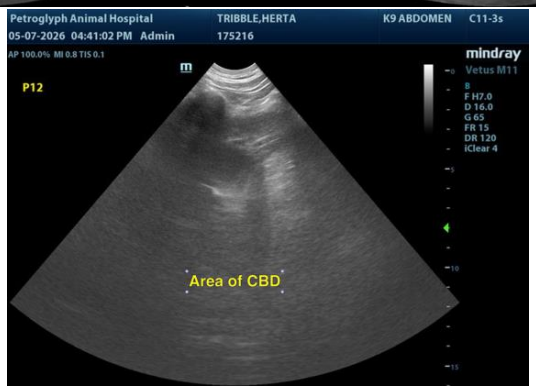

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com