



PATIENT PRESENTING CLINICAL SIGNS

Belle Johnson Distended abdomen. Elevated ALP, GGT and AST. No meds.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC normal other than mild elevation in Platelets Calcium 2.9(2.2-2.8) Potassium 5.9(4.0-5.4) Na;K Ratio low 25 Chloride 102(108-119) ALT 144(18-121) ALP 1773(5-160) GGT 30(0-13) Cholesterol and Triglyceride high Lipase high. T4 normal 4DX negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Shih Tzu Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness, structure 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.

SEX

FS

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 5.3 cm in length. The right kidney measured 5.8 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

~ 18lb

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal width and body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No overt tumors. The left adrenal gland measured 2.5 cm length and 0.99 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length and 0.74 cm width in 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

Crystal Hill

HOSPITAL NAME

Hartzel AH

Liver/Gallbladder

The liver was enlarged with symmetrical capsule contour and generalized mild increased parenchyma echogenicity. Mild to moderate coarse echotexture was noted. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-organized mildly hyperechoic sludge. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

05/08/2023

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.



PATIENT

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

Belle Johnson

Pancreas

SPECIES

The pancreas was normal in size and contour with heterogenous mild non-uniform hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Shih Tzu Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Hepatomegaly exhibiting mild parenchymal hyperechogenicity-vacuolar hepatopathy, cholestasis, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, lipidosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Gallbladder sludge-not overtly consistent with mucocele criteria.
- Mild chronic renal changes.
- Bilateral mild prominent adrenal glands.
- Heterogenous mild non-uniform pancreas-benign or age related remodeling, potential for low grade to chronic pancreatitis possible.

FS

AGE

11yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The hepatoadrenal presentation is non-specific given the lack of reported clinical signs suggestive of potential Cushing's syndrome i.e., PU/PD, polyphagia etc. A full adrenal workup with LDDST may be indicated given this presentation or if clinical signs consistent with Cushing's syndrome arise.

~ 18lb

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Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment.

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Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic active pancreatitis is recommended.

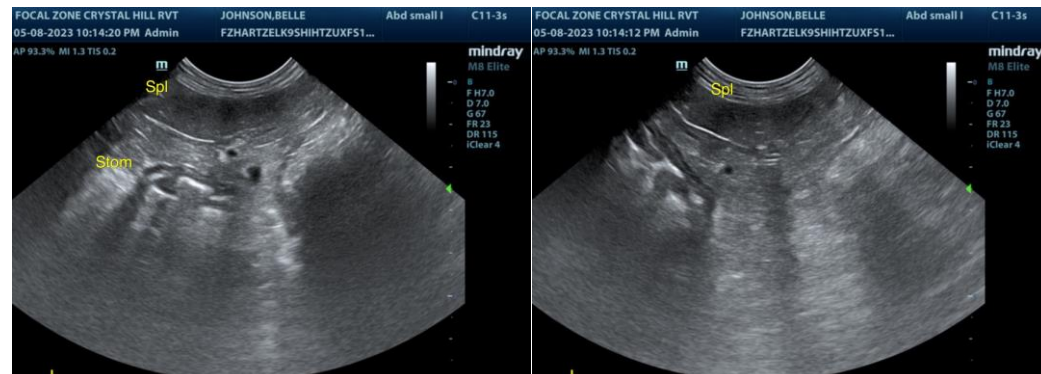
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Empirically hepatosupportive medications such as Denamarin and Ursodiol if tolerated may prove beneficial.

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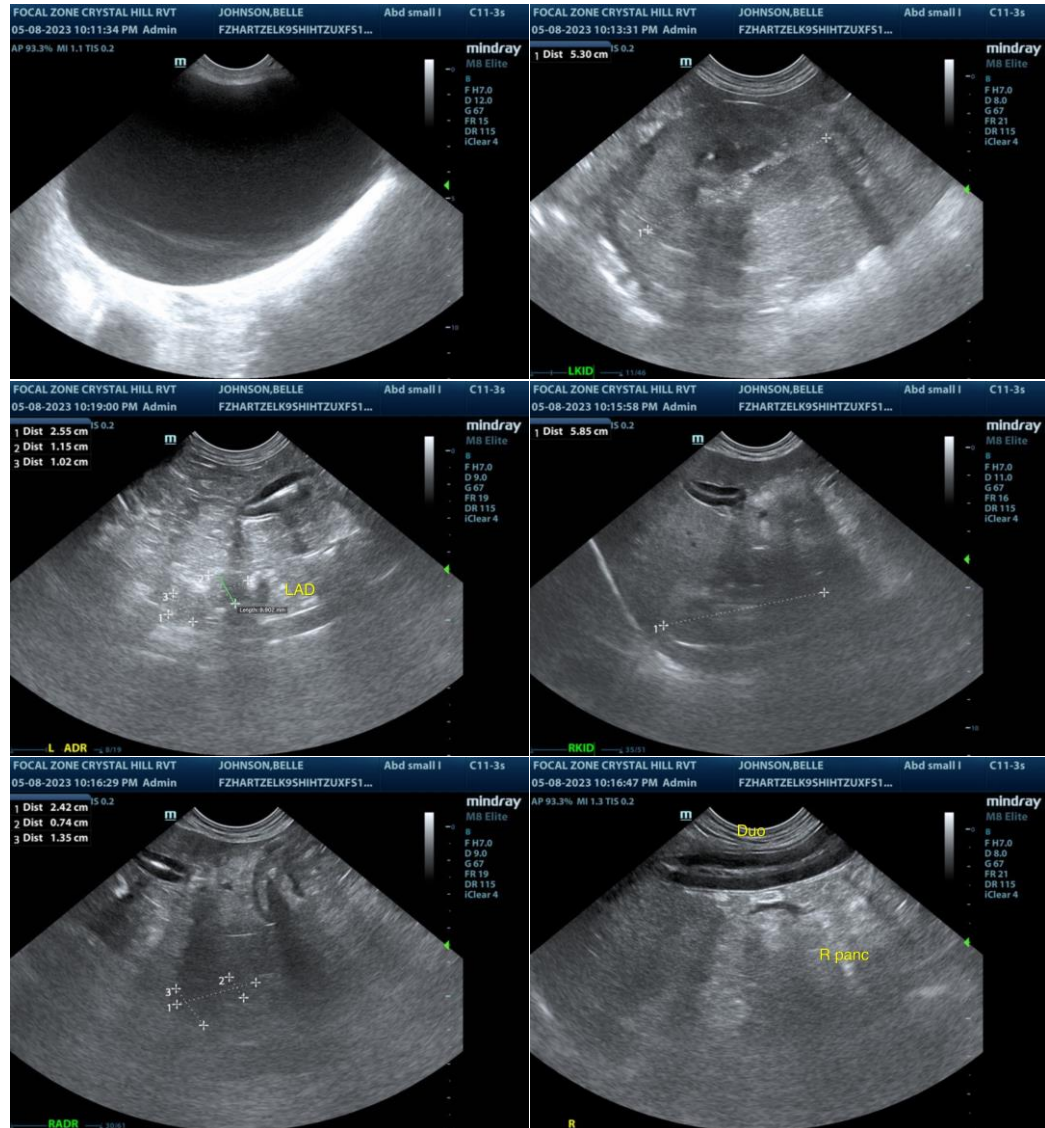
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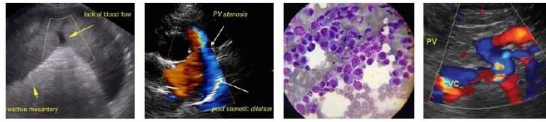
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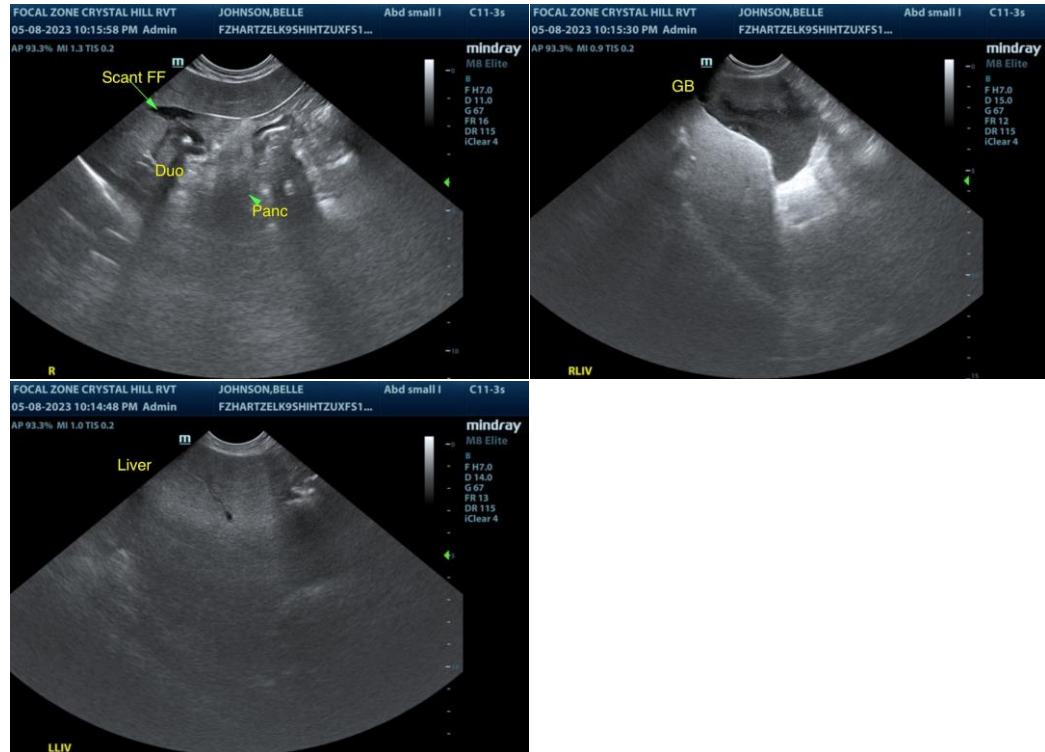
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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