



**PATIENT**

Trixie Chapman

**PRESENTING CLINICAL SIGNS**

History: Vomiting lethargic last 3 days history of spondylosis.  
Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP and cholesterol

**SPECIES**

Canine

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

**BREED**

Blue Heeler

**SEX**

Spayed Female

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 6.2 cm in length. The right kidney measured 6.8 cm in length.

**AGE**

9 Years

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.40 cm width at the cranial pole.

**WEIGHT**

24 kg

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.75 cm width at the cranial pole.

**INTERPRETED BY**

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

No overt evidence of adrenal hyperplasia or neoplastic criteria.

**Spleen**

The spleen was normal in size and contour. A solitary hyperechoic nodule was noted adjacent to the hilus consistent with benign myelolipoma. A solitary hypoechoic non-expansive nodular was noted in the subjective mid caudal spleen, measuring 0.67 cm in diameter.

**IMAGING PERFORMED BY**

Dr. Belan

**Liver**

The liver exhibited potential for mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent nondisruptive hyperechoic intraparenchymal nodules were present.

**HOSPITAL NAME**

Alpine 24/7 AH

**REFERRING VET**

Dr. Anacleto

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

**Gastrointestinal**

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The stomach presented intact yet mildly prominent wall layering. The stomach contained a mild amount of hyperechoic to mild progressively shadowing ingesta/chyme. The ventral gastric body wall measured 0.46 cm.

**DATE**

5/9/22



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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. Intermittent nonspecific duodenojejunal mucosal speckling. The duodenum wall measured 0.35 cm. The jejunum wall measured 0.37 cm.

**SPECIES**

Canine

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

**Pancreas**

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

**BREED**

Blue Heeler

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

- Vacuolar hepatopathy pattern, exhibiting minor parenchymal remodeling and intermittent benign intraparenchymal nodules- nodules consistent with probable lipogranulomas or areas of nodular hyperplasia
- Mild gallbladder debris (non-mucocele)
- Subtle heterogeneous pancreas
- Gastroenteritis pattern with possible minor gastric stasis
- Nonspecific, nondisruptive hypoechoic splenic nodule

**WEIGHT**

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, the hypoechoic splenic nodule is suggestive of focal lymphoid hyperplasia, hematopoiesis, small hematoma, focal splenitis with neoplastic criteria thought less likely. Sonographic monitoring of this nodule for evidence of progression would be reasonable.

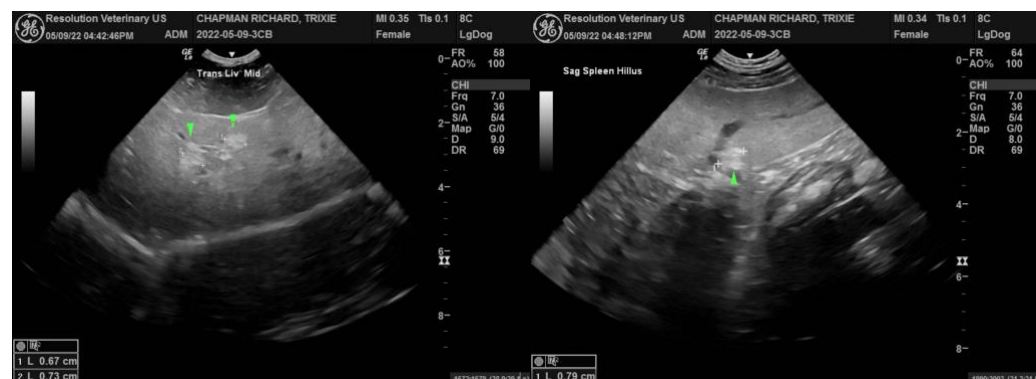
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Potential for low-grade or chronic pancreatitis, which may present sonographically normal, could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec CPL could be considered. Conservative therapy for gastroenteritis would be reasonable. Hepatosupportive medications, including Denamarin or ursodiol suggested if persistent/progressive ALP elevation or evidence of cholestasis.

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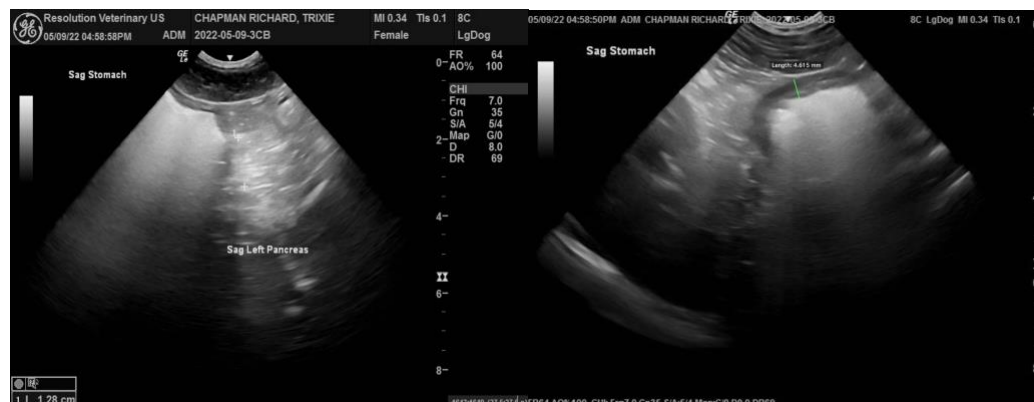
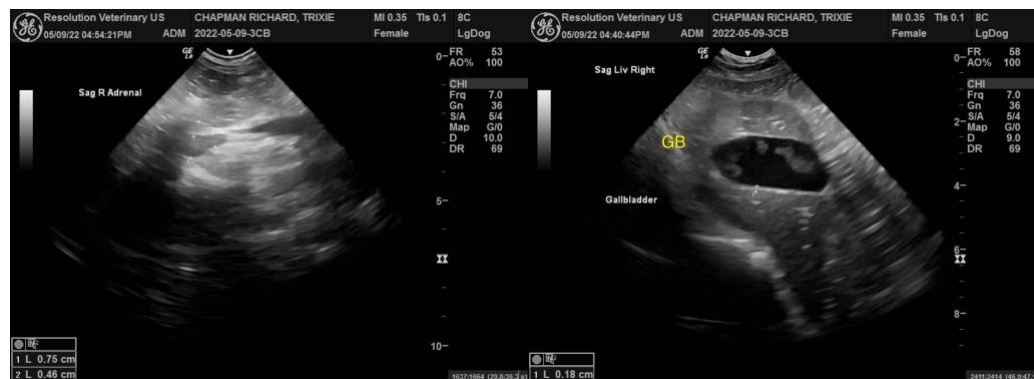
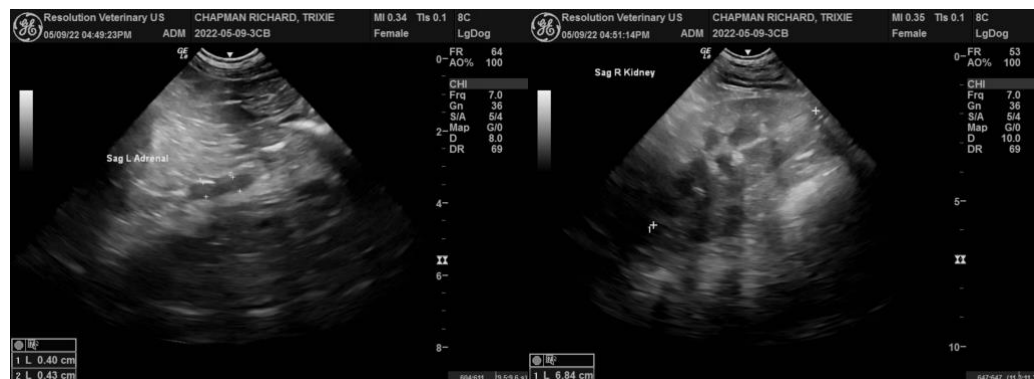
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Blue Heeler

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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