



PATIENT

Reggie Hagenbaugh

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

M N

AGE

9 years 9 months

WEIGHT

27.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

Jamie Thurk DVM

INVOICE

14091

DATE

6/14/22

PRESENTING CLINICAL SIGNS

Pt presenting for AUS. Confirmed Pt was fasted for 12 hours prior to appt. O said Pt has been doing well at home. AA Reason for Non-urgent Ultrasound: ALT elevation 132 on 1/2022 then 166 on 6/1/22 Primary Problem(s): none Pertinent Medical History: HX of seizures on phenobarb for years. Phenobarb level 16.4 low therapeutic HX DMC - Seeing Dr. Botorff, DACVIM- cardiologist Current Medication: phenobarb 64.8 BID carpfafen 50 mg BID denamarin SID since January Pimobendan 5mg BID pentosan once a month
Abnormal PE/Chem/CBC/UA Results: PE: - Lenticular sclerosis OU, mild-moderate dental disease. NSR, NMA, SSP. Eupneic. Multiple lipomatous-like masses bilateral trunc, flank folds, etc. Otherwise unremarkable. Diagnostic Tests Performed/Results: liver panel: ALT 166 phenobarb 16.4

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

The residual prostate was sonographically unremarkable measuring 1.3 cm in diameter.

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 7.0 cm in length. The right kidney measured 7.0 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 0.50 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 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 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

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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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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

- Sonographically unremarkable liver, low-grade hepatopathy - benign, reactive hepatopathy, low-grade inflammatory parenchymal disease, potential for low-grade toxic hepatopathy given history of Phenobarbital possible, no overt evidence of neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the low-grade ALT elevation, continued monitoring with as-needed hepatosupportive medications would be reasonable. Recheck sonogram +/- hepatic sampling is recommended if persistent / progressive ALT elevation is noted.

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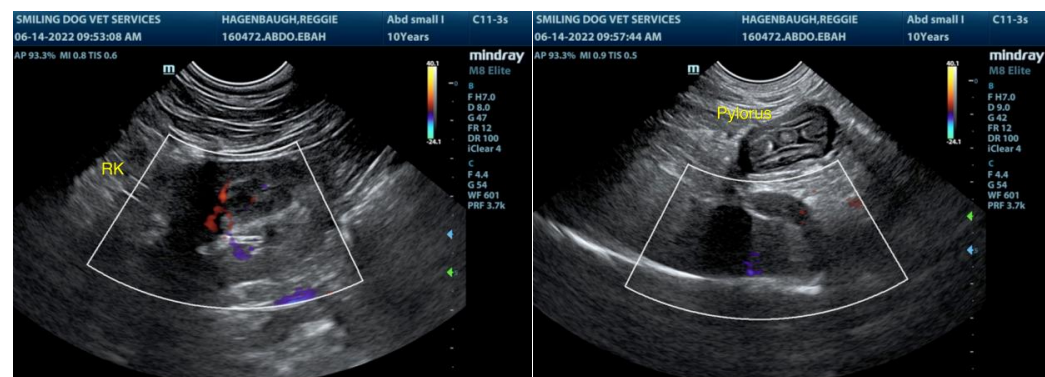
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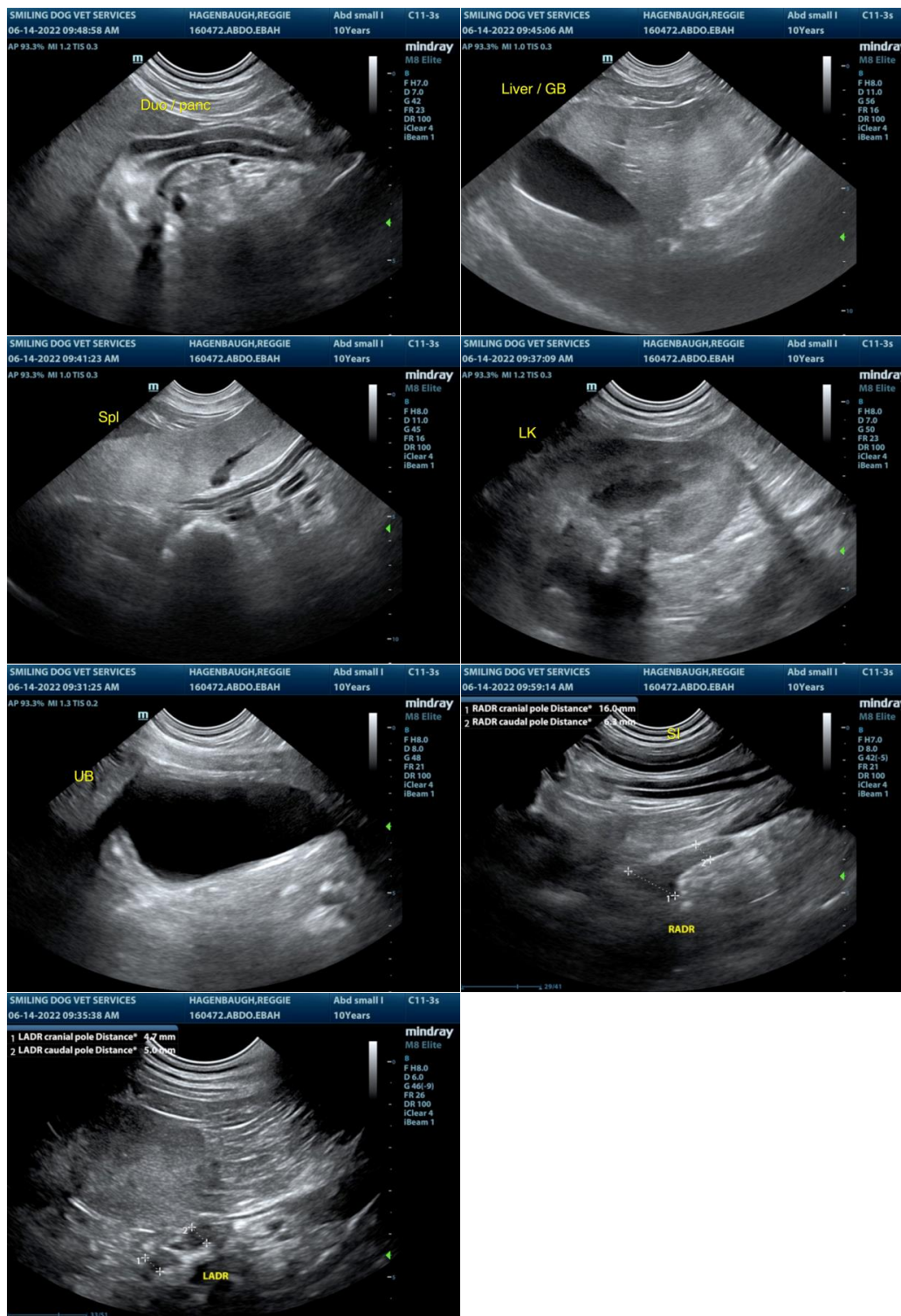
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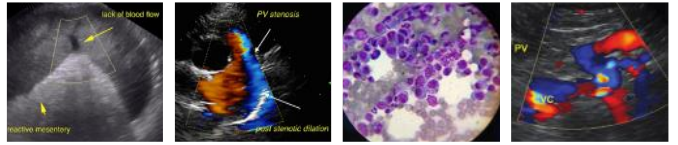
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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