



PATIENT PRESENTING CLINICAL SIGNS

Molly Hayes Elevated Alkph, atopy, obese Ursodial, Hepaticlear, Cytopoint
 ALP 1187, unremarkable CBC

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 was noted.

Lab Mix

SEX The area of the aortic trifurcation was free of pathology.

FS 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 6.9cm in length.

AGE

2014

WEIGHT Adrenal Glands

94 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.39 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 0.68 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

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Community VP

Liver/ Gallbladder

The liver was mildly enlarged exhibiting a maintained symmetrical capsule contour with nonuniform, increased hepatic parenchymal echogenicity with moderate coarse echotexture and intermittent subtle nondisruptive hypoechoic parenchymal nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Carpenter

INVOICE Gastrointestinal

14124 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

6/16/22



PATIENT

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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 apparent formed feces in lumen.

SPECIES

Pancreas

Canine

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.

BREED

Lab Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern
- Sonographically normal bilateral adrenal glands

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the hepatic presentation was consistent with vacuolar hepatic changes with potential areas of subtle nodular hyperplasia, hematopoiesis, and minor parenchymal remodeling. No evidence of neoplastic criteria was noted, which is considered a less likely differential diagnosis.

WEIGHT

94

Assuming normal clotting status, hepatic FNA could be considered for screening cytology. Continued hepatosupportive medications are recommended. Sonographic reassessment of the liver to assess for progressive parenchymal or nodular changes may be considered If persistent / progressive ALP or additional hepatic enzyme elevations are noted despite hepatosupportive medications.

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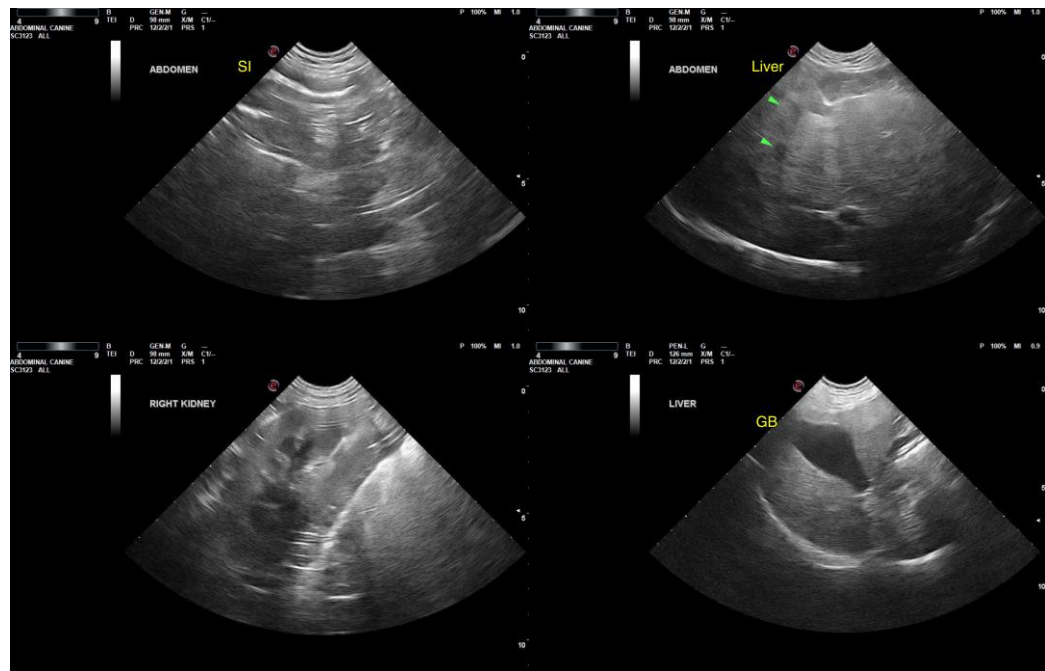
Dr. Carpenter

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SPECIES

Canine

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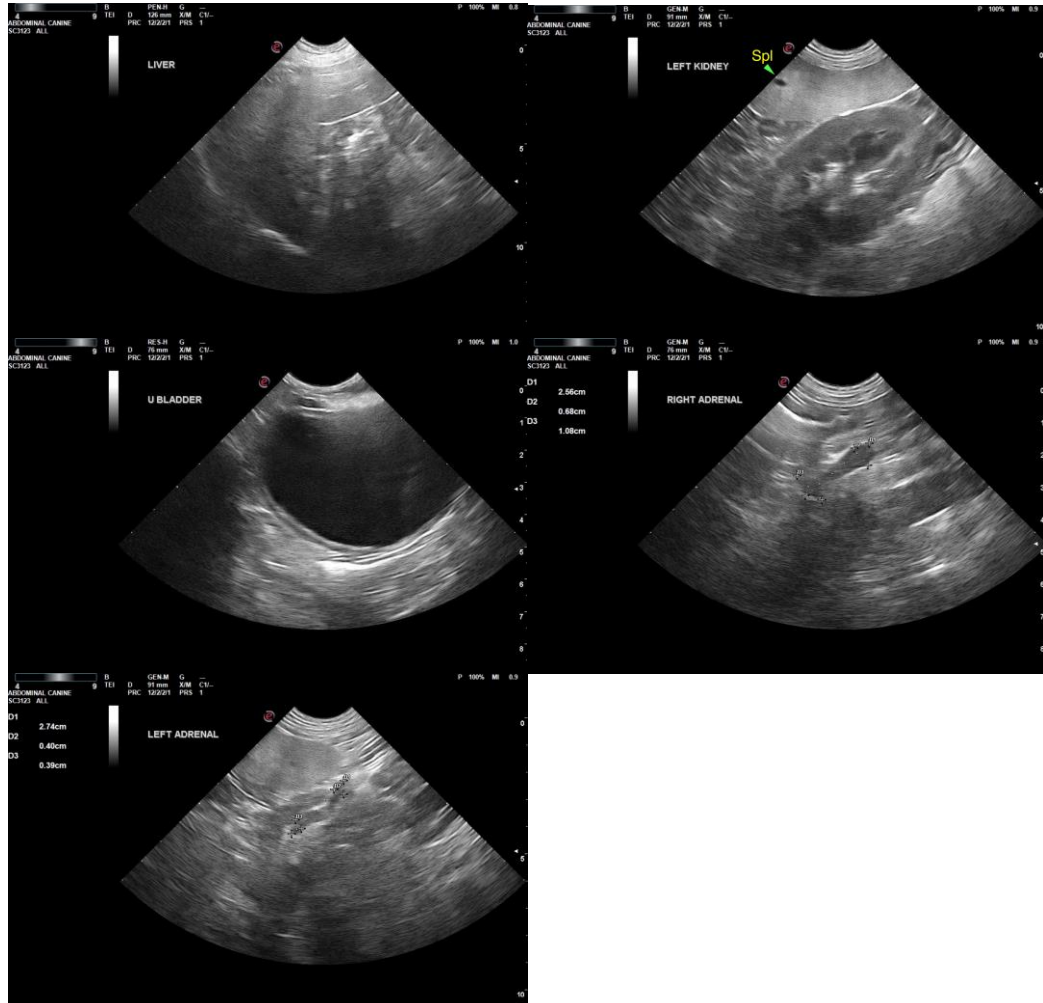
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com