

**PATIENT**

Emmah Lu Reese

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

9 years

**WEIGHT**

39 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Chippawa AH

**REFERRING VET**

Dr. Dowell

**INVOICE**

13975

**DATE**

6/2/22

**PRESENTING CLINICAL SIGNS**

waxing and waning appetite, elevated liver enzymes, had US in January (report attached)  
Abnormal PE/Chem/CBC/UA Results: ALT 271, ALK 169, UPC 0.6 (0.0-0.6), USG 1.017, Lepto neg

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

No evidence of pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy was noted.

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 7.8 cm in length. The right kidney measured 7.6 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 2.4 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.58 cm width at the caudal pole.

**Spleen**

The spleen exhibited normal size and contour with a finely textured homogeneous parenchyma. Previously noted small hyperechoic intraparenchymal nodules were present. The nodules are likely consistent with myelolipomas or areas of splenic mineralization. Normal splenic vascularity was noted. No evidence of splenic neoplastic criteria was 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.

**Gastrointestinal**

The stomach exhibited potential for mildly prominent yet intact gastric wall layering. Minor retained nonshadowing ingesta / chyme was present. The ventral gastric body wall width measured 0.59 cm.



<b>PATIENT</b>	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. The small intestinal wall width measured 0.45 cm.
Emmah Lu Reese	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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.
Lab	<b>Free Abdomen</b>
<b>SEX</b>	No omental masses, lymphadenopathy or peritoneal effusion were present.
FS	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<b>Primary Findings</b>
9 years	<ul style="list-style-type: none"> <li>• Low-grade hepatopathy exhibiting static parenchyma remodeling - subjectively benign</li> <li>• Overtly normal gastrointestinal tract with minor gastric ingesta / chyme, possible mild gastritis</li> <li>• Previously noted benign splenic nodules - static</li> <li>• Mild chronic renal changes</li> </ul>
<b>WEIGHT</b>	
39 kg	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP	The overall appearance of the abdomen was essentially static compared to the previous study without evidence of significant or progressive abdominal pathology.
<b>IMAGING PERFORMED BY</b>	Assuming normal clotting status, hepatic FNA using a 25-gauge needle for screening cytology could be considered primarily to assess for evidence of inflammatory cells, given the primarily elevated ALT. Hepatosupportive medications including Denamarin and Ursodiol with as-needed gastrointestinal support, assuming no evidence of thoracic or esophageal pathology on three-view chest radiographs, are suggested.
Kelly Reschny	
<b>HOSPITAL NAME</b>	Given the patient's nonspecific waxing and waning appetite, adrenal screening with resting cortisol +/- full ACTH Stimulation test (if resting cortisol <2.0), is recommended.
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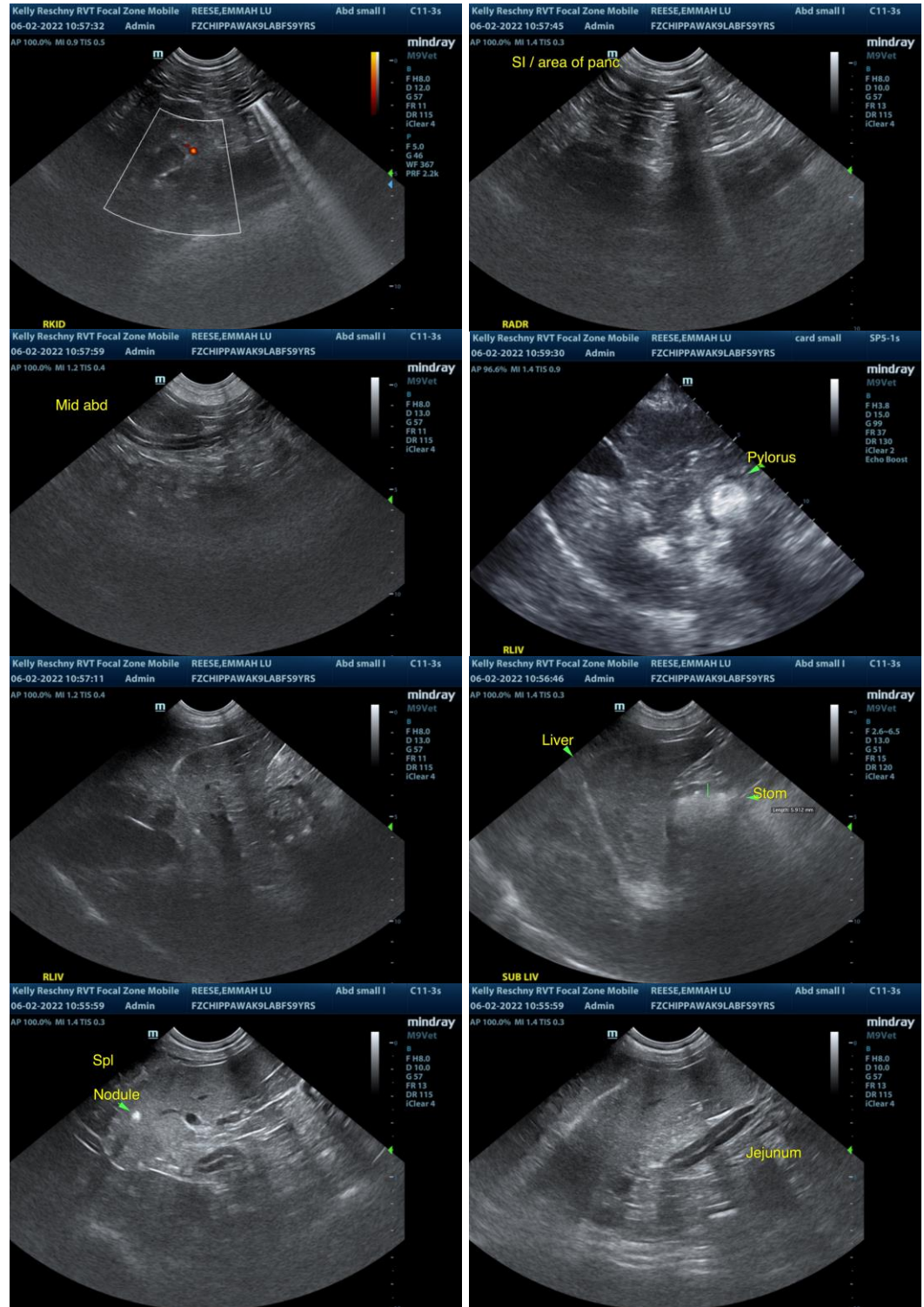
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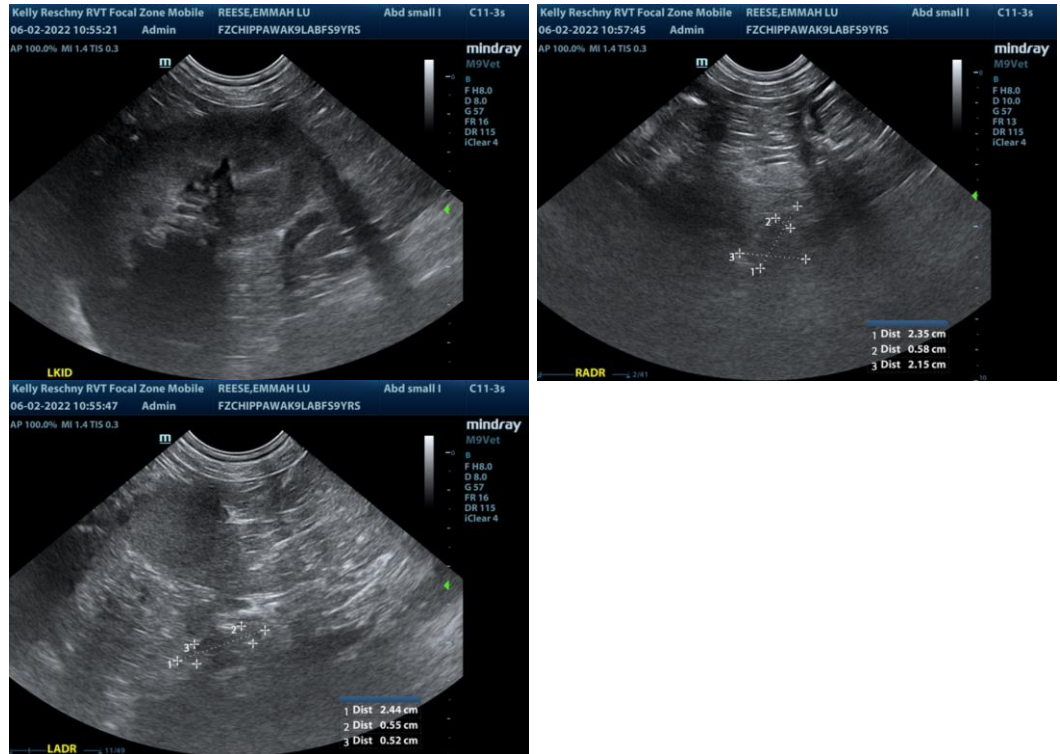
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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