**PATIENT**

Murphy DeBlock

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

NM

**AGE**

8 years

**WEIGHT**

21 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Tiffani Yerkey, DVM

**INVOICE**

15859

**DATE**

6/2/22

**PRESENTING CLINICAL SIGNS**

Pt presented for an upper eyelid margin mass removal and his preanesthetic blood work was abnormal.

Abnormal PE/Chem/CBC/UA Results: ALP 452 and ALT 136.

**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 was noted.

No overt pathology in the area of the residual prostate.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral present, primarily in the lateral diverticuli. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Overall, the left adrenal gland measured 2.1 cm in length x 0.72 cm width at the caudal pole. A well-defined, subtly echogenic non-expansive nonmineralized nodule was present in the caudal left adrenal gland. The nodule did not exhibit signs vascular invasion. The nodule measured 0.78 cm x 0.38 cm in diameter.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm in length x 0.40 cm width at the caudal pole.

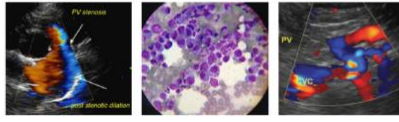
**Spleen**

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 exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic content. Moderate mildly congealed yet mobile luminal debris was present. Potential for pinpoint hyperechoic foci noted within the gallbladder debris, which may indicate pinpoint areas of emerging debris mineralization. No evidence of

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gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

***Gastrointestinal*****SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta/chyme was present in the gastric lumen.

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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.

***Pancreas*****SEX**

NM

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**

- Benign hepatopathy
- Moderate yet mobile nonorganized gallbladder debris (non-mucocele)
- Subtle left adrenal nodule- suspect emerging adenoma
- Bilateral minor to focal renal medullary mineral

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Sarah Pender, CVT

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy and nonclinical cholestasis, given the ALP elevation with potential for primary concurrent low-grade inflammatory hepatopathy (i.e., cholangiohepatitis) given the ALT elevation and presence of gallbladder debris. No overt evidence of hepatic or hepatobiliary neoplastic criteria.

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Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology, primarily to assess for evidence of inflammatory cells. Empirical hepatosupportive medications, including Denamarin and ursodiol may prove beneficial. No anesthetic contraindications, assuming normal albumin, glucose, cholesterol and BUN levels, which indicate normal hepatic functionality. Hepatic core or surgical biopsy is likely required for a definitive diagnosis. Primary adrenal disease is considered unlikely, given the lack of reported clinical signs. Sonographic monitoring of the subtle left adrenal nodule for evidence of progression would be ideal. Recheck sonogram recommended if persistent/progressive evidence of cholestasis.

**REFERRING VET**

Tiffani Yerkey, DVM

**INVOICE**

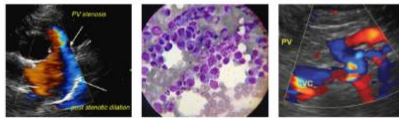
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svsmobileimaging.com 309-737-3070



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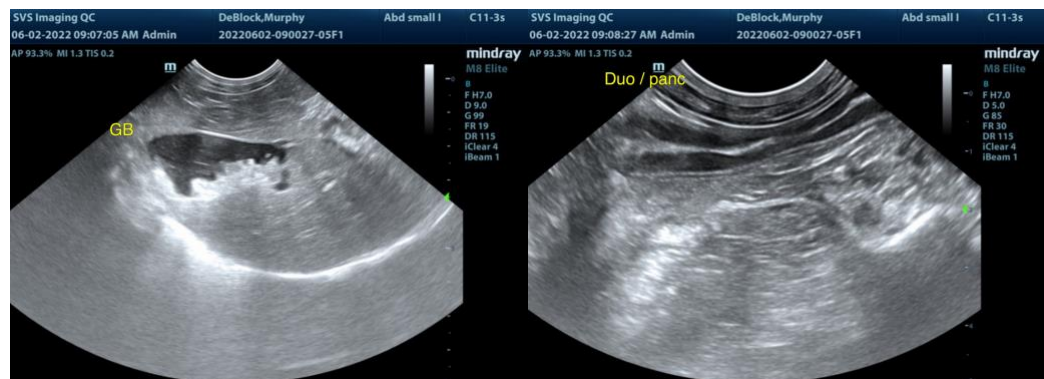
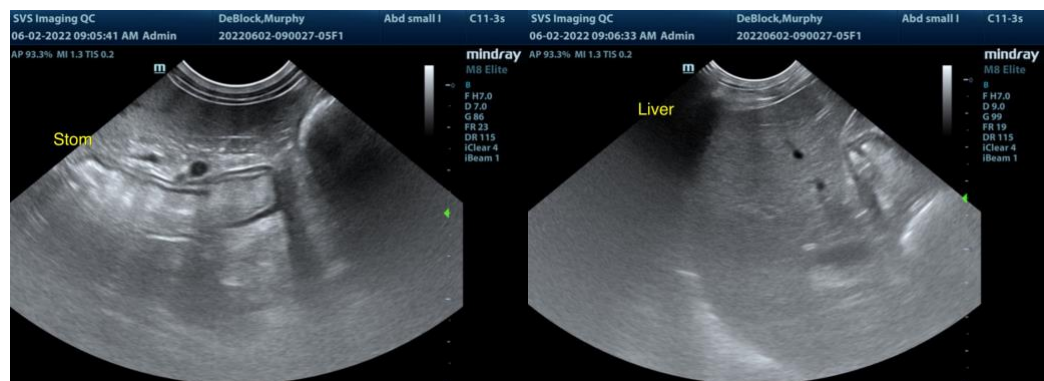
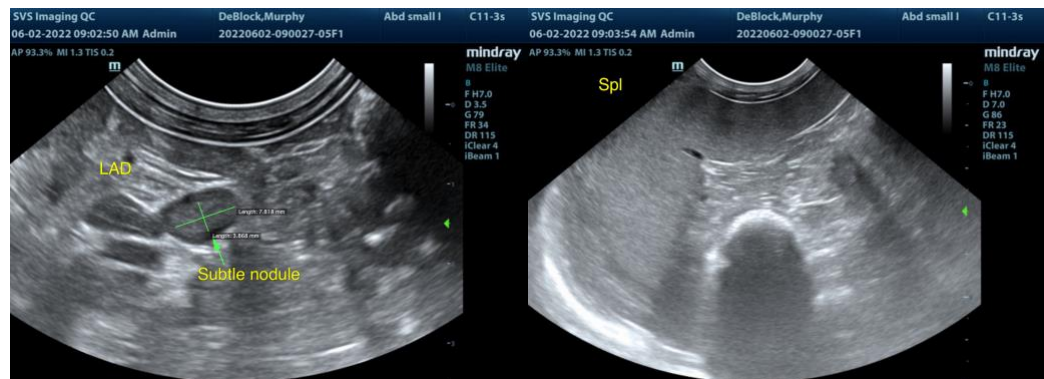
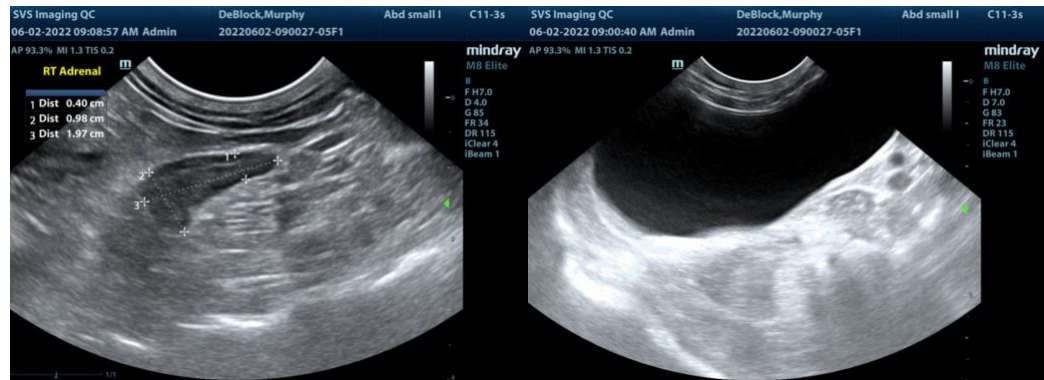
Tiffani Yerkey, DVM

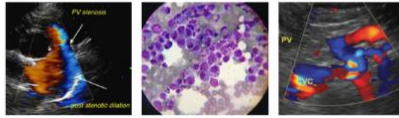
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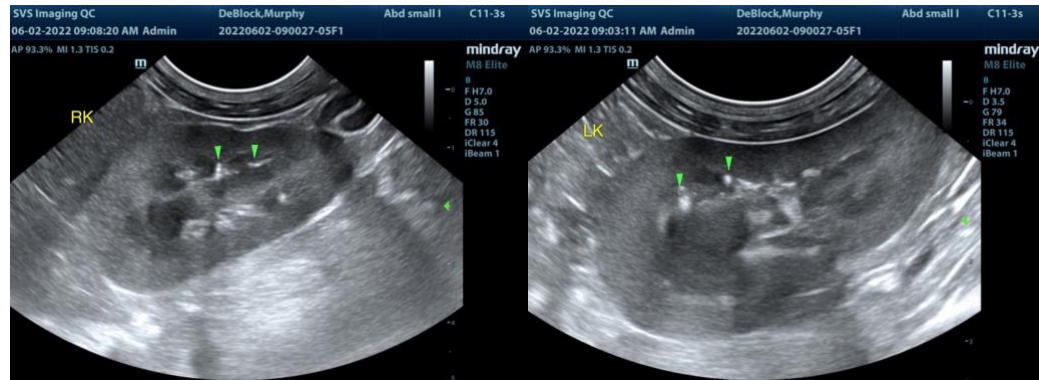
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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