



PATIENT PRESENTING CLINICAL SIGNS

Hector Zolaturiuk elevated ALKP/ALT/GGT, mild pancreatic values, normal T4, neg for HWT/tick born diseases, etc.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder 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.

Boxer

No overt pathology in the area of the residual prostate.

Neutered Male

The area of the aortic trifurcation was free of pathology.

11 Years

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 6.7 cm. The right kidney measured 7.0 cm.

37.5 kg

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm in length x 0.98 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.79 cm at the caudal pole.

Spleen

The spleen generalized mild parenchymal heterogeneity. Mild areas of medial capsule asymmetry noted. Focal to intermittent hyperechoic splenic nodules were present, likely consistent with benign myelolipomas. 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.

INTERPRETED BY

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Farooq

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

INVOICE

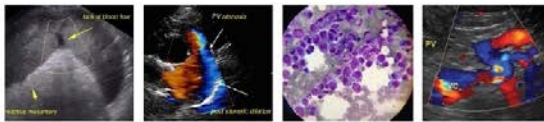
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor areas of small intestinal non-shadowing chyme present.

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

DATE

6/20/22



PATIENT *Pancreas*

Hector Zolaturiuk

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

SPECIES

Canine

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid.

BREED

Boxer

PRIMARY FINDINGS

- Mild age related kidneys
- Hepatopathy exhibiting mild parenchymal remodeling – subjectively benign.
- Sonographically unremarkable gallbladder
- Minor pancreatic remodeling

SEX

Neutered Male

SECONDARY FINDINGS

- Mild gastric ingesta – probable post-prandial presentation.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. The overall liver was non-specific, yet consistent with benign, probable chronic hepatopathy. Considerations may include metabolic, vacuolar, reactive hepatopathy, early cirrhosis, chronic hepatitis, with infiltrative neoplasia thought less likely.

WEIGHT

37.5 kg

Assuming normal clotting status, further assessment may include FNA cytology of the liver, primarily to assess for or possibly identify inflammatory cell type, if present. No evidence of active pancreatic inflammation. The minor pancreatic remodeling may indicate age related variant, minor remodeling owing to previous inflammation, or low grade to chronic pancreatitis, which may present essentially sonographically normal. Correlation with a spec cPL could be considered. Hepatosupportive medications would be appropriate with potential core surgical biopsy for definitive diagnosis if persistent/progressive hepatic enzyme elevations.

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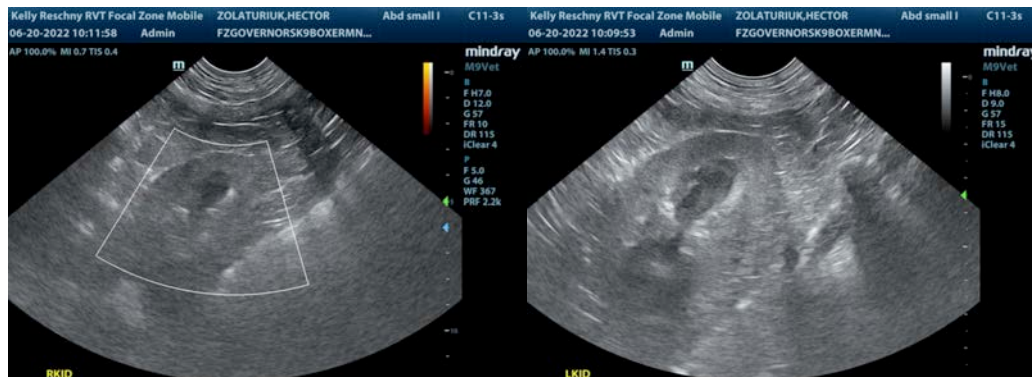
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PATIENT

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SPECIES

Canine

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SEX

Neutered Male

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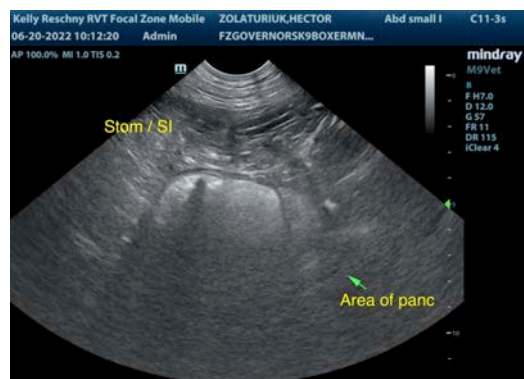
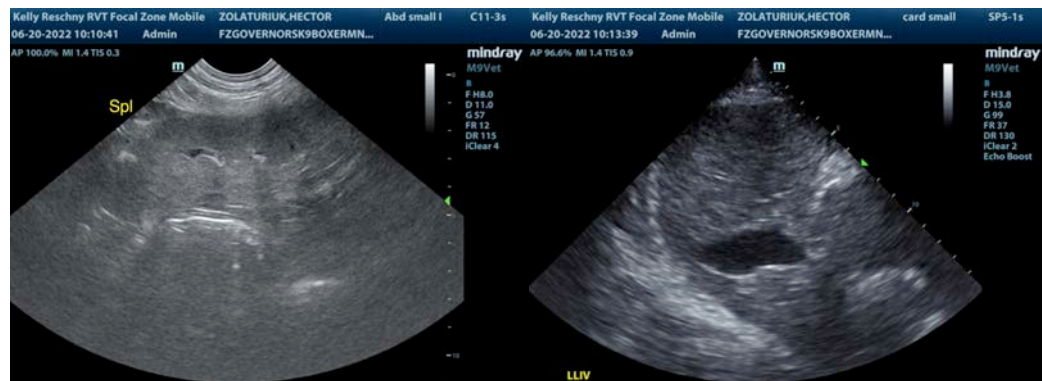
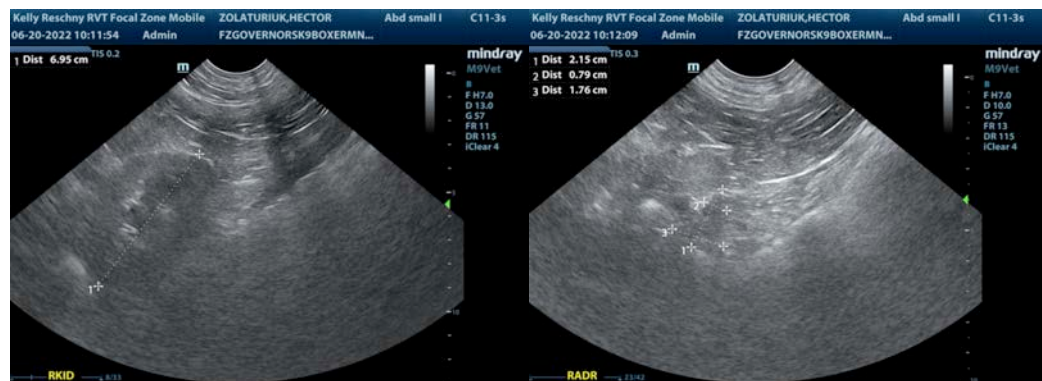
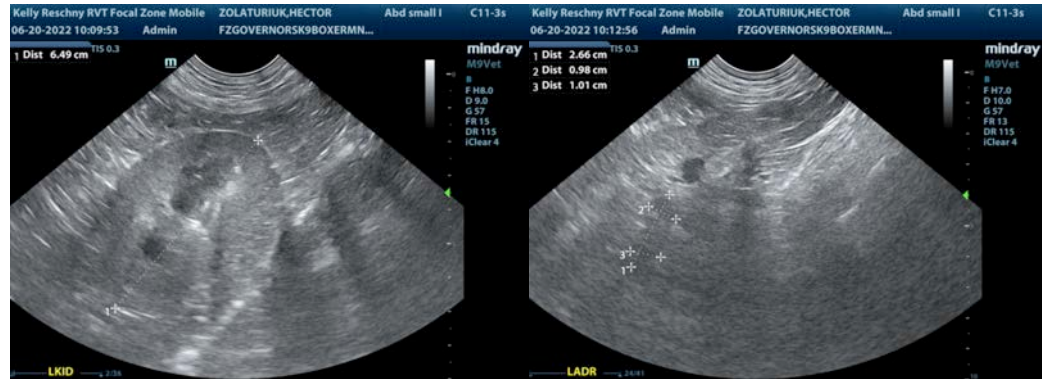
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PATIENT

Hector Zolaturiuk

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.

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.

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

info@SonoPath.com

BREED

Boxer

SEX

Neutered Male

AGE

11 Years

WEIGHT

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