



PATIENT

Rebel OHare

PRESENTING CLINICAL SIGNS

History: Elevated Alk Phos 1230, weight loss, not PU/PD. Melanotic skin mass over L hip. Current meds: thyrotabs 0.6mg BID

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 2/16/21 ALKP 670, 3/25/22 ALKP 1760, 6/9/22 ALKP 1230, T4 3.6, UA: pH 7, 3+ protein, 2-3 WBC SG: 1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

SEX

MN

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 6.5 cm in length. The right kidney measured 7.1 cm in length.

AGE

8.5 yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

77lb

The residual prostate was free of pathology measuring 0.87 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 3.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 3.4 cm length. No evidence of adrenal enlargement or tumors.

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

Jessica Miller

HOSPITAL NAME

American AH

Liver

The liver presented enlarged in size. 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 exhibited subjective mild subnormal size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Stockmal

INVOICE

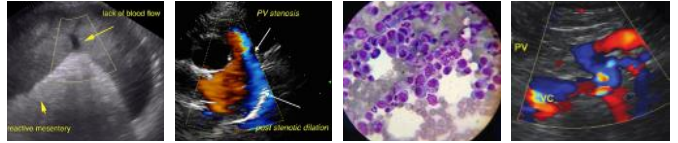
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

DATE

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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

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Pancreas

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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern-subjectively benign
- Sonographically unremarkable bilateral kidneys
- Overtly normal GI tract with gastric ingesta

AGE

8.5 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

77lb

Aside from the subjective benign hepatopathy, no overt evidence of abdominal visceral pathology was observed on this study. The hepatic presentation was suggestive of vacuolar hepatopathy given the sole yet significant ALP elevation. Potential for alternative primary parenchymal disease such as nonspecific inflammation is possible yet thought less likely. No overt evidence of neoplastic criteria was observed. Assuming normal clotting status an ultrasound guided FNA of the liver using a 25g needle for screening cytology could be considered. Hepatosupportive medication may prove beneficial.

INTERPRETED BY

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(Canine and Feline)

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

IMAGING PERFORMED BY

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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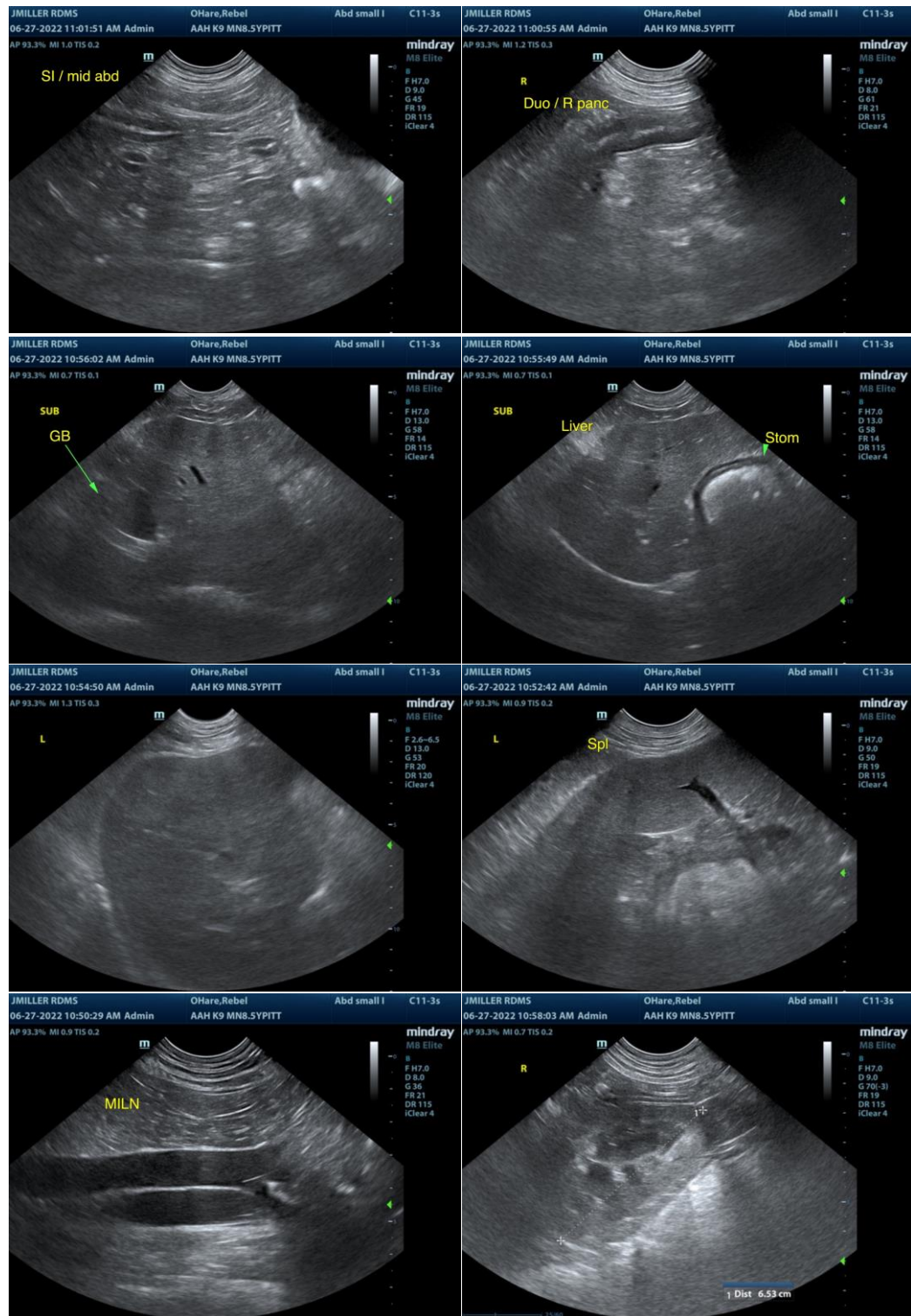
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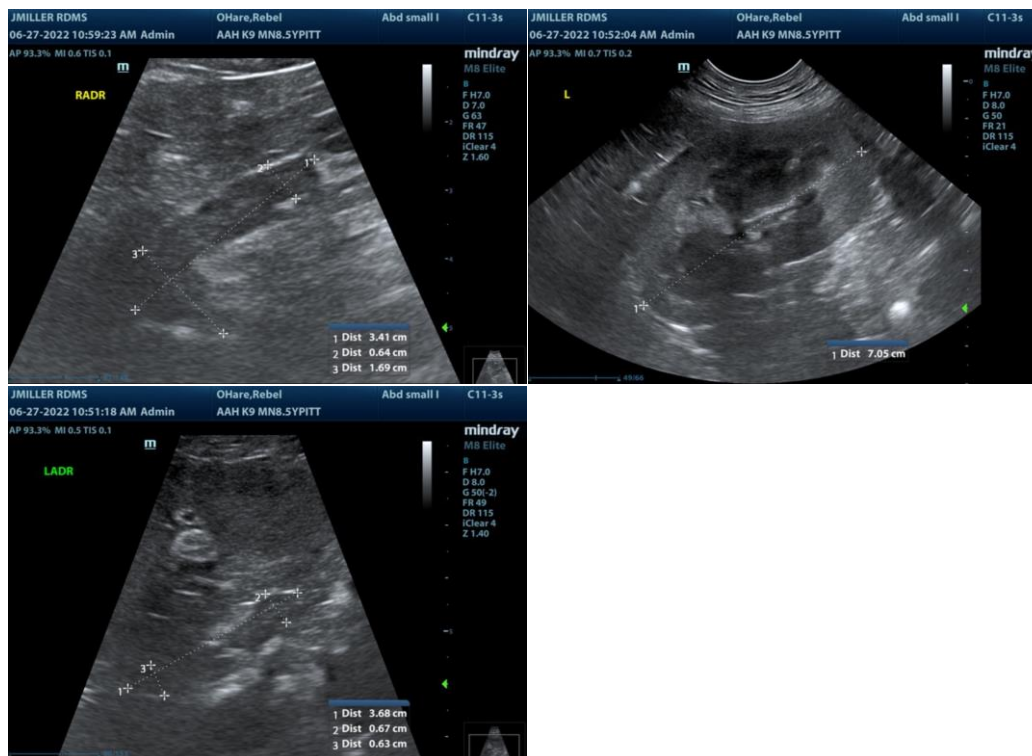
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AGE

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WEIGHT

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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)

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