



PATIENT PRESENTING CLINICAL SIGNS

Abbie McGlinchey Elevated liver values on pre op bloodwork Denamarin Advanced

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the ventroapical urinary bladder wall with mild asymmetrical luminal surface contour was present. The ventroapical urinary bladder wall width measured 0.33 cm. Small, nondependent, hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.86 cm diameter.

BREED

Yorkie Mix

SEX

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AGE

2013

WEIGHT

19

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the caudal pole of the left adrenal gland with mild associated distortion of the caudal adrenal capsule yet without evidence of parenchymal escape or vascular invasion. The nodule did not exhibit signs of nodular mineralization. The nodule measured 1.0 cm x 0.88 cm. The overall left adrenal gland measured 0.99 cm width at the caudal pole and 0.37 cm at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.56 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.

Liver/ Gallbladder

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. Moderate, nondependent, mildly hyperechoic mobile gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehighton AH

REFERRING VET

Dr. Mriss

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PATIENT

Gastrointestinal

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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.

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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.

Canine

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

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Pancreas

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Cystic calculus with minor secondary ventroapical cystitis
- Mild age-related kidneys with pinpoint medullary mineral
- Hepatomegaly exhibiting uniform parenchyma
- Moderate gallbladder debris (non-mucocele)
- Nonspecific left adrenal nodule - suspect adenoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample is recommended.

IMAGING

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Rebekah Jakum, CVT
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The appearance of the liver is consistent with benign hepatopathy / hepatomegaly. Considerations may include suspected vacuolar hepatopathy, inflammatory hepatopathy i.e., cholangiohepatitis, given the concurrent ALT elevation and presence of gallbladder debris, possible. No evidence of hepatobiliary neoplastic criteria was noted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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The left adrenal nodule is suggestive of adenoma which may be functional vs. nonfunctional. Adrenal workup could be considered if clinical signs consistent with Cushing's Syndrome are present. Technically, the possibility of emerging left adrenal neoplasia i.e., pheochromocytoma, and adenocarcinoma, cannot be excluded. Screening blood pressure is suggested to assess for evidence of hypertension which may allude to a pheochromocytoma. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 6 weeks is recommended.

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No anesthetic contraindications, given the normal albumin, glucose, cholesterol, and BUN levels.

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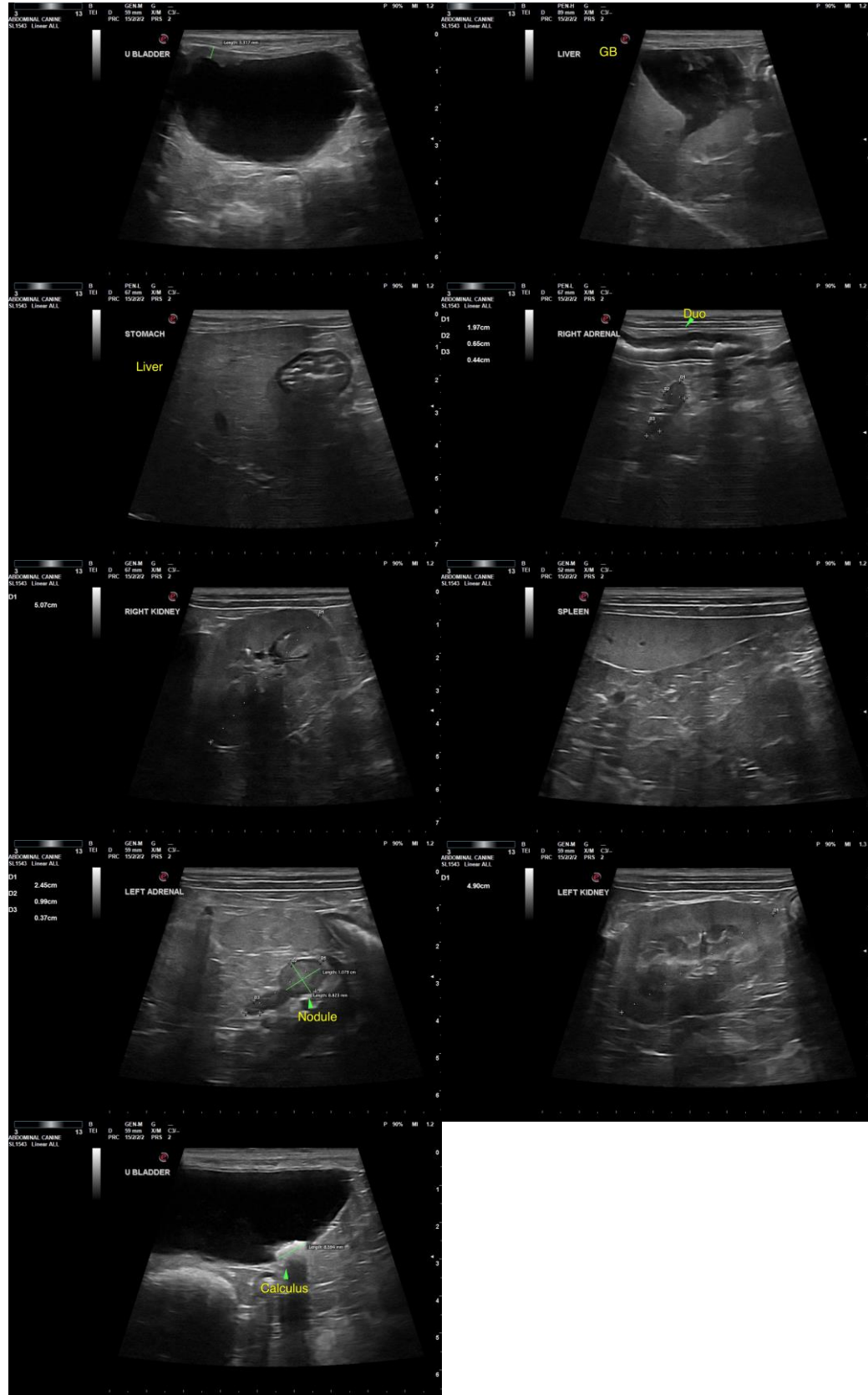
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Yorkie Mix

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