



PATIENT

Daphne Dlugosz

SPECIES

Canine

BREED

Terrier, Jack Russell

SEX

FS

AGE

14

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Stan Gira-
SABADILLA AC

INVOICE

13999

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Liver enzyme elevation with normal BA test results

Abnormal PE/Chem/CBC/UA Results: Globulin 52 25-45 g/L , ALT 662 10-125 U/L, ALP 1163 23-212 U/L (at the time of tooth abscess surgery . Liver enzymes have gone down partially a month later but are still elevated .(ALP 251 23 - 212 U/L,ALT 532 10 - 125 U/L, Globulin 50 25 - 45 g/L. Levels of albumin have been wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor areas of medullary mineral were noted in both kidneys. Mild pyelectasia was noted in the left kidney. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 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 0.59 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Focal to intermittent nondisruptive hyperechoic nodules were present in the medial parenchyma adjacent to the hilus, consistent with benign myelolipomas. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was normal in size and overall contour with generalized variably echogenic parenchyma with a moderate coarse echotexture exhibiting parenchymal remodeling and potential indistinct nodular changes. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder is otherwise normal without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

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

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting variably echogenic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with mild left kidney pyelectasia
- Benign splenic nodules
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific yet consistent with likely benign chronic hepatopathy. Considerations may include chronic vacuolar hepatopathy, nonobstructive cholestasis given the ALP elevation with primary or concurrent inflammatory hepatopathy, i.e., cholangiohepatitis given the ALT elevation and presence of gallbladder debris, Indistinct areas of nodular hyperplasia, hematopoiesis, mild fibrosis, or other hepatopathy with neoplasia thought unlikely.

Assuming normal clotting status, hepatic FNA for screening cytology primarily to assess for evidence of inflammatory cells could be considered. Empirical hepatosupportive medications including Denamarin and Ursodiol may prove beneficial and would be reasonable with continued monitoring of hepatic response.



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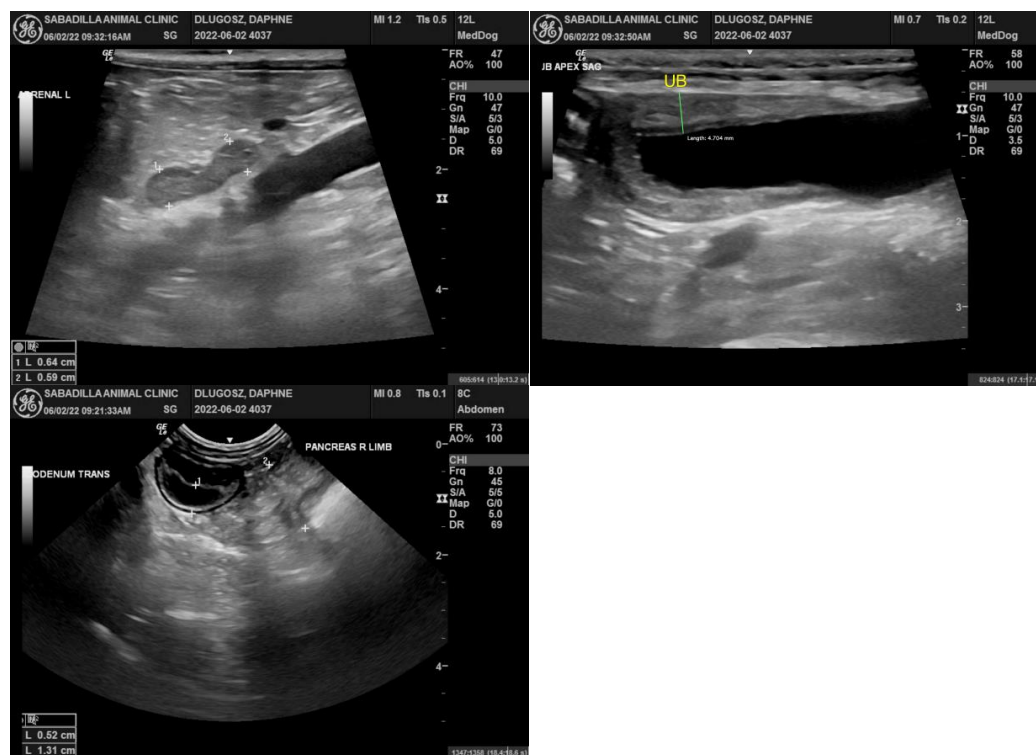
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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