



**PATIENT**

Lola Baker

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

FS

**AGE**

12 years

**WEIGHT**

11 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

17226

**DATE**

6/30/23

**PRESENTING CLINICAL SIGNS**

normal physical exam, main concern is persistently high ALT  
Abnormal PE/Chem/CBC/JA Results: ABNORMAL Laboratory Findings ALT on 3-1-23 was 229, now it is 400. dog is healthy. doing ultrasound to get a better sense for why liver value is elevated. Rest of blood work is normal Current Medications just started Denamarin Radiographic Findings none

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 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 3.5 cm in length. The right kidney measured 3.9 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 0.56 cm width at the caudal pole and 0.48 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 0.52 cm width at the caudal pole and 0.56 cm width at the cranial 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 was subjectively borderline enlarged with symmetrical contour and normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Minor hepatic parenchyma remodeling was noted. Normal vascular volume was present with no masses or nodules.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



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**Gastrointestinal**

Lola Baker

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.

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

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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 were evident.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy with minor parenchymal remodeling - suspect probable nonspecific inflammatory hepatopathy
- Mild gallbladder sediment (non-mucocele)
- Mild age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, screening hepatic FNA cytology could be considered for potential further clarification and possible identification of and using a 25-gauge needle, ultrasound-guided FNA inflammatory cell type if present. Denamarin +/- Ursodiol, due to its antioxidant and immunomodulatory effects within the liver as well as the presence of mild gallbladder sediment with an assessment of hepatic response and monitoring of renal parameters going forward would be reasonable. No evidence of significant hepatic parenchymal pathology or vascular abnormality was noted.

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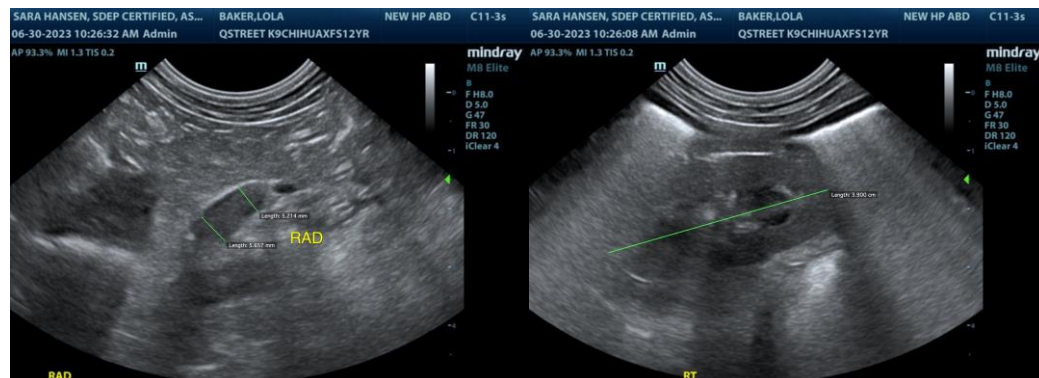
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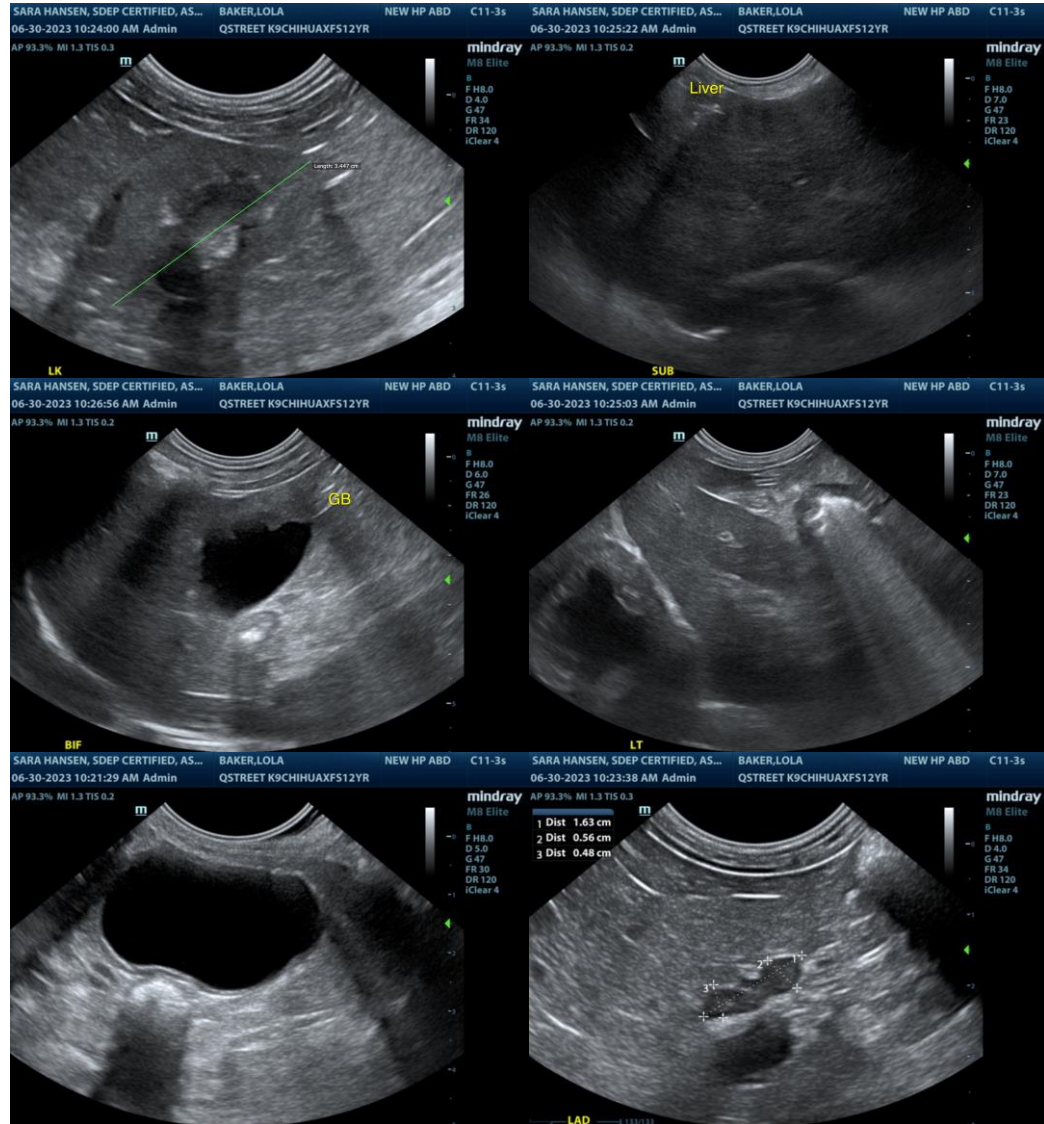
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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