



**PATIENT**

Hudson Oestreicher

**SPECIES**

Canine

**BREED**

Pointer

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

58 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield Vet Services

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

38428

**DATE**

6/6/22

**PRESENTING CLINICAL SIGNS**

Elevated liver values  
Abnormal PE/Chem/CBC/UA Results: USG: 1.10, ALT: 224, Alk: 582, GGT: 29, mag: 2.6, sod: 155, pot: 5.6, chol: 435, PSL: 182, T4: 0.5.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology in the area of the aortic trifurcation. A visualized medial iliac lymph node exhibited essential isoechoic echogenicity compared to adjacent omentum with maintained width to length ratio of <0.5, measuring 2.2 cm x 0.86 cm. This medial iliac lymph node was not consistent with inflammatory or neoplastic criteria, and likely incidental.

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 6.4 cm. The right kidney measured 6.6 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.83 cm at the cranial pole and 0.91 cm at the caudal pole. The right adrenal gland measured 0.87 cm at the cranial pole and 0.88 cm at the caudal 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**

The liver exhibited mild to moderate enlargement with the ventral liver extending caudally past the level of the gastric axis. Maintained symmetrical capsule contour. Generalized hyperechoic parenchyma exhibiting moderate coarse echotexture. Intermittent non-disruptive, hypoechoic intraparenchymal nodules noted. Example of nodule measured 1.5 cm diameter. The nodules did not appear to distort the hepatic capsule.

The gallbladder was non distended in size with mild, non-organized, non-mineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammation.

**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.



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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.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Hyperechoic hepatomegaly with intermittent non-disruptive hypoechoic intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Mild age related renal changes.
- Overtly normal bilateral adrenal glands.
- Minor pancreatic remodeling.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The overall liver was non-specific with many potential etiologies including vacuolar hepatopathy, inflammatory/immune mediated disease, areas of nodular to regenerative hyperplasia, hematopoiesis, lipogranulomas, mild to early fibrosis, or other hepatopathy. Potential for neoplastic criteria thought less likely, yet cannot be definitively excluded. Further assessment may include ultrasound guided FNA of the liver, assuming normal clotting status, for screening cytology.

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Given the decreased USG, full adrenal workup may be considered, if clinical signs are consistent with Cushing's syndrome (i.e., PU/PD, polyphagia, etc.). However, the bilateral adrenal glands are not overtly suggestive of hyperplasia, and are without evidence of adrenal neoplastic criteria.

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Empirical hepatosupportive medication including Denamarin and Ursodiol recommended, if not instituted, and may prove beneficial.

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Likely mild age related pancreatic changes, and incidental. Potential for low-grade to chronic pancreatitis possible, if previous clinical signs suggestive of pancreatitis.

**REFERRING VET**

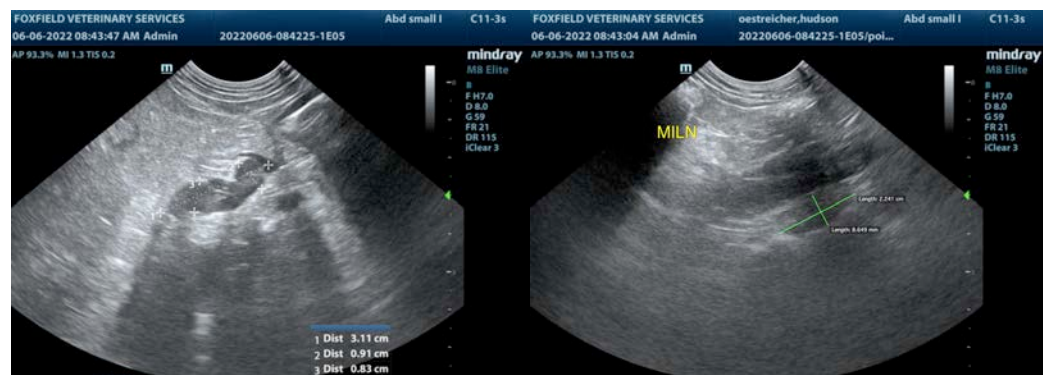
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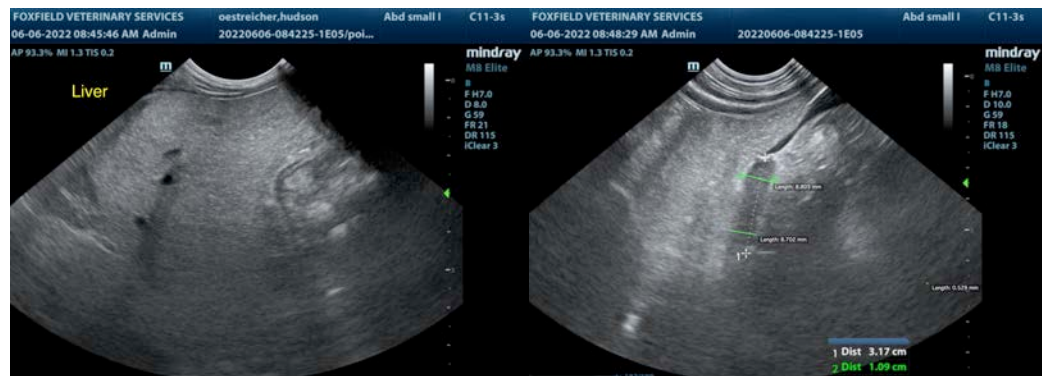
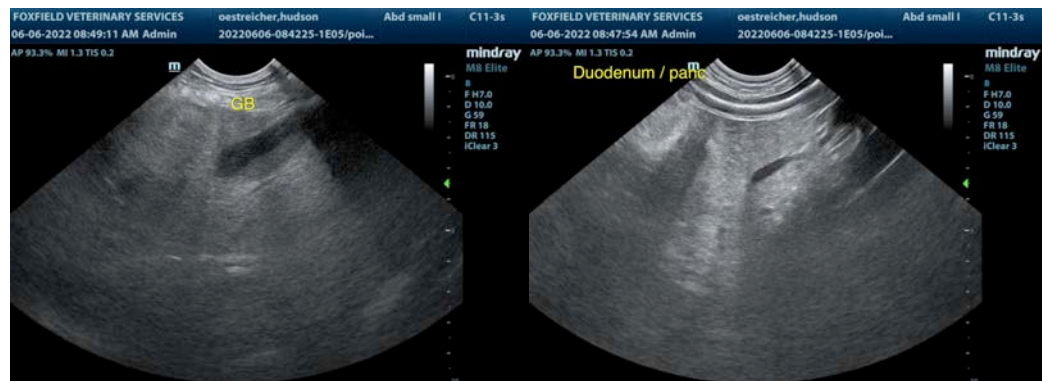
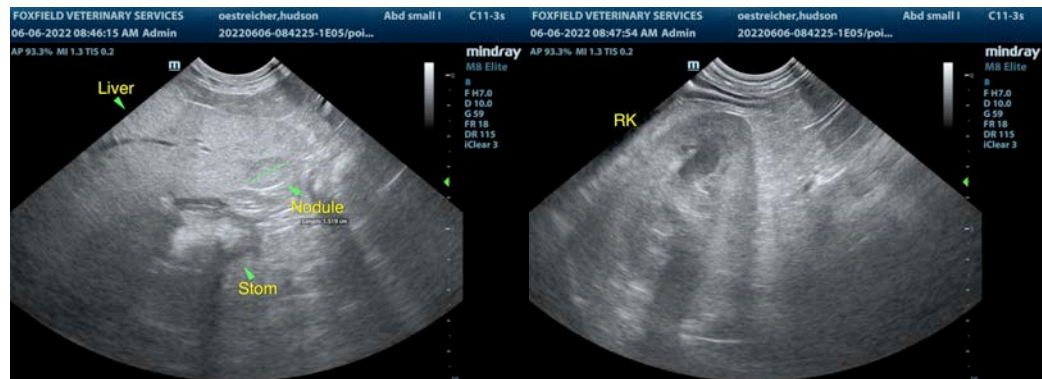
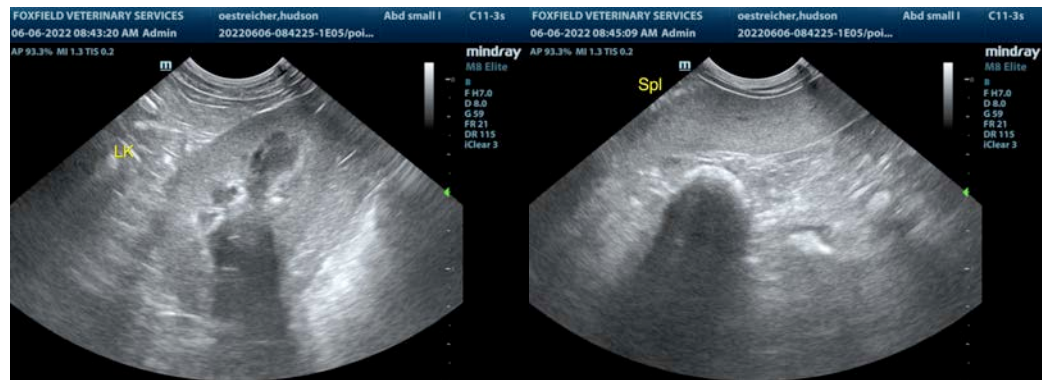
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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