



PATIENT

Zeus Bek

PRESENTING CLINICAL SIGNS

Grossly elevated ALT, ALP, GGT, Total bilirubin. Cholesterol. Resolving jaundice. Eating again.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Doberman

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

SEX

M/N

No overt pathology in the area of the residual prostate.

AGE

10 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

39.6 kg

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 7.1 cm in length. The right kidney measured 6.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.53 cm width at the cranial pole.

No obvious pathology in the area of the right adrenal gland, although not definitively visualized.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

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.

HOSPITAL NAME

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Liver/ Gallbladder

REFERRING VET

Dr. Y. Qi

The liver exhibited potential for mild subnormal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

6/8/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited potential for mild distention with mild luminal gas.

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.



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

Zeus Bek **Pancreas**

SPECIES 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.

Canine

BREED **Free Abdomen**

Doberman No overt lymphadenopathy or peritoneal effusion was present.

SEX **ULTRASONOGRAPHIC FINDINGS**

M/N

- Hepatopathy with possible mild subnormal hepatic size

AGE

- Sonographically unremarkable gallbladder and area of the common bile duct- no evidence of posthepatic obstructive pattern.

10 years

- Mild age-related kidneys

WEIGHT

39.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The overall appearance of the liver was nonspecific, yet consistent with benign hepatopathy and without overt neoplastic criteria. Considerations may include vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy, resolving hepatotoxic insult, chronic toxic hepatopathy (i.e., copper) or other hepatopathy.

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Further assessment may include, if accessible, ultrasound guided FNA of the liver for screening cytology, primarily to assess for or possibly identify inflammatory cells, if present, +/- Leptospiriosis titers/PCR, if potential exposure and if endemic to the area.

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RDCS

Empirical therapy may include as needed hepatosupportive medications, including Denamarin and ursodiol, due to its antioxidant and immunomodulatory effects within the liver +/- antibiotics, if clinically indicated. Continued monitoring of hepatic enzymes for resolution or progression with the possibility of hepatic core or surgical biopsy required for a definitive diagnosis would be reasonable.

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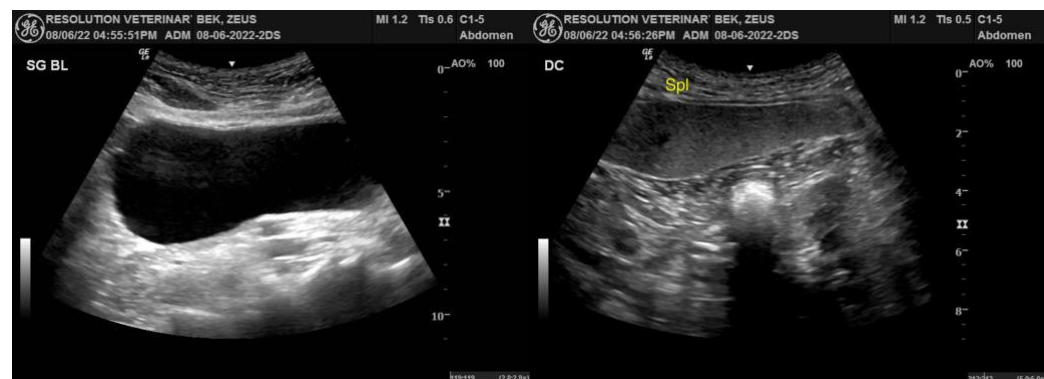
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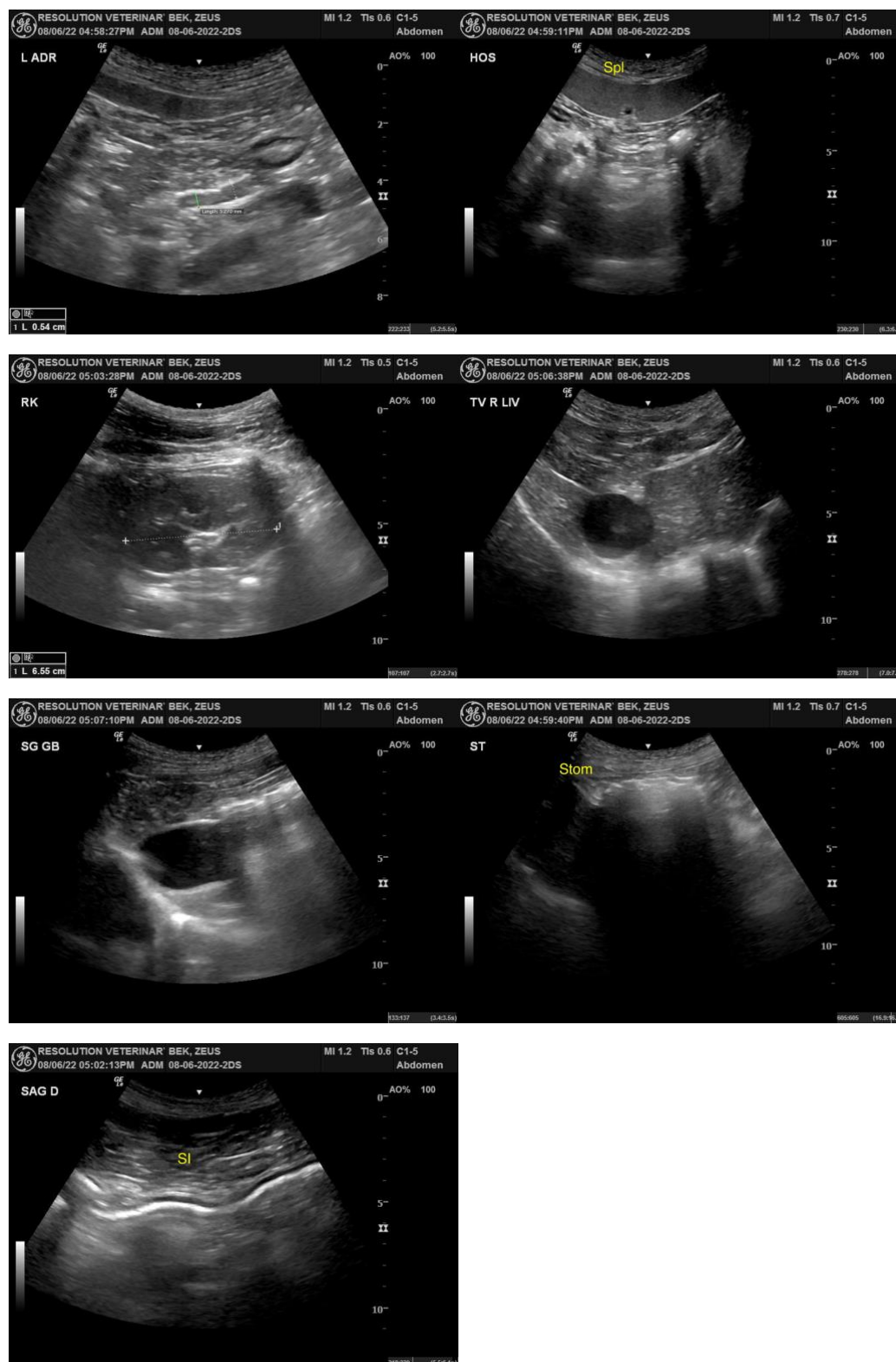
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The information and recommendations provided are based on the images presented by the



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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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