



PATIENT

Charley Rynkun

SPECIES

Canine

BREED

Labrador Retriever

SEX

S- Spayed

AGE

7 years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Layota Brown

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Layota Brown

INVOICE

14072

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Charley is a 7 yr old spayed Lab Retriever mix dog that presented for a recheck to follow up with blood work to monitor liver values, seems to be getting better. She was doing well for the past week but lately her appetite has been reduced. The O has tried to entice her with dehydrated chkn, fish, sweet potato, She has been drinking normally now, urination normal. However, the O noticed that she has been seeking colder areas of the home more recently. BAR - very friendly, panting MM pink and moist Euhydrated EEN all clean and clear LMNs all palpate normal Healthy skin and haircoat, no evidence of ecto-parasites Thoracic auscultation revealed a healthy heart, no murmurs or arrhythmias noted Abdominal palpation was WNL, not painful T WNL

Abnormal PE/Chem/CBC/UA Results: Please view attached IDEXX Report

The submitted study contained 24 still images and 3 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 6.8 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 0.60 cm width at the caudal pole and 0.62 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 0.53 cm width at the caudal pole and 0.51 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 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



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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. The gallbladder was non-distended in size with overtly normal gallbladder walls. No evidence of wall edema or inflammatory criteria was noted. No evidence of peripheral gallbladder Inflammation was noted. Primarily anechoic content was present with mild nonorganized, nonmineralized, debris in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific yet suggestive of benign hepatopathy. Considerations may include metabolic, vacuolar, reactive hepatopathy, inflammatory / Immune-mediated disease, toxic hepatopathy i.e., copper or other hepatopathy with infiltrative neoplasia considered a less likely differential diagnosis.

Further assessment may include ultrasound guided FNA of the liver, assuming normal clotting status for screening cytology primarily to assess for evidence of inflammatory cells. Leptospirosis titer/PCR is recommended if endemic to the area or potential exposure. Hepatosupportive medications including Denamarin and Ursodiol +/- antibiotic trial initially for 2 weeks if strong clinical concern for hepatitis / cholangiohepatitis are recommended. Continuation of antibiotic therapy is suggested for up to 4-6 weeks if positive hepatic response is noted with discontinuation of antibiotics suggested If no benefit. As-needed gastrointestinal support Is recommended.



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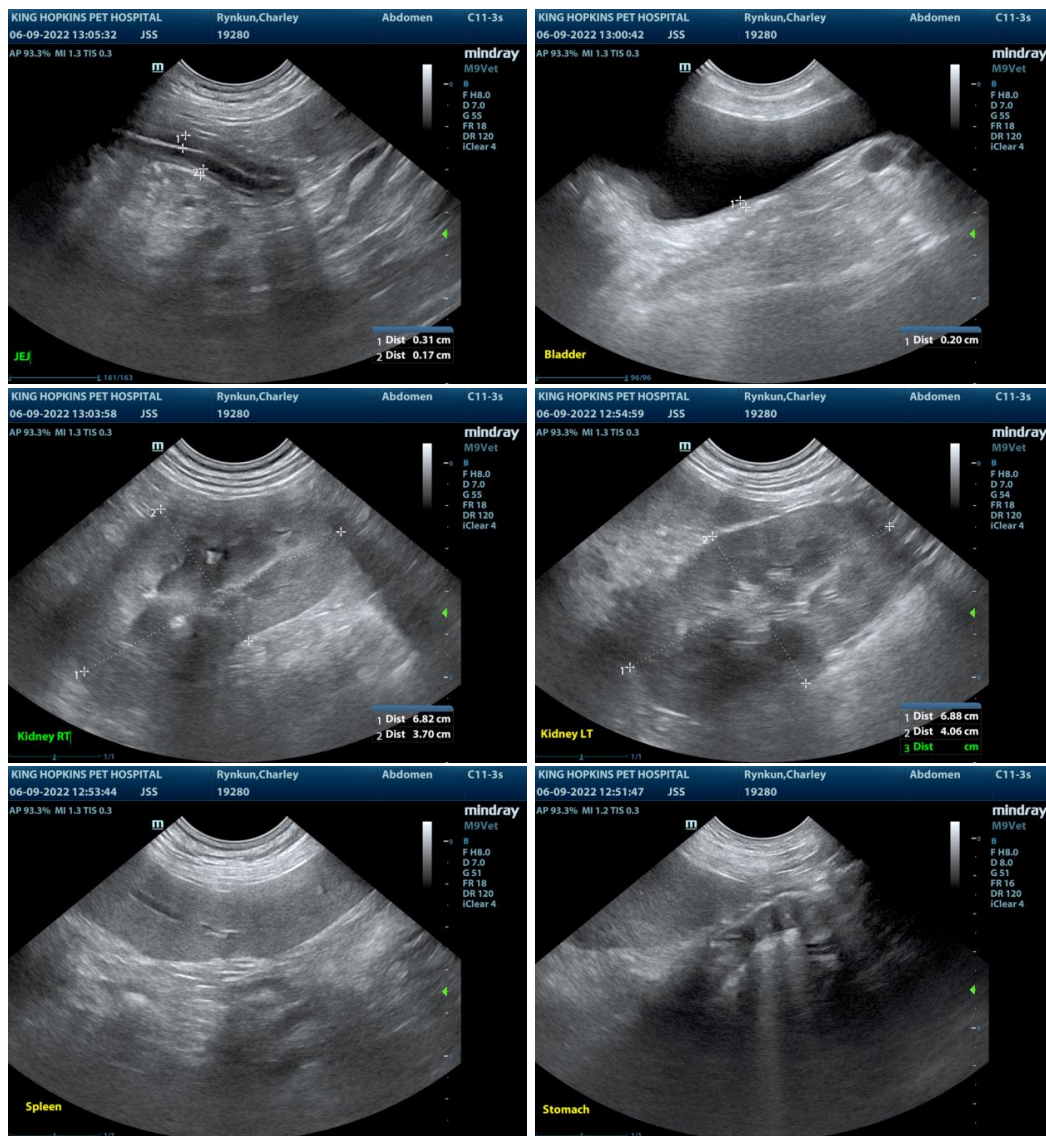
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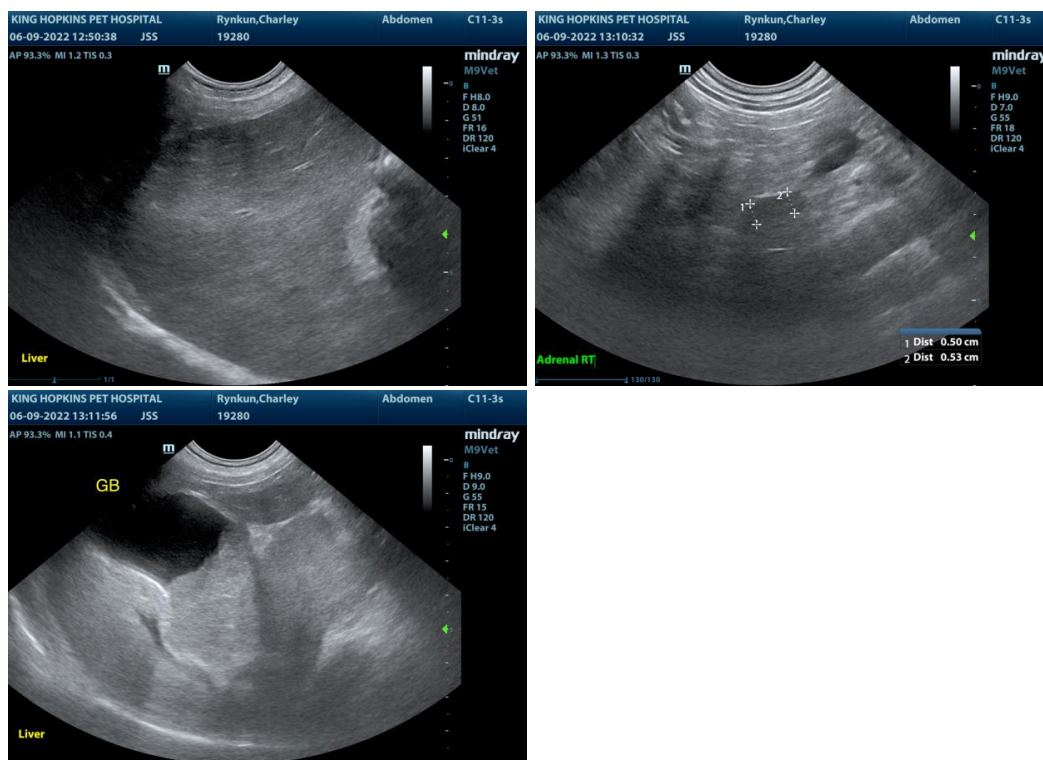
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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