



PATIENT	PRESENTING CLINICAL SIGNS
Maddie Lanzarone	Elevated ALKP and proteinuria Abnormal PE/Chem/CBC/UA Results: ALKP 658, TBili 0.4, UPC 2.5, USG 2.5
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Boston	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 was noted.
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	
11 years	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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.
WEIGHT	
30 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.73 cm width at the caudal pole. No evidence of adrenomegaly or tumors was noted.
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	The spleen was not definitively visualized. This may potentially be owing to previous splenectomy if clinically indicated with potential for splenic displacement. No evidence of obvious pathology was noted in the area of the splenic fossa.
HOSPITAL NAME	Liver/ Gallbladder
Tranquility VC	The liver was subjectively normal to possibly mildly enlarged in size with symmetrical to mildly capsule hepatic contour. Normal uniform hepatic parenchyma echogenicity exhibiting mild coarse echotexture was present with no masses or nodules noted. The gallbladder was non-distended in size with thin walls and contained anechoic content with minor nonorganized luminal debris primarily along the inner luminal wall. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Christensen	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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PATIENT

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

Maddie Lanzarone

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

Boston

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Mild vacuolar hepatopathy pattern- benign
- Minor gallbladder debris (non-mucocele)
- Minor nonspecific age-related to chronic renal changes
- Sonographically normal urinary bladder

AGE

11 years

WEIGHT

30 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications including Denamarin +/- Ursodiol is recommended with continued monitoring of ALP levels.

INTERPRETED BY

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

Underlying adrenal disease is considered an unlikely differential diagnosis unless clinical signs consistent with Cushing's Syndrome, i.e., PU/PD, polyphagia, etc., are present. Full adrenal workup could be considered given the proteinuria if clinical suspicion of Cushing's Syndrome. However, no overt evidence of adrenal pathology was evident.

IMAGING PERFORMED BY

Shari Reffi, CVT

If persistent elevated UPC, empirical therapy for protein-losing nephropathy which may include dietary therapy as well as ACE inhibitor medication and continued monitoring of UPC level may be considered. Assessment of systemic BP is suggested.

HOSPITAL NAME

Tranquility VC

REFERRING VET

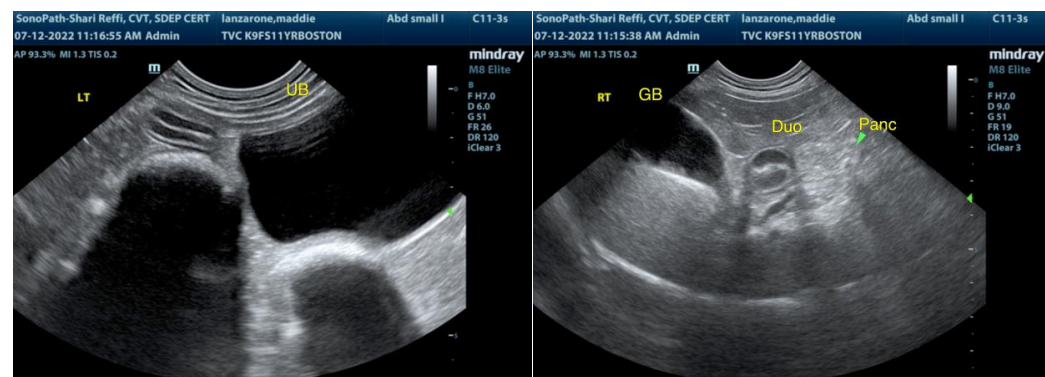
Dr. Christensen

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Maddie Lanzarone

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Canine

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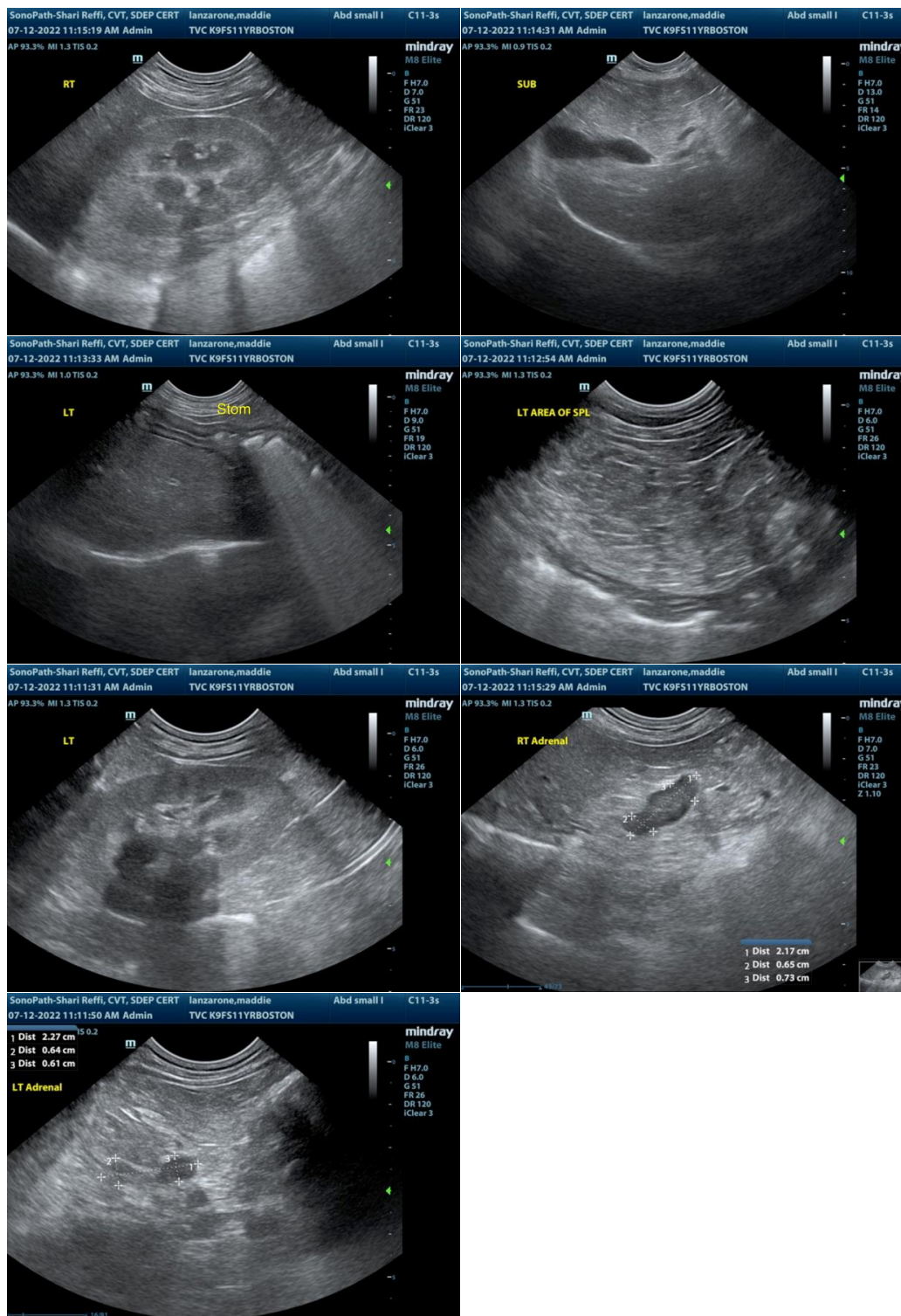
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Maddie Lanzarone

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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Boston

SEX

FS

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11 years

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