



PATIENT

Sophie Russel

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

12 years

WEIGHT

26 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

14273

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Pre-op screen. Elevated liver values. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 121, ALKP 2,847, Ca+ 11.6

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild nonhomogeneous cortex was noted in the left and right kidney. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intermittent small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 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 1.9 cm length x 0.75 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 1.8 cm length x 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Hyperechoic nodules were present throughout the medial parenchyma and around the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was mild to moderately enlarged with rounded hepatic contour exhibiting nonhomogeneous parenchyma with moderate coarse echotexture. Intermittent indistinct mildly hyperechoic intraparenchymal nodules were present. No overt hepatic masses were evident. The gallbladder was non distended in size with mild nonorganized luminal debris with no evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



PATIENT	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.
Sophie Russel	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Mix	Free Abdomen
SEX	No omental masses, lymphadenopathy or peritoneal effusion was present.
FS	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
AGE	ULTRASONOGRAPHIC FINDINGS
12 years	<ul style="list-style-type: none"> • Moderate chronic renal changes with intermittent cortical cysts • Benign splenic nodules - consistent with benign myelolipomas • Enlarged to nonhomogeneous liver - subjectively benign, vacuolar hepatopathy, Inflammatory hepatopathy, Indistinct areas of nodular hyperplasia, hematopoiesis, or other hepatopathy possible, neoplastic criteria considered unlikely • Mild gallbladder debris (non-mucocele) • Mildly remodeled pancreas - age-related pancreatic changes likely, potential for low-grade to chronic pancreatitis possible
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26 lbs.	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
IMAGING PERFORMED BY	
Shari Reffi, CVT	
HOSPITAL NAME	Assuming normal clotting status, ultrasound-guided FNA of the liver is warranted for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
Tranquility VC	
REFERRING VET	Spec cPL could be considered if clinical concern for possible low-grade to chronic pancreatitis. No overt anesthetic contraindications if normal albumin, BUN, glucose, and cholesterol levels, which indicate normal hepatic functionality. Three view chest radiographs prior to anesthesia are suggested if not done.
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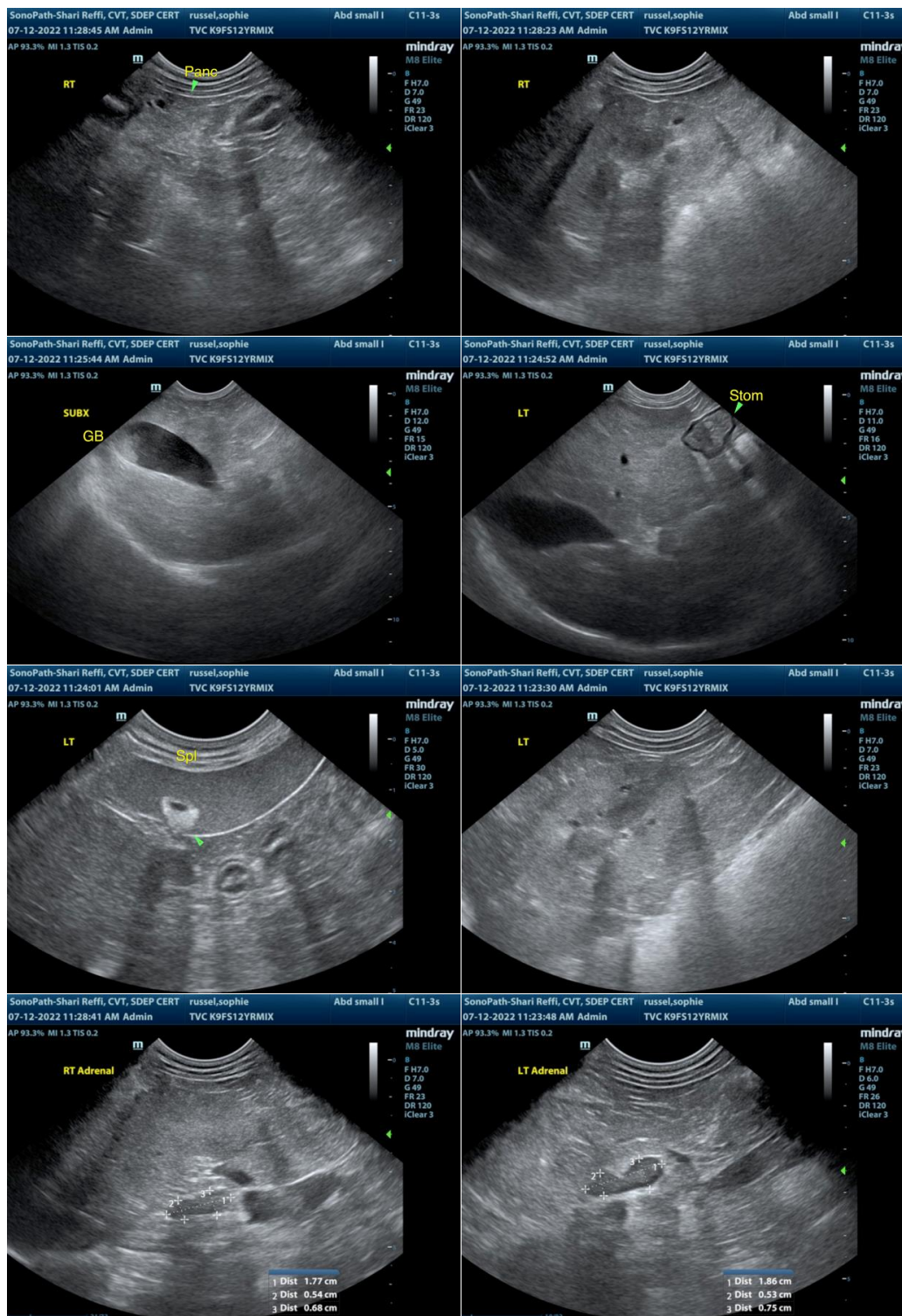
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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