



PATIENT

Jezeabelle Mallin

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

15 years

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

17308

DATE

7/19/23

PRESENTING CLINICAL SIGNS

p seen 5/2023 for check-in on senior arthritis pain and dementia-like anxiety behavior. CBC/chem submitted prior to starting NSAID, revealed persistent mild increase in ALT (183) and new increase in ALP (174), AST not measured. O's started by adding in CBD and have noticed improvement in behaviors, but still see some head-pressing against walls. Recheck labs with bile acids show slight progression with ALT and ALP and very mild inc in pre-prandial bile acids (post WNL).

Abnormal PE/Chem/CBC/UA Results: 8) Diagnostics performed : 7/17/23: CBC: WNL; chem: persistent inc ALT (250) and ALP (239); bile acids: mild elevation pre (18.9), normal post (18.1); 4dx: neg x 4 5/23/23: CBC: WNL; chem: persistent inc ALT (183), new ALP (174); T4 WNL (2.3) -since we have been measuring ALT (starting 2020), it has been elevated between 180-300

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting subjective mild capsule asymmetry and nonhomogeneous, nonmineralized parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour with generalized nonhomogeneous parenchyma exhibiting moderate coarse echotexture and parenchymal remodeling. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed, hyperechoic gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.



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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

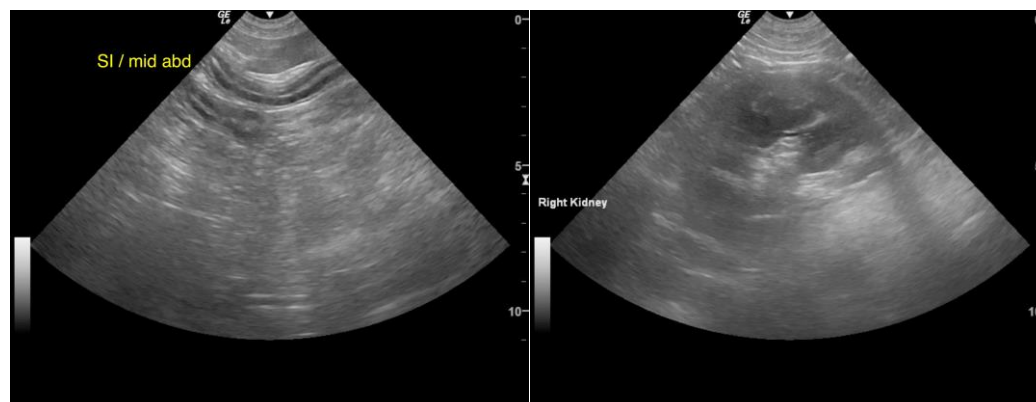
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild pyelectasia - The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
- Enlarged nonhomogeneous liver - nonspecific, vacuolar hepatopathy, inflammatory hepatopathy, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia (less likely), or other hepatopathy possible
- Congealed gallbladder sediment (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrahepatic or extrahepatic macroscopic shunt was noted. Screening hepatic FNA cytology could be considered for further clarification, assuming normal clotting status. Current hepatosupportive medications with monitoring of hepatic levels going forward would be reasonable.





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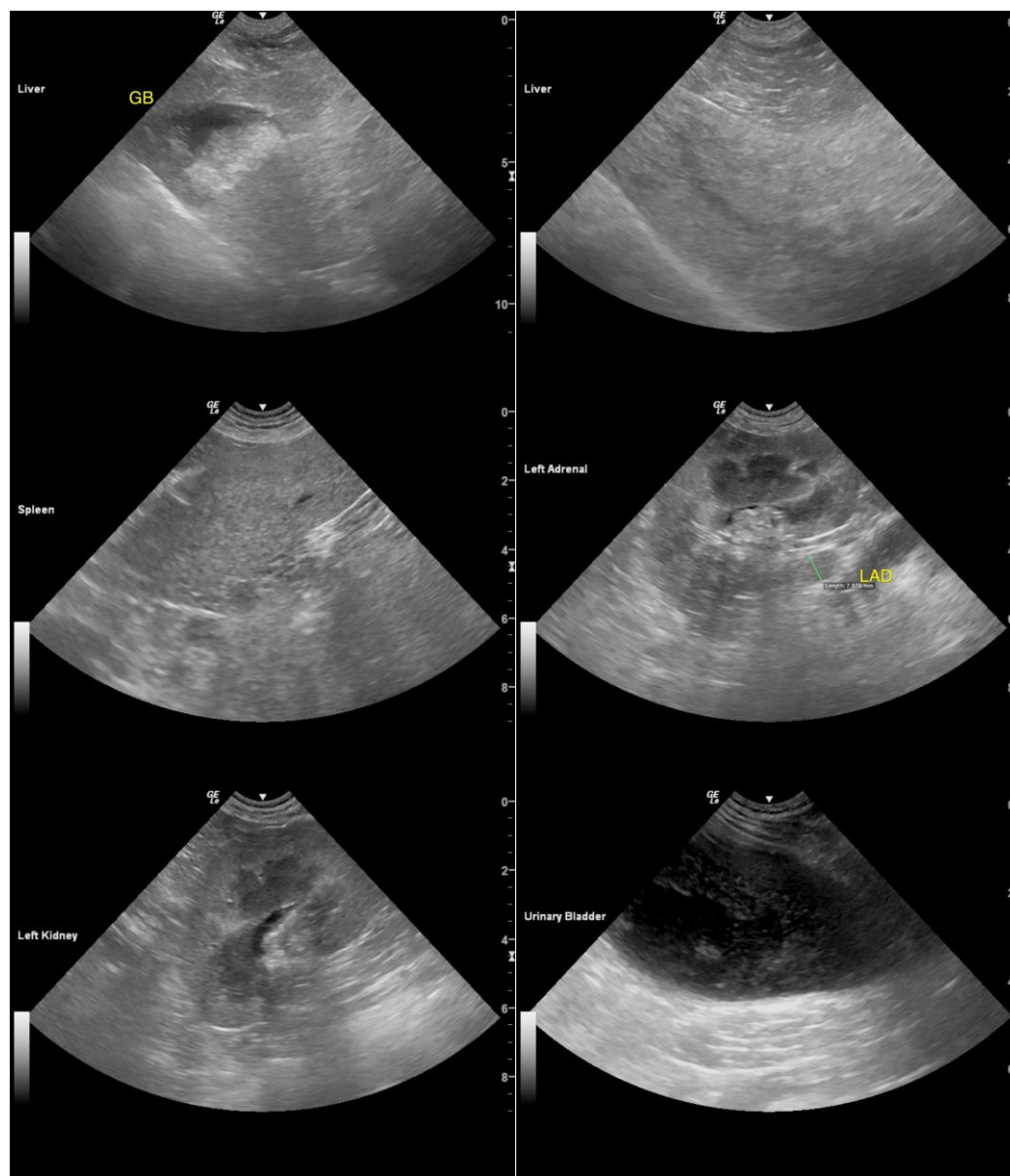
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com