



PATIENT PRESENTING CLINICAL SIGNS

Ellie Hopeck Elevated liver values.

SPECIES Medication: Apoquel PRN

Canine ALP 242, TBIL 0.6

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull *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.

SEX FS
 The area of the aortic trifurcation was free of pathology.

AGE 2013
 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 indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. Subtle medullary mineral was noted bilaterally. The left kidney measured 7.2 cm in length. The right kidney measured 6.6 cm in length.

WEIGHT 79.1

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.86 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 2.8 cm length x 0.80 cm width at the caudal pole. No evidence of adrenal tumors was noted.

INTERPRETED BY

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

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.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

White Haven VH

The liver was subjectively mildly enlarged yet maintained symmetrical contour with mild nonuniform increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and mild parenchymal remodeling. Normal hepatic vascular volume was noted with no masses or nodules.

REFERRING VET

Dr. Dengler

The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic nonorganized gallbladder sediment. No overt peripheral gallbladder inflammatory criteria were noted. The cystic and common bile ducts were normal.

INVOICE

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DATE

7/20/23



PATIENT *Gastrointestinal*

Ellie Hopeck The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic gastric fluid was present.

SPECIES 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.

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

BREED *Pancreas*

Pitbull 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.

SEX

FS *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2013
- Mild hepatomegaly exhibiting mild nonuniform parenchyma hyperechogenicity
 - Mild gallbladder sediment (non mucocele)
 - Minor age-related renal changes
 - Normal bilateral adrenal glands
 - Mildly prominent gastric wall with minor retained fluid - potential for mild gastritis if clinical signs suggestive of gastritis are present, potential gastric patient variant

WEIGHT
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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include suspected vacuolar hepatopathy, nonobstructive cholestasis, hyperplasia, hematopoiesis, and inflammatory hepatopathy, i.e., cholangiohepatitis, with infiltrative neoplasia thought unlikely. Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for inflammatory criteria. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH No overt suspicion for adrenal disease given the adrenal presentation and lack of reported clinical signs which may suggest Cushing's Syndrome.

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Dr. Dengler Gastroprotectant protocol may be considered if clinically indicated.

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HOSPITAL NAME

White Haven VH

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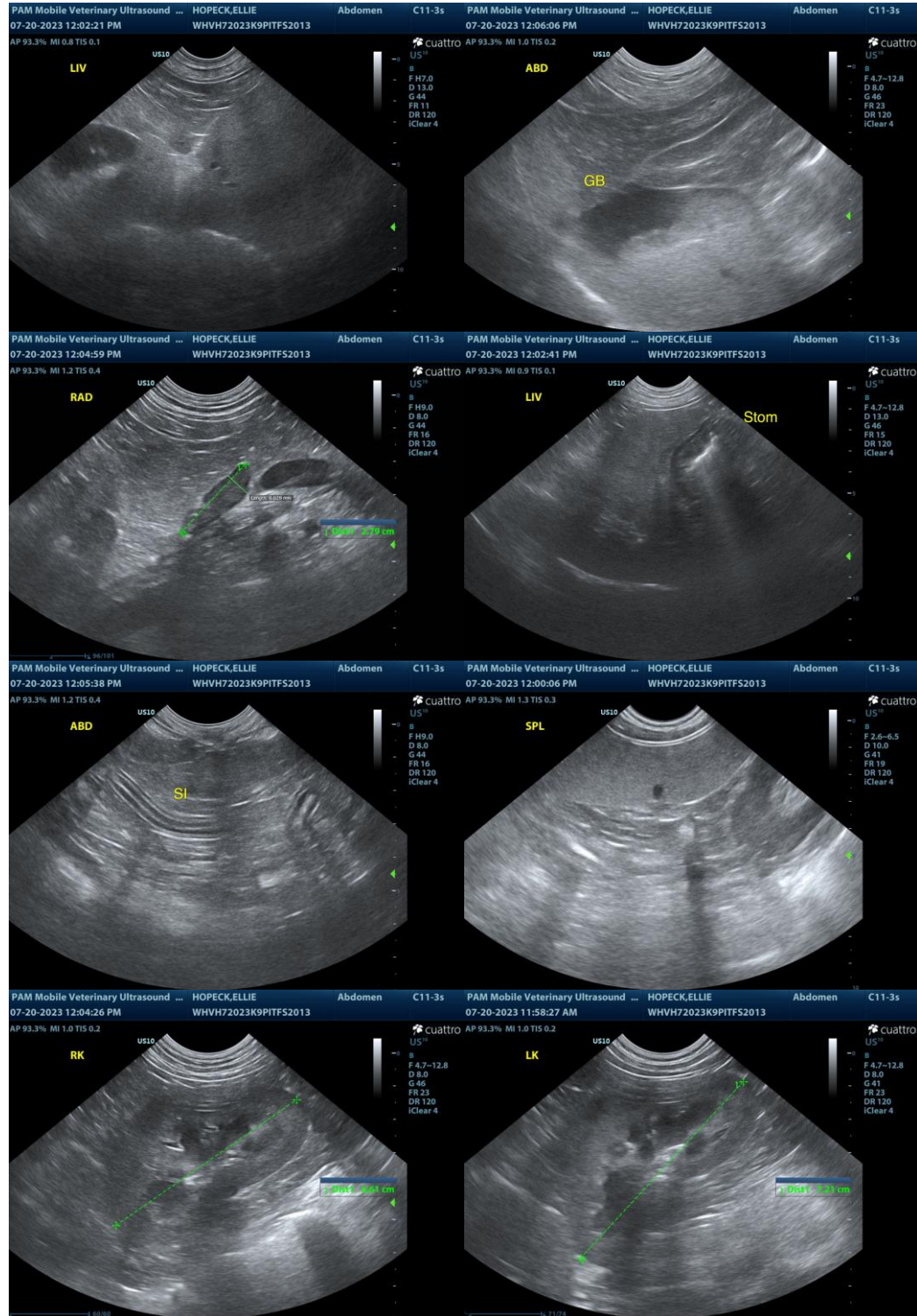
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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