



PATIENT

Lilly Mossberg

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

8 years

WEIGHT

6.2

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Hillberg

INVOICE

17335

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Recheck gallbladder.

Abnormal PE/Chem/CBC/UA Results: Overall BW improving or stable. mild lymphopenia and thrombocytopenia - likely stress-related. ALP still moderately elevated at 1936 U/L (prev >2000), other liver values now WNL. TT4 stable at 0.8 ug/dL Current Medications Ursodiol 40 mg Radiographic Findings N/A

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Static renal medullary mineralization to mild renolithiasis was noted primarily in the lateral diverticuli and more prominent in the right kidney. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight yet maintained symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 1.8 cm length x 0.56 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.51 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with subtle parenchyma heterogeneity and pinpoint hyperechoic parenchyma foci, which are suggestive of pinpoint areas of microinfarction, fibrosis, or mineralization. Pinpoint hyperechoic foci are considered incidental.

Liver/ Gallbladder

The liver presented subjective mild enlarged 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 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 normal appearance to the gallbladder wall. The gallbladder contained anechoic content with moderate, non-dependent, nonorganized,



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mildly hyperechoic gallbladder sediment along with intermittent, small, shadowing choleliths primarily in the area of the caudal lumen and gallbladder neck. An example of a cholelith measured 0.82 cm diameter. The common bile ducts was normal without evidence of post hepatic obstructive criteria.

SPECIES

Gastrointestinal

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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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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.

SEX

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

FS

Pancreas

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern - static
- Persistent subjective mildly improved gallbladder sediment and nonobstructive mild cholelithiasis
- Bilateral borderline to mild prominent adrenal glands - no evidence of adrenal tumors
- Static nonobstructive bilateral renal medullary mineral / minor renolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Continued hepatosupportive medications including current Ursodiol and Denamarin are recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic hepatobiliary reassessment is recommended if progressive cholestasis or evidence of cranial abdominal / subxiphoid discomfort on palpation.

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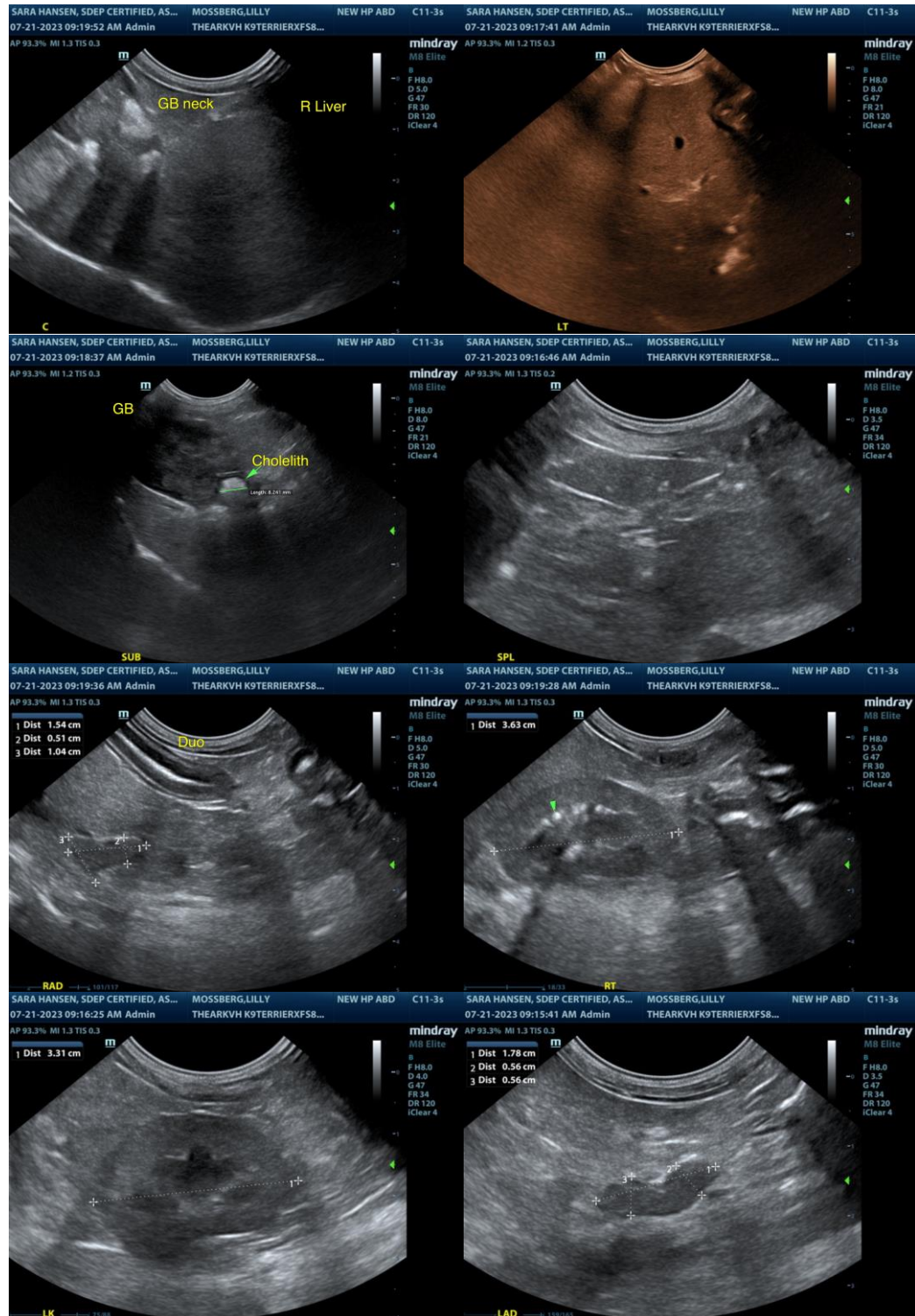
Dr. Hillberg

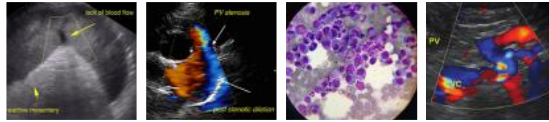
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com