



PATIENT

Mya Bailey

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

2

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Silverado

REFERRING VET

Dr. Marahar

INVOICE

17334

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Elevation of ALP on wellness exam. Patient is non clinical
Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP with elevated bile acids- Preprandial 37 range to 14 and postprandial 128 range to 29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 2.9 cm in length. The right kidney measured 3.3 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 0.33 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.36 cm width at the cranial pole.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal to adequate hepatic vascular volume was noted. The gallbladder was non-distended in size containing anechoic content with moderate, nondependent, nonorganized, mildly hyperechoic gallbladder sediment. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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.



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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable liver exhibiting normal hepatic volume - sonographically consistent with benign hepatopathy
- Moderate gallbladder sediment (non mucocele)
- Sonographically unremarkable bilateral kidneys / urinary bladder - no evidence of renal or cystic mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrahepatic or extrahepatic macroscopic shunt was noted. Primary hepatic parenchymal disease is likely.

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Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for potential initial clarification. Hepatic core surgical biopsies are likely required for a definitive diagnosis.

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The gallbladder sediment is nonspecific yet may suggest some degree of concurrent cholestasis or potential hepatobiliary inflammation. Hepatosupportive medications +/- empirical coverage for cholangitis with assessment of hepatic response may prove beneficial.

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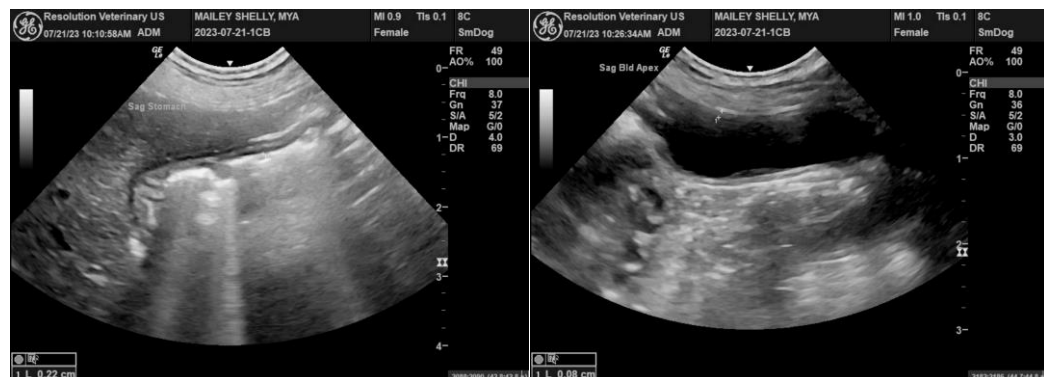
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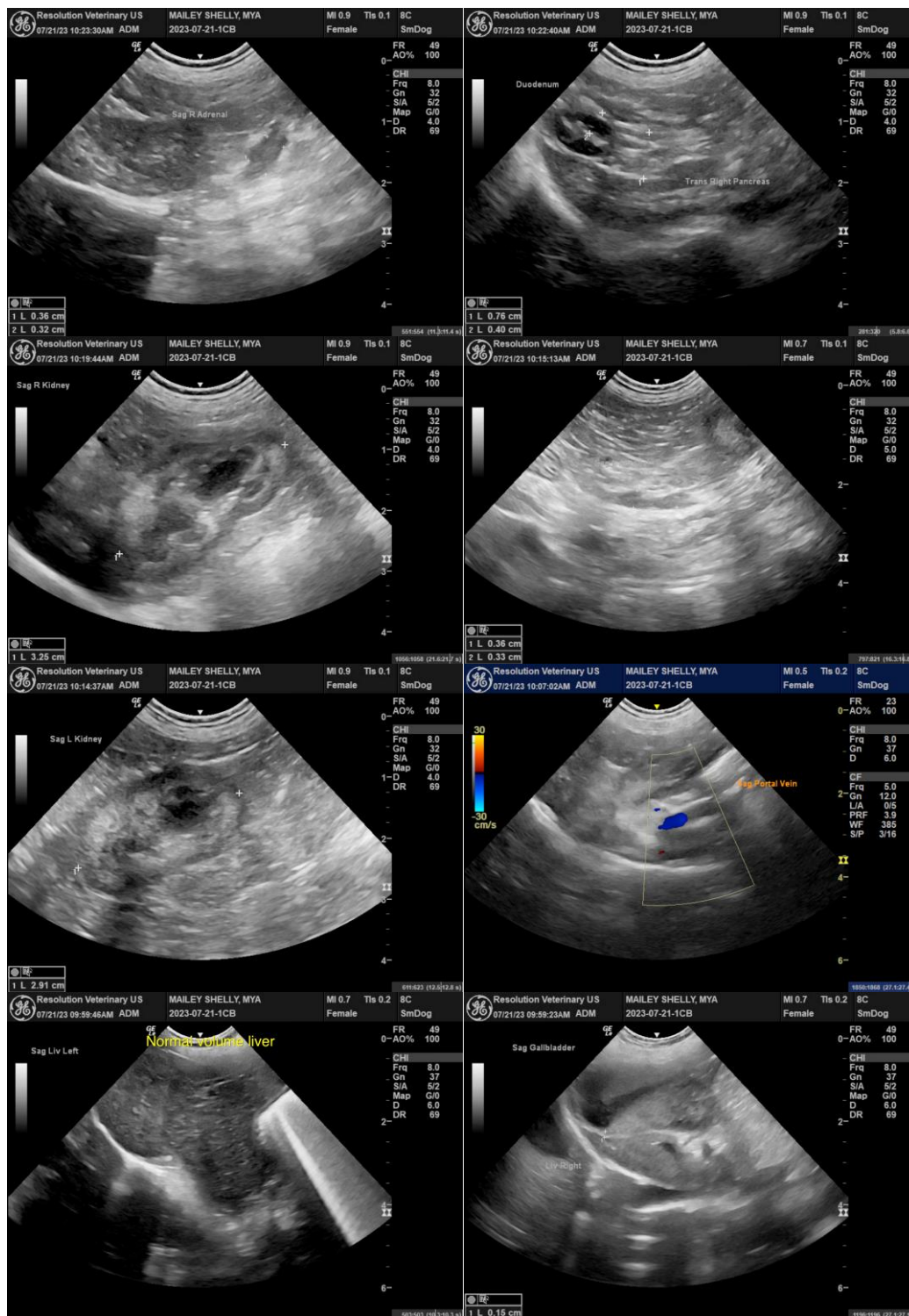
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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