



PATIENT PRESENTING CLINICAL SIGNS

Zeus SHen
Pre dental blood work elevated liver enzymes Reduced appetite Patient given short term GA for scan.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: Moderate elevation of ALT and ALPK

BREED

Samoyed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

8

The residual prostate is free of pathology.

WEIGHT

31 kg

The area of the aortic trifurcation was free of pathology.

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 5.4 cm in length. The right kidney measured 5.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Dr. Belan

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 cm width at the caudal pole and 0.4 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 0.41 cm in width at the caudal pole and 0.68 cm in width at the cranial pole.

HOSPITAL NAME

Glamorgan AH

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, symmetrical, hypoechoic nodules compared to the normal splenic parenchyma were present in the cranial to caudal parenchyma. Capsular expansion or distortion associated with the nodules was not present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Tan – Dr. Faulk

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Liver/ Gallbladder

The liver exhibited subjective mild enlargement in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. No vascular volume was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent isoechoic gallbladder wall and primarily anechoic luminal content. Moderate inspissated gallbladder sediment primarily mid to caudal lumen area of gallbladder neck. Mildly dilated non-obstructive cystic and proximal common bile duct, containing mild ductile mucus. No evidence of post hepatic obstructive pattern.

DATE

7/21/2023

Gastrointestinal



PATIENT

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, non-shadowing ingesta sonographically consistent with food without signs of ileus, obstruction, or foreign material.

SPECIES

Canine

The small intestine presented with generalized intact wall layering segmental propensity for mildly prominent to hyperechoic submucosa layer. No obstructive pattern. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

BREED

Samoyed

Normal visible colon wall layers were present with apparent formed soft fecal matter in lumen.

SEX

Neutered Male

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

31 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Non-specific hepatopathy – subjectively benign, vacuolar hepatopathy, inflammatory/immune-mediated disease, hyperplasia, hematopoiesis, mild fibrosis, non-obstructive cholestasis, infiltrative neoplasia, (less likely), or other hepatopathy.
- Moderate inspissated gallbladder sediment with mild non-obstructive cystic/proximal common bile duct dilation – suspect cholangitis.
- Benign splenic nodules – consistent with benign myelolipomas.
- Intact gastrointestinal wall with minor gastric ingesta – potential mild inflammatory enteropathy.
- Pancreatic remodeling – no sonographic evidence of active pancreatitis. Benign remodeling or low-grade/ chronic pancreatitis is possible.
- Soft fecal matter in colon.

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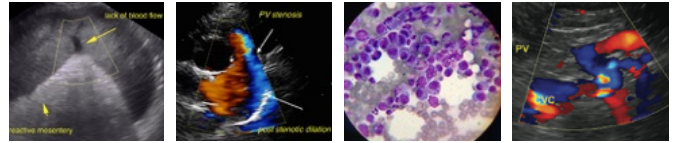
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status hepatic FNA cytology is warranted. Primarily to assess for evidence of inflammatory criteria. Leptospirosis titers/PCR may be considered if clinically indicated. The GI panel to include PLI/TLI/Cobalamin/Folate warranted to assess for occult intestinal or pancreatic disease as a contributing factor to the patients reduced appetite. Hepatic supportive medications including Denamarin or Ursodiol +/- empirical therapy for cholangitis with assessment of hepatic response over the next 2 weeks may prove beneficial. No overt anesthetic contraindications assuming evidence of adequate hepatic function i.e., normal albumin, glucose, BUN, and cholesterol levels.



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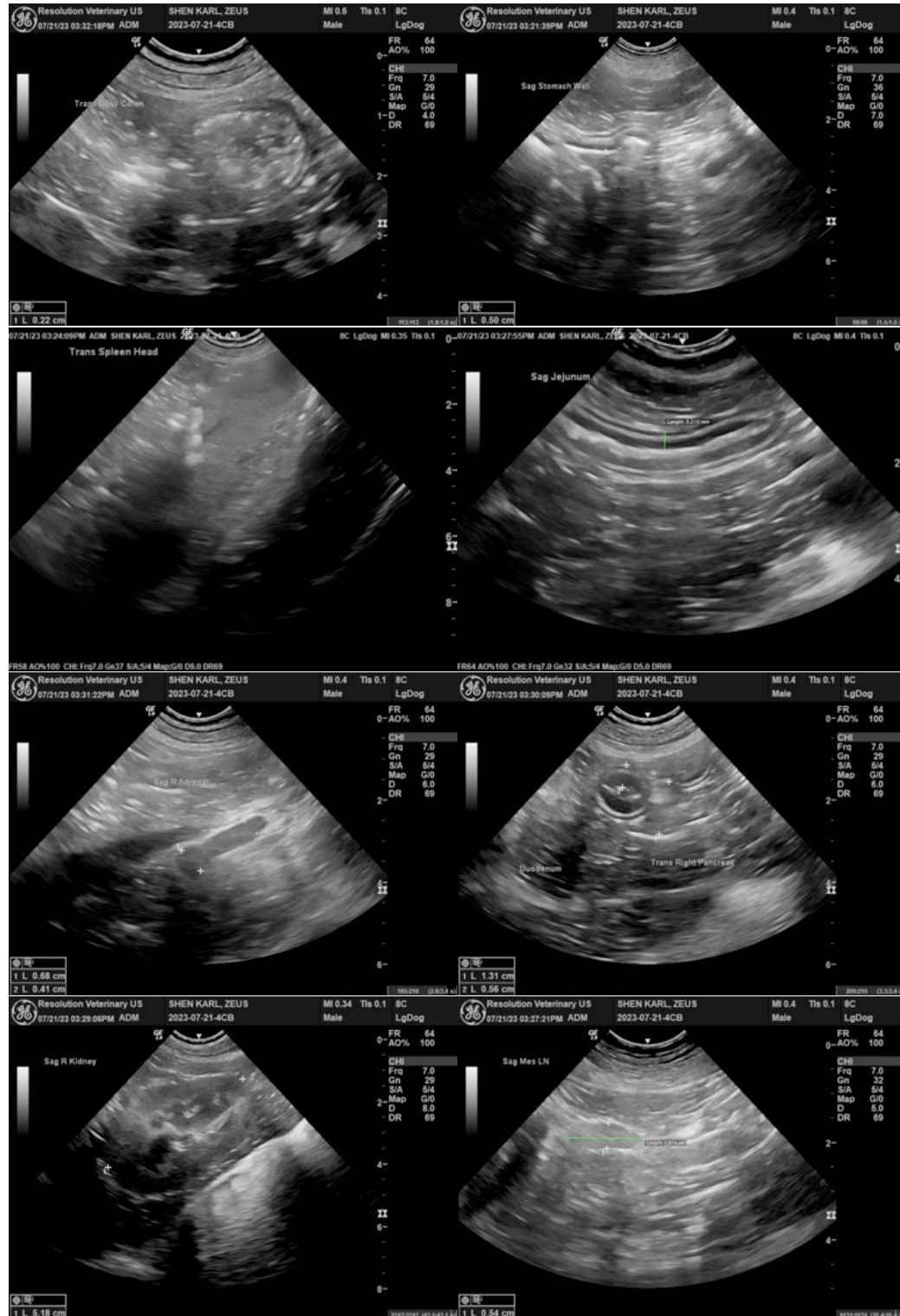
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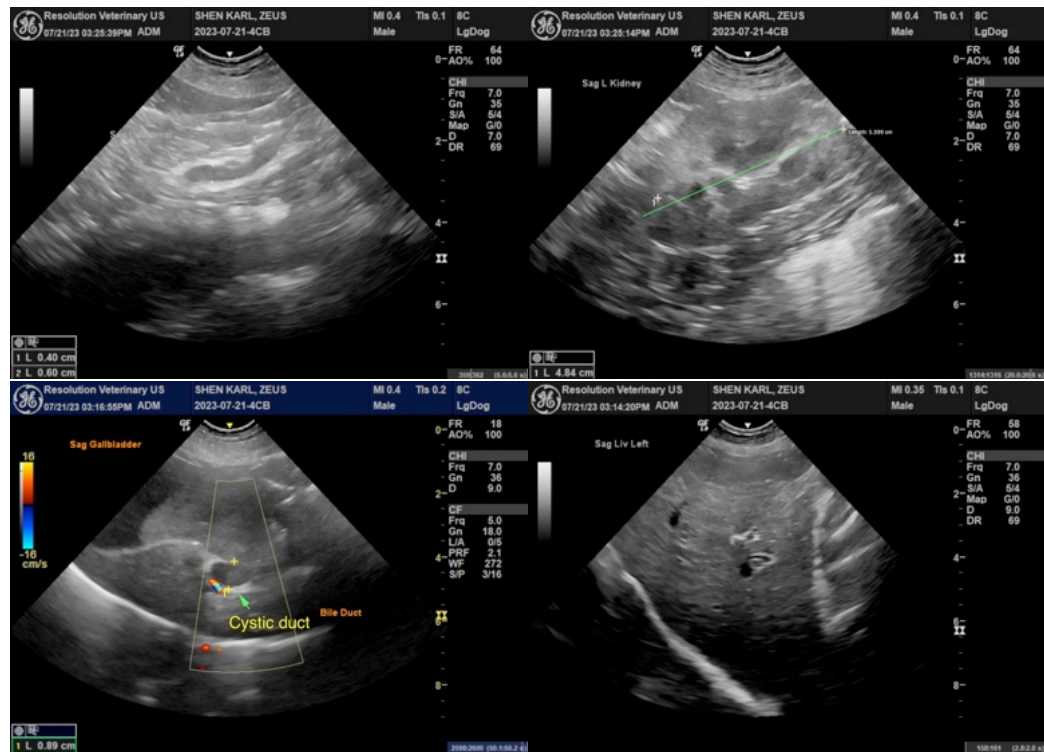
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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