



PATIENT

Didi Evans

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

11y 5mo

WEIGHT

20.9 lbs.

PRESENTING CLINICAL SIGNS

Elevated ALKP

Abnormal PE/Chem/CBC/UA Results: ALKP 1409

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 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 was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.4 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size exhibiting symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 1.9 cm length x 0.69 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.71 cm width at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured and homogenous parenchyma. A solitary nondisruptive well-demarcated hypoechoic nodule was present in the cranial spleen measuring 1.0 cm in diameter. The nodule did not distort the splenic capsule. Normal splenic vascularity was present.

HOSPITAL NAME

Newton Vet

Liver/ Gallbladder

REFERRING VET

Dr. Wyman-
Greenwald

The liver presented enlarged in 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 normal to mildly non-distended in size with minor generalized gallbladder wall edema present. Moderate, nondependent, mildly congealed yet nonorganized, mildly hyperechoic luminal debris occupying the majority of the gallbladder lumen was noted. No evidence of peripheral gallbladder inflammation 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.



PATIENT	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.
Didi Evans	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Cockapoo	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern • Moderate, nondependent yet nonorganized gallbladder debris with minor wall edema - suspect mild cholecystic
11y 5mo	<ul style="list-style-type: none"> • Mild chronic renal changes • Subjectively prominent bilateral adrenal glands - nonspecific • Minor pancreatic remodeling
WEIGHT	
20.9 lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The gallbladder presentation is suggestive of mild inflammatory criteria with potential for very early to partial gallbladder mucocele.
IMAGING PERFORMED BY	Full adrenal work-up is warranted in this patient if clinical signs consistent with Cushing's Syndrome i.e., PU/PD, polyphagia, etc., are present.
Shari Reffi, CVT	Hepatosupportive medications including Denamarin and Ursodiol with close monitoring for evidence of Increasing cholestasis, as well as cranial abdominal / subxiphoid discomfort on palpation in the area of the gallbladder, would be reasonable.
HOSPITAL NAME	Sonographic reassessment of the liver and gallbladder is recommended if evidence of increasing ALP elevation or cholestasis is noted.
Newton Vet	Multiple etiologies are possible for the solitary splenic nodule including focal hyperplasia, hematopoiesis, small hematoma, infection, and infarct, while the possibility of emerging nodular neoplastic criteria cannot be excluded. Ultrasound guided FNA of the splenic nodule, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment. Otherwise, sonographic monitoring of the nodule for evidence of progression would be a more conservative approach.
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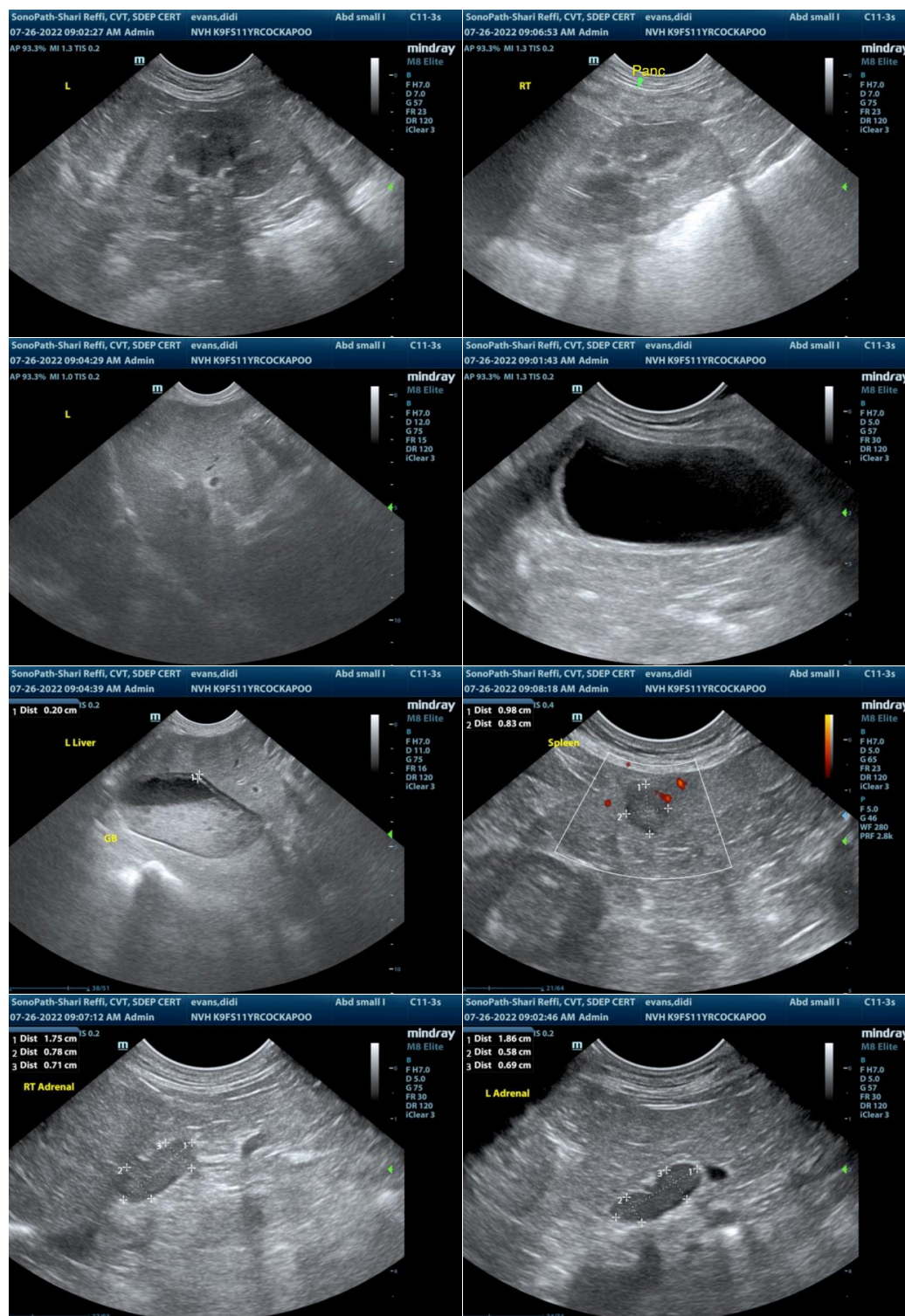
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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