



PATIENT

Bubbles Everett

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

2 y

WEIGHT

56 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

16573

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Bubbles initially presented for raisin exposure March 2022. Follow-up BW found mild increase in ALP incidentally (at the time, 280). Bubbles has been clinically normal. Repeat blood chemistries found gradually increasing ALP. An abdominal ultrasound was performed at the end of March that was fairly unremarkable. ("Normal liver structure with potential mild subnormal liver size.") The ALP has continued to increase with subsequent rechecks and despite a trial of Denamarin. Current Medications Denamarin. O stated no possible accidental ingestion of steroids.

Abnormal PE/Chem/CBC/UA Results: ALP 657 July 2022, otherwise WNL including normal ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

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 5.8 cm in length. The right kidney measured 5.2 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 2.7 cm in length x 0.50 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 2.3 cm in length x 0.57 cm width at the caudal pole.

No evidence of adrenomegaly or tumors.

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.



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Liver/ Gallbladder

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The liver exhibited subnormal size. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Subnormal liver size, exhibiting overall normal hepatic architecture
- Normal gallbladder

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation was similar/static compared to the previous ultrasound without evidence of progressive parenchymal changes. The overall liver was nonspecific yet consistent with benign hepatopathy. Potential considerations may include metabolic, reactive, idiopathic, vacuolar hepatopathy with less likely potential for inflammatory hepatopathy, i.e., hepatitis or other hepatopathy. No evidence of posthepatic cholestasis or vascular abnormality.

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Given that the patient is nonclinical, continued hepatosupportive medications with the potential addition of ursodiol, due to its antioxidant and immunomodulatory effects within the liver could be considered and may prove beneficial. However, for a definitive diagnosis, hepatic sampling is required. Given the subnormal hepatic size, screening hepatic cytology of the FNA, appears to be precluded. Core or surgical biopsy could be considered for a definitive histopathological diagnosis, if persistent/progressive ALP elevation or if additional hepatic enzyme elevation is noted.



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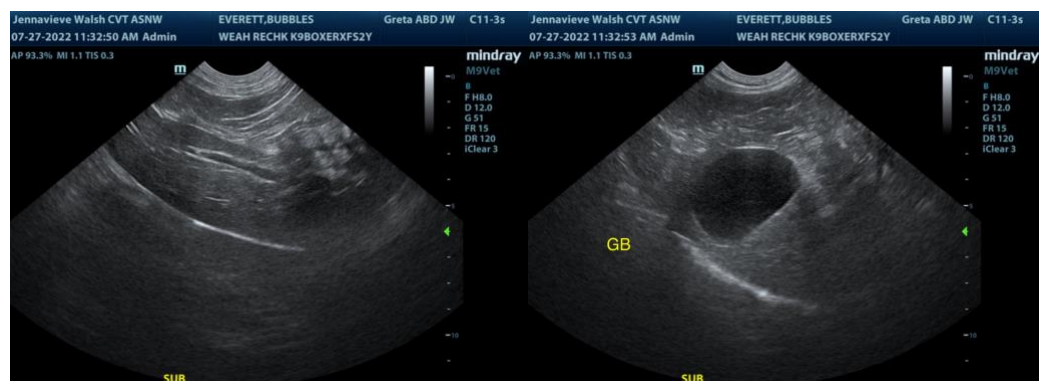
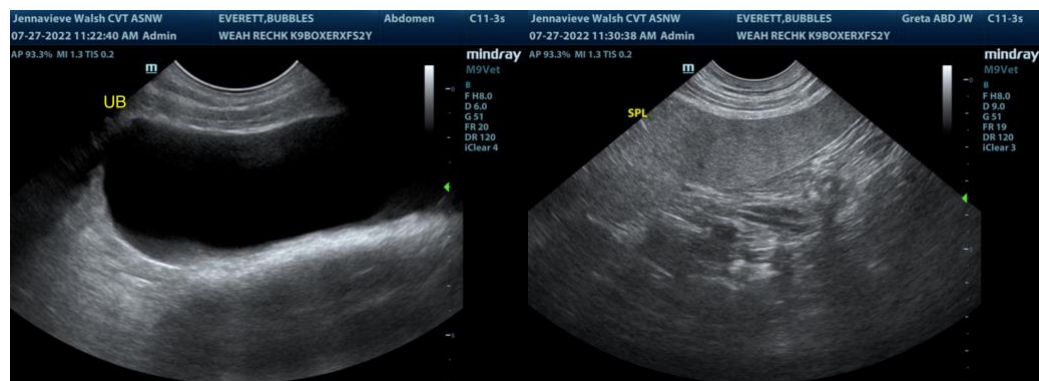
Dr. Sundholm

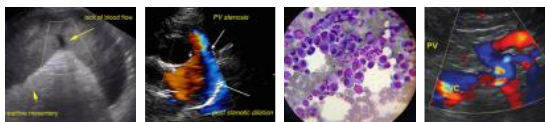
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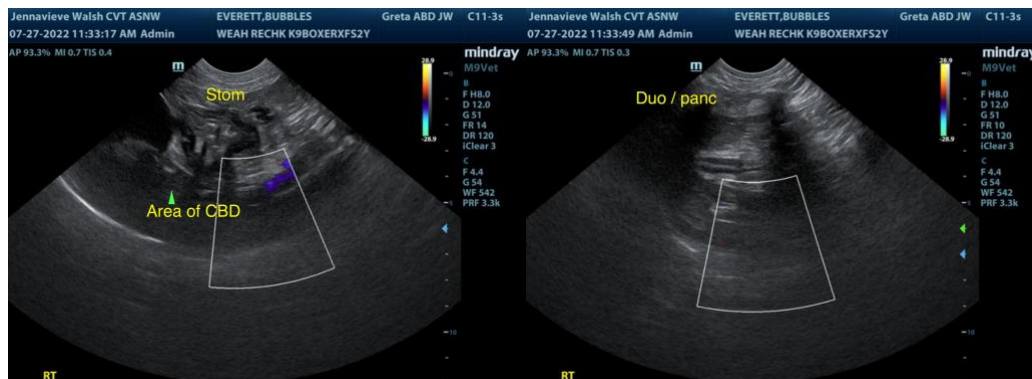
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com