



PATIENT PRESENTING CLINICAL SIGNS

Heidi Heiberg Elevated liver values
ALT 557, AST 145, TBILI 0.5

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was normal in size and tone containing primarily anechoic urine with mild dependent, luminal mineral. No evidence of Inflammatory mural changes was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

SEX The area of the aortic trifurcation was free of pathology.

FS Both kidneys were overtly normal in size and contour with mildly indistinct corticomedullary border demarcation. Focal areas of mild nonobstructive medullary mineralization were noted. No evidence of pyelectasia was present. The left kidney measured 8.1 cm in length. The right kidney measured 7.8 cm in length.

AGE

2015 **Adrenal Glands**

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.53 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 3.0 cm length x 0.90 cm width at the caudal pole.

76.2

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen was normal to possibly mildly enlarged in size yet maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Normal splenic vascularity was noted. No splenic masses or nodules were present.

IMAGING PERFORMED BY Liver/ Gallbladder

Rebekah Jakum, CVT ARDMS/RVT The liver was subnormal in size with mild areas of hepatic capsule asymmetry. Generalized nonuniform to nonhomogeneous, mildly remodeled hepatic parenchyma was present. The gallbladder was not definitively visualized. No overt evidence of common bile duct dilation or pathology was evident.

HOSPITAL NAME The visualized cranial abdominal caudal vena cava at the level of the liver and diaphragm exhibited subjective mild prominent size yet subjective laminar flow on Color Doppler. Caudal vena cava approximately measured 1.7 cm in diameter. The portal vein was not definitively visualized.

White Haven VH

REFERRING VET Gastrointestinal

Dr. Wentz 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.

INVOICE 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.

14428

DATE
7/27/22



PATIENT

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

Heidi Heiberg

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Lab Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild urinary bladder mineral
- Bilateral mild nonobstructive renal medullary mineral
- Subnormal liver size exhibiting nonhomogeneous parenchyma

FS

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2015

The overall liver was nonspecific with subnormal liver size and nonhomogeneous parenchyma changes present. Potential considerations in this case may include chronic primarily parenchymal disease such as chronic inflammatory hepatopathy, given the ALT/AST elevation. However, the potential for a non-visualized vascular abnormality such as a small portosystemic shunt or potential portal hypoplasia could be present. Fasting and post prandial bile acid testing are recommended for further assessment, as well as evaluation of hepatic functionality.

WEIGHT

76.2

INTERPRETED BY

Urine culture and sensitivity on a sterile urine sample to rule out underlying infection, given the urinary bladder mineral, is suggested.

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

Hepatic core surgical biopsy may be required for a definitive diagnosis. However, pending bile acid testing, advanced imaging such as Gold Standard CT with contrast may be indicated to rule out non-visualized vascular abnormality which is of concern in this patient.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

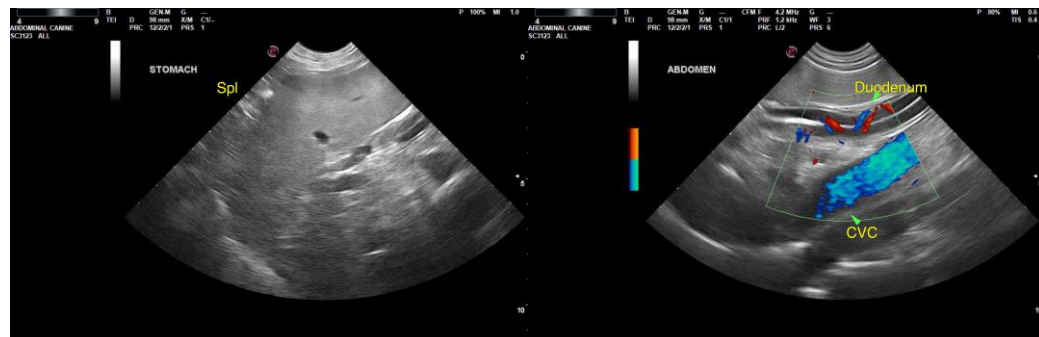
Dr. Wentz

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SPECIES

Canine

BREED

Lab Mix

SEX

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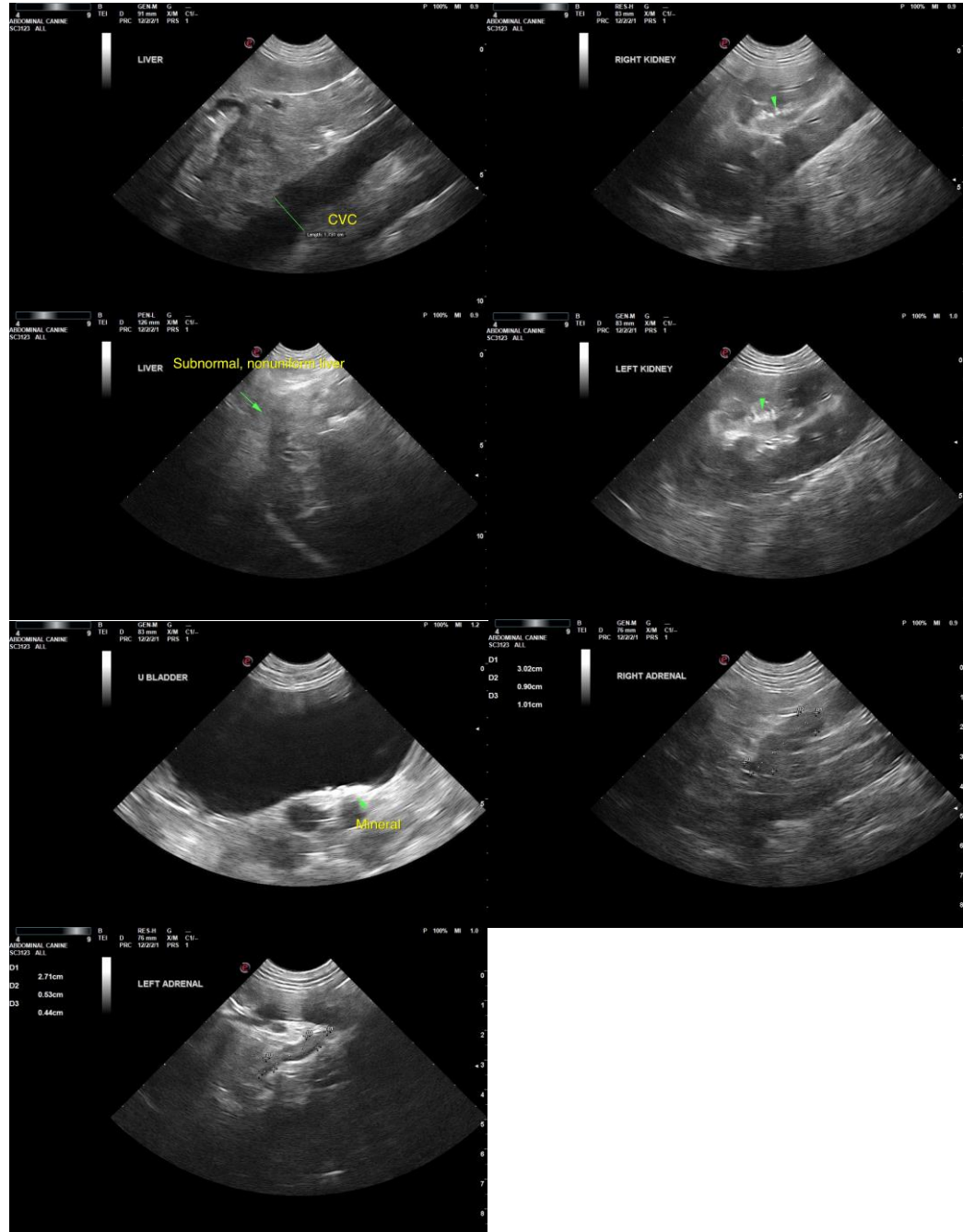
Dr. Wentz

INVOICE

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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)
mac.daniel@sonopath.com