

**PATIENT**

Ruby Cornelius

SPECIES

Canine

BREED

Cairn Terrier

SEX

SF

AGE

8 years

WEIGHT

23 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Adam White

INVOICE

14436

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Elevated Liver values at routine Dental Prophy apt

Abnormal PE/Chem/CBC/UA Results: 7/11/22 ALT 208,ALKP 1777 CBC WNL 07/26/22 ALT216
ALKP1165**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was normal in size and tone. Anechoic urine was present with moderate dependent to non-dependent particulate to hyperechoic mildly shadowing sediment / sand. Subtle evidence of ventroapical cystitis exhibited by subtly thickened ventroapical urinary bladder wall, measuring 0.40 cm width. No evidence of neoplastic criteria or macro calculi was noted. The urethra was normal to 2.0 cm.

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 4.4 cm in length. The right kidney measured 4.8 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 1.4 cm length x 0.45 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 1.3 cm length x 0.56 cm width at the caudal 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 exhibited subjective mild enlargement. 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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild gallbladder debris. 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.

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

SPECIES

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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**AGE**

8 years

- Hepatopathy - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Moderate urinary bladder sediment / sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet consistent with benign hepatopathy and without evidence of overt neoplastic criteria. Considerations may include vacuolar hepatopathy, inflammatory / immune-mediated disease, or other hepatopathy.

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Assuming normal clotting status screening hepatic FNA for cytology using a 25-gauge needle could be considered for further clarification. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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No overt suspicion for Cushing's syndrome, given normal bilateral adrenal gland appearance and lack of reported clinical signs. No overt anesthetic contraindications, assuming normal albumin, glucose, BUN, and cholesterol levels, which indicate normal hepatic functionality.

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Monitoring of liver enzymes with potential recheck if persistent / progressive hepatic enzyme elevations are noted. Core or surgical hepatic biopsy is likely required for a definitive diagnosis. Full urinary workup including urinalysis, as well as C/S on a sterile urine sample, is recommended.

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svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectyology

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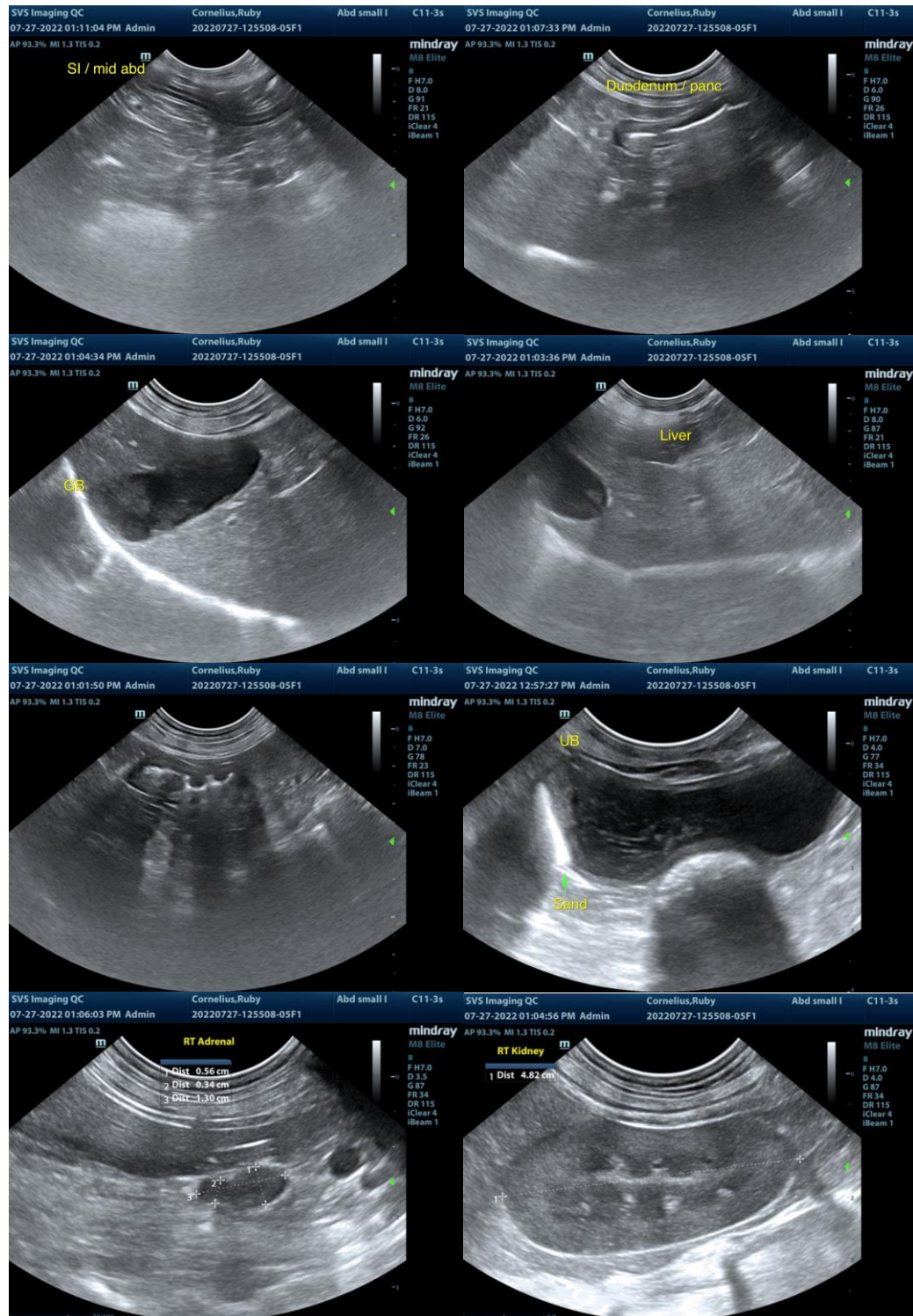
Dr. Adam White

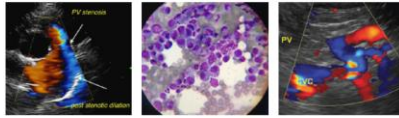
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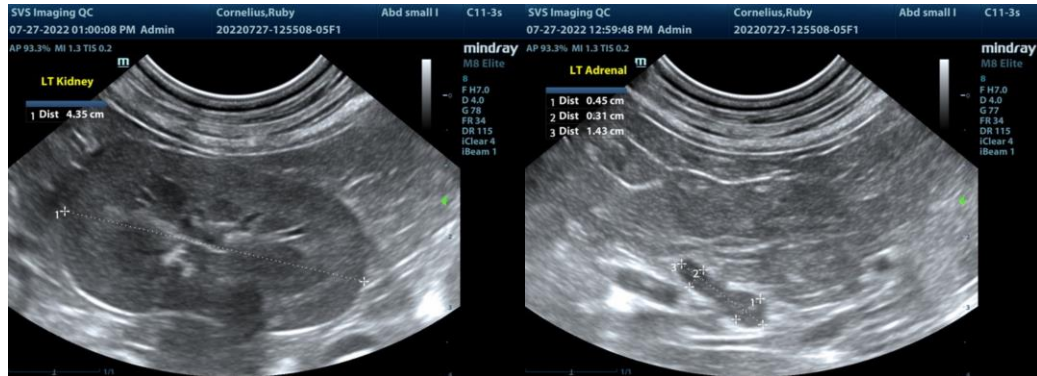
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com