



**PATIENT PRESENTING CLINICAL SIGNS**

Cutie Pyle Anorexia, icteric Metronidazole, Denamarin, Hepatobenefits, Ursodial, Entyce, Pepcid  
 Elevated ALT (not read), ALP >2000, GGT 99, TBili 14.6

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pomeranian

**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 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.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2012

Normal size was present in the kidneys. Mild asymmetrical renal margination was noted in the right kidney. 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. Focal areas of nonobstructive medullary mineral were noted primarily in the lateral diverticuli. No evidence of pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

**WEIGHT**

7.8

**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 0.42 cm width at the caudal pole. The right adrenal gland was mildly prominent in size exhibiting mild asymmetrical contour with nonhomogeneous to potentially indistinct nodular parenchyma. No evidence of right adrenal parenchymal mineralization was noted. The right adrenal gland measured 2.0 cm length x 0.58 cm width at the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
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 (Canine and Feline)

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
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**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Coyle

**Liver/ Gallbladder**

The liver was mildly enlarged exhibiting mild variable lobar swelling. Uniform hepatic parenchyma was maintained exhibiting subjective normal echogenicity. No masses or nodules were noted. The gallbladder was non-distended with potential for very minor gallbladder wall edema. Anechoic content was present. The area of the common bile duct was sonographically unremarkable without evidence of common bile duct dilation.

**INVOICE**

14258

**DATE**

7/7/22



**PATIENT** *Gastrointestinal*

Cutie Pyle 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

Pomeranian 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.

**SEX** *Free Abdomen*

FS No overt lymphadenopathy or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

- 2012
- Hepatopathy exhibiting mild variable lobar swelling
  - Nondistended gallbladder with potential minor gallbladder wall edema, sonographically unremarkable common bile duct - no overt evidence of post hepatic obstruction
  - Mild chronic renal changes with nonobstructive medullary mineral
  - Mildly prominent to irregular right adrenal gland - nonspecific, patient/age-related variant, benign hyperplasia, mild adenomatous change likely, emerging neoplastic criteria considered a less likely differential diagnosis
  - Overtly normal gastrointestinal tract, potential mild gastroenteritis

**WEIGHT**  
7.8

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatopathy and potential mild gallbladder wall edema would be acute hepatitis (viral/bacterial/Leptospirosis/toxin/etc..) with potential for likely concurrent vacuolar hepatic changes and nonobstructive cholestasis. Infiltrative hepatic neoplasia cannot be definitively excluded yet is considered a less likely differential diagnosis. Further assessment of the liver may include, assuming normal clotting status and using a 25-gauge needle, FNA cytology +/- Leptospirosis titer/PCR if potential exposure.

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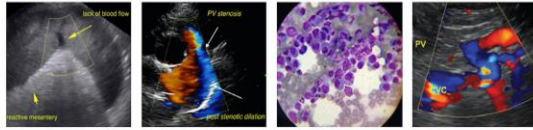
Screening blood pressure is suggested to assess for evidence of hypertension which may allude to emerging right adrenal pathology. Sonographic monitoring of the right adrenal gland for evidence of progressive changes is suggested.

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Hepatosupportive medications and empirical therapy for nonspecific hepatitis with as-needed gastrointestinal support pending additional diagnostics would be reasonable. Recheck sonogram for reassessment of the liver and gallbladder is recommended if progressive hepatic enzyme elevations despite supportive care.

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Cutie Pyle

**SPECIES**

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**BREED**

Pomeranian

**SEX**

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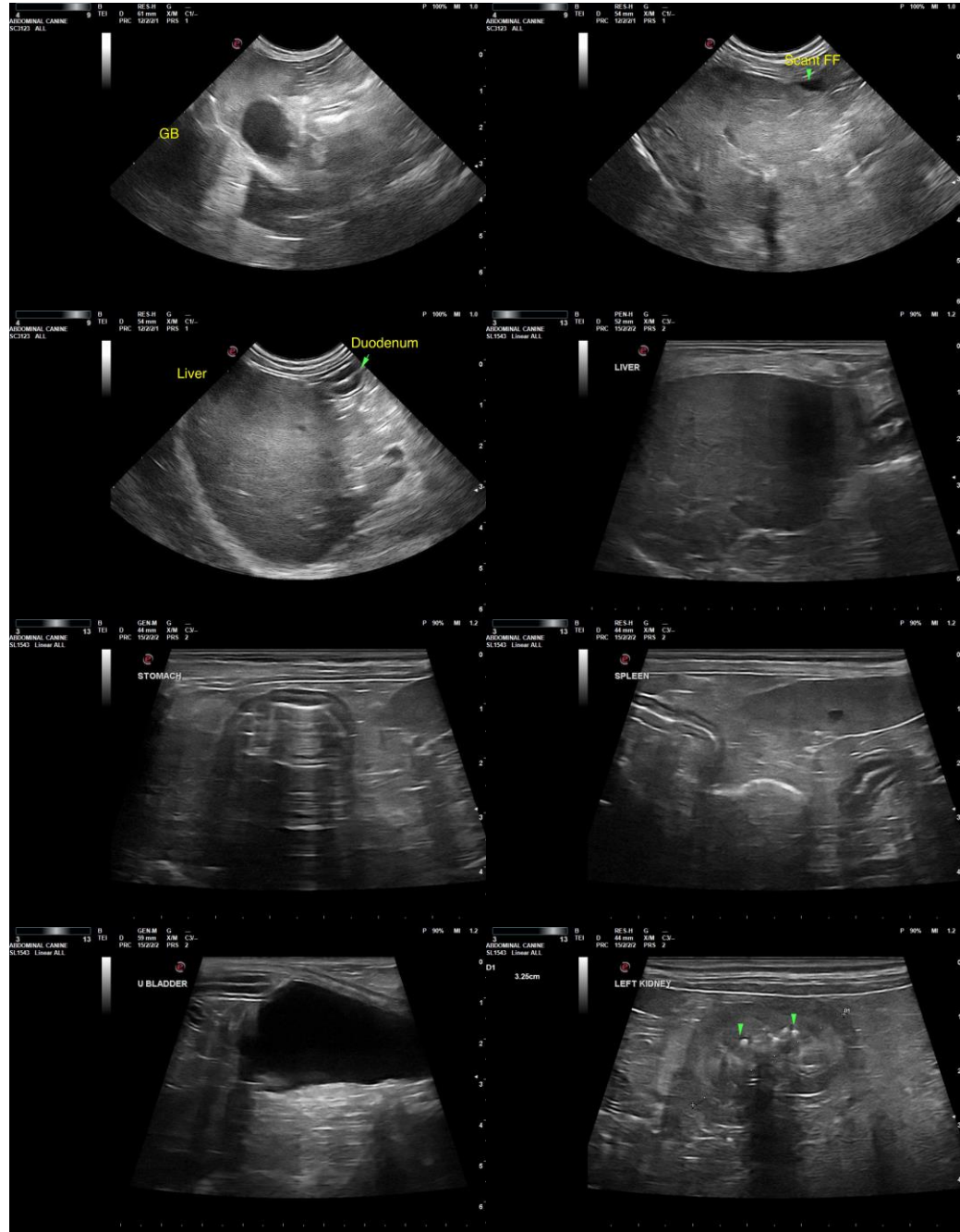
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

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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