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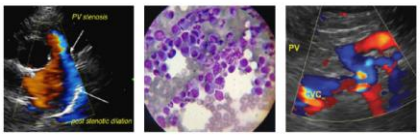

SonoPath
Clinical Sonography & Telecytology
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**PATIENT**

Dohta Boullear

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

FS

**AGE**

8 yrs 9 mo

**WEIGHT**

14.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Taylor

**INVOICE**

14265

**DATE**

7/7/22

## PRESENTING CLINICAL SIGNS

Continued elevated liver enzymes.
Abnormal PE/Chem/CBC/UA Results: 7/6/22: Chem: ALKP 1737 (23-212), TBIL 12 (0-11), AMYL 440 (500-1500). SDMA WNL. Rest WNL. CBC: RBC 9.22 (6.56-8.87), MCH 21.1 (21.2-25.9), Retic-HGB 21.7 (22.3-29.6), PCT 0.59 (0.14-0.46).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 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. Focal areas of nonobstructive medullary mineral were present primarily in the lateral diverticuli. The left kidney measured 4.7 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 0.75 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.65 cm width at the cranial 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 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 non-distended in size with sonographically normal gallbladder walls without evidence of Inflammatory changes. The gallbladder contained primarily anechoic content

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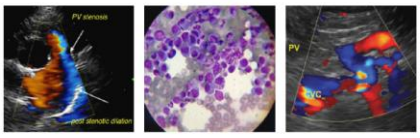

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with mild nondependent particulate luminal debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal. No evidence of post hepatic stasis or obstruction was noted.

### *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 subjective semi-formed to soft 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.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign, suggestive of vacuolar hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild nonobstructive bilateral renal medullary mineral
- Minor urinary bladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Cushing's Syndrome is considered unlikely, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. Full adrenal work-up could be considered if these clinical signs are present. However, the bilateral adrenal glands appear to be overtly normal.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Assuming normal clotting status, screening hepatic FNA for cytology could be considered primarily to assess for nonobvious inflammation. No evidence of hepatic neoplastic criteria is evident.

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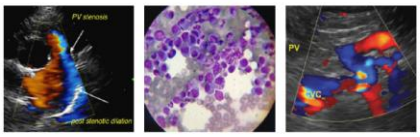

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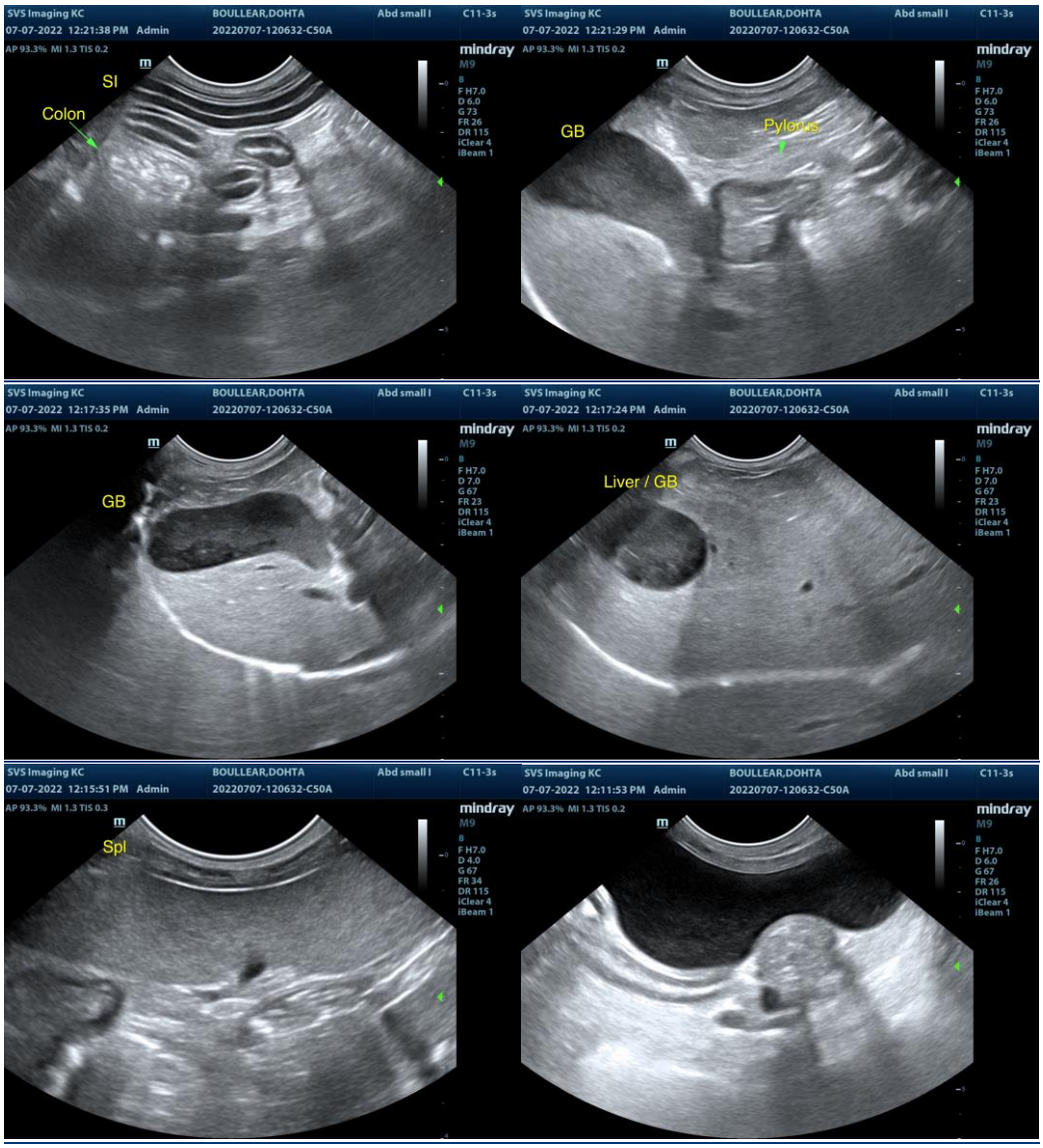

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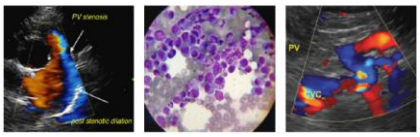

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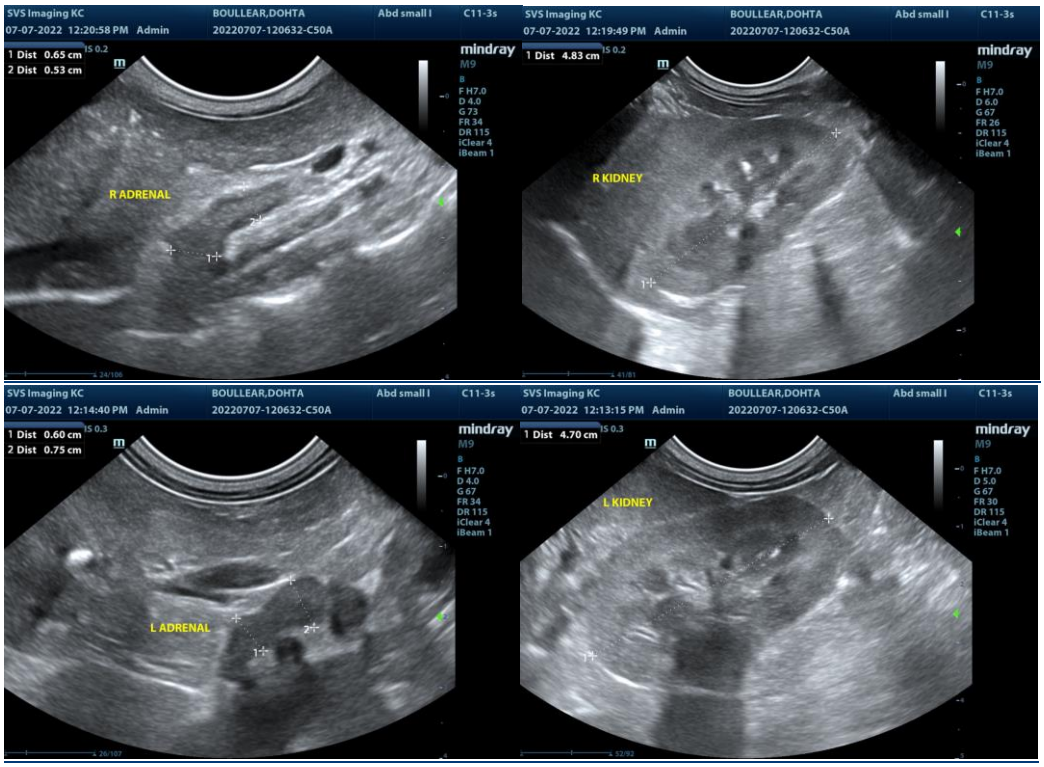


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**