

**PATIENT**

Little Bit Carter

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

11 years 4 months

**WEIGHT**

26.6 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. Jonathon Renfro

**INVOICE**

14554

**DATE**

8/10/22

**PRESENTING CLINICAL SIGNS**

Vomiting, diarrhea, anorexia, restlessness and panting. P is hospitalized on fluids, ampicillin IV, tramadol, and Denamarin starting on Friday 8/5/22.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 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 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 5.1 cm in length. The right kidney measured 5.6 cm in length.

**Adrenal Glands**

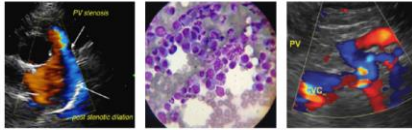
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**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 generalized enlargement with primarily maintained symmetrical to mildly swollen hepatic contour. Normal to mildly decreased hepatic parenchymal echogenicity exhibiting moderate coarse echotexture was present. Mild increased prominence of the portal vascular borders was noted. A solitary indistinct nonhomogeneous intraparenchymal mass lesion was noted in the mid liver adjacent to the gallbladder measuring approximately 4.5 cm in diameter. The gallbladder was non-distended in size exhibiting evidence of minor gallbladder wall edema. Anechoic content with moderate non-dependent, mildly congealed, hyperechoic luminal debris. The cystic and common bile ducts were sonographically normal. No evidence of post hepatic obstructive criteria was noted.

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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 pancreas base and right pancreatic limb exhibited mild prominent size with mild nonhomogeneous to hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum. Generalized increased omental echogenicity with scant to minor volume peritoneal free fluid were noted.

***Free Abdomen***

No overt omental lymphadenopathy or omental masses were present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with ill-defined nonhomogeneous intraparenchymal mass lesion
- Cholecystitis with moderate nondependent congealed hyperechoic luminal debris - potential for emerging to atypical gallbladder mucocele
- Mildly prominent to heterogeneous pancreas
- Overtly normal gastrointestinal tract - probable gastroenteritis
- Perihepatic to generalized hyperechoic mesentery and scant to minor volume peritoneal free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was not specific, yet may suggest acute on chronic hepatitis / cholangiohepatitis (viral, bacteria, leptospirosis, toxin, etc.) with mid liver nodular to regenerative hyperplasia, hematopoiesis, granuloma, or less likely abscess, while potential for neoplastic criteria cannot be excluded.

Some contribution to the patient's clinical signs owing to mild to possibly resolving pancreatitis could be possible

Further assessment may include, assuming normal clotting status, hepatic FNA cytology +/- Leptospiriosis titer/PCR, if clinically indicated. If accessible, collection of peritoneal free fluid for analysis, cytology, +/- C/S, if evidence of inflammatory cells, is recommended.

Aggressive therapy for acute on chronic hepatopathy, as-needed gastrointestinal supportive care, and close monitoring for evidence of Increasing cholestasis, given the gallbladder presentation, would be reasonable. Recheck sonogram is recommended for reassessment of the liver, pancreas, gallbladder, or for evidence of Increasing peritoneal free fluid pending clinical response to therapy.

IMAGING PERFORMED BY

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Clinical Sonography & Telectyology

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1-800-838-4268 info@sonopath.com SonoPath.com

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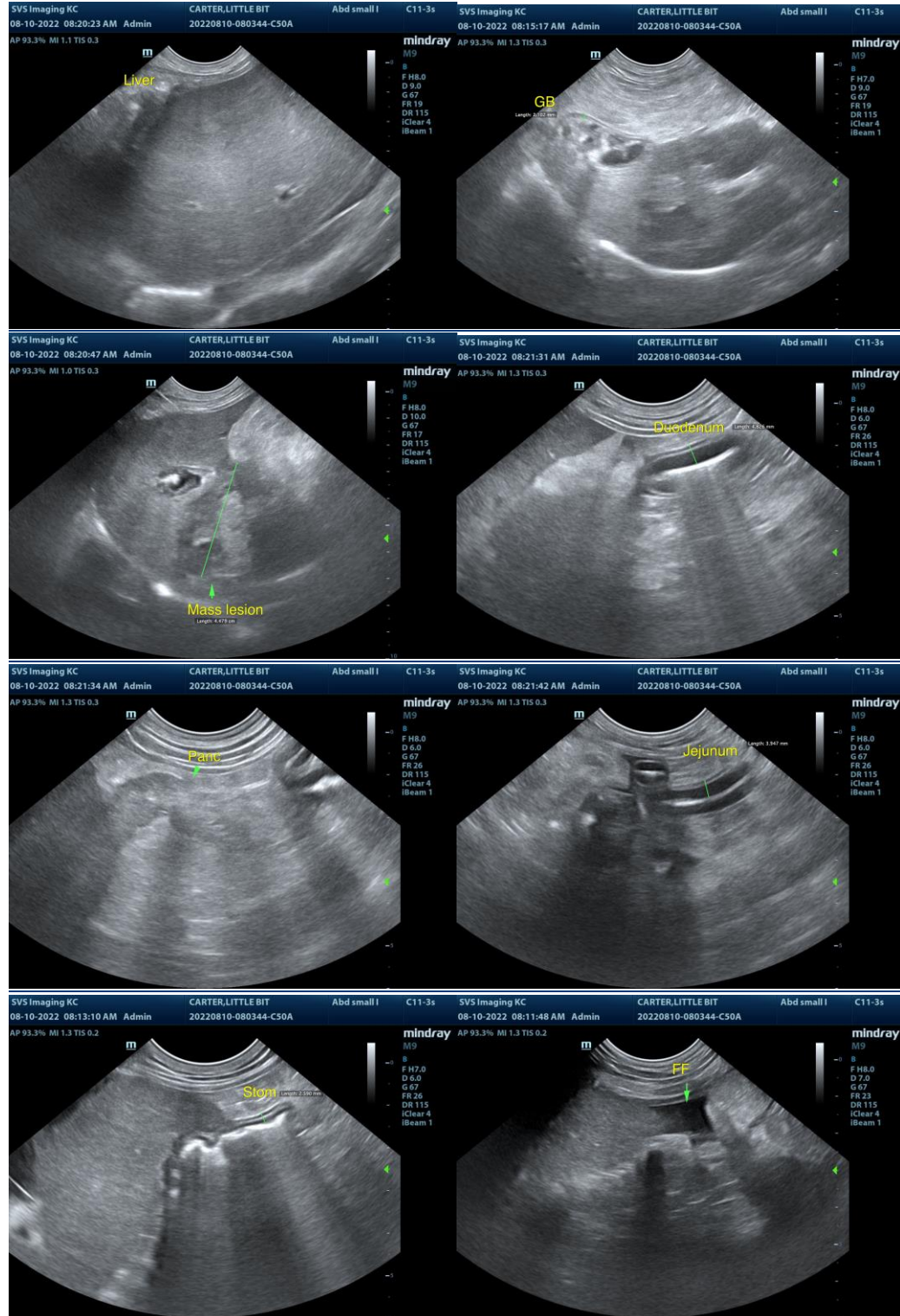
Dr. Jonathon Renfro

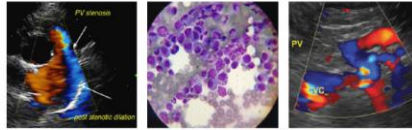
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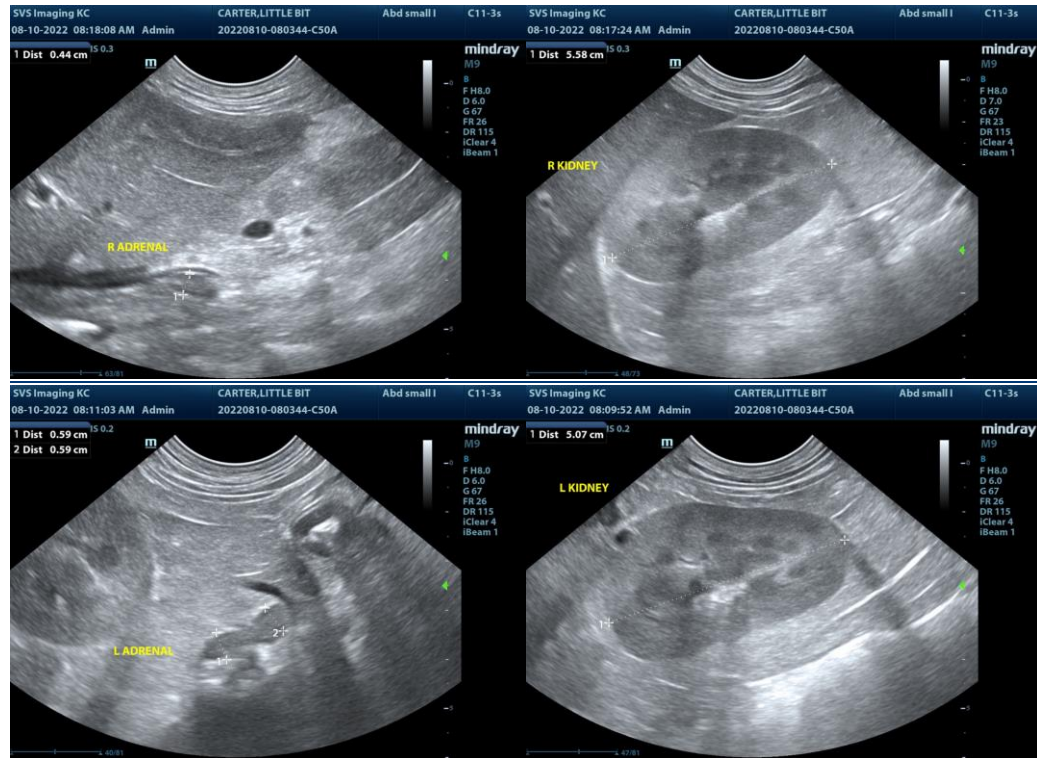
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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