



PATIENT

Beni Blicharz

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

10 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

Dr. Dulude

INVOICE

14585

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Elevated liver enzymes. Current meds: Apoquel

Abnormal PE/Chem/CBC/UA Results: Alt 260 (121 H); Alkp 1360 (160 H); GGT 22 (13 H)

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. 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.99 cm in diameter.

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 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. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No overt evidence of adrenal pathology was noted. The left adrenal gland measured 1.9 cm length x 0.56 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.72 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 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 containing primarily anechoic content with mild hyperechoic nonorganized luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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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 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 - sonographically benign
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific yet sonographically consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy and nonobstructive cholestasis, given the elevated ALP / GGT combination with potential primary or concurrent hepatic or hepatobiliary inflammation such as cholangiohepatitis, given the ALT elevation and presence of gallbladder debris. No overt evidence of hepatic or hepatobiliary neoplasia.

Further assessment may include FNA cytology using a 25-gauge needle and assuming normal clotting status. Hepatosupportive medications including Denamarin and Ursodiol, if not currently Instituted, may prove beneficial.

No overt suspicion of underlying adrenal disease, given the lack of reported clinical signs. Adrenal work up could be considered if evidence of PU/PD, Polyphagia, etc., are noted. Leptospirosis titer/ PCR could be considered if potential exposure.



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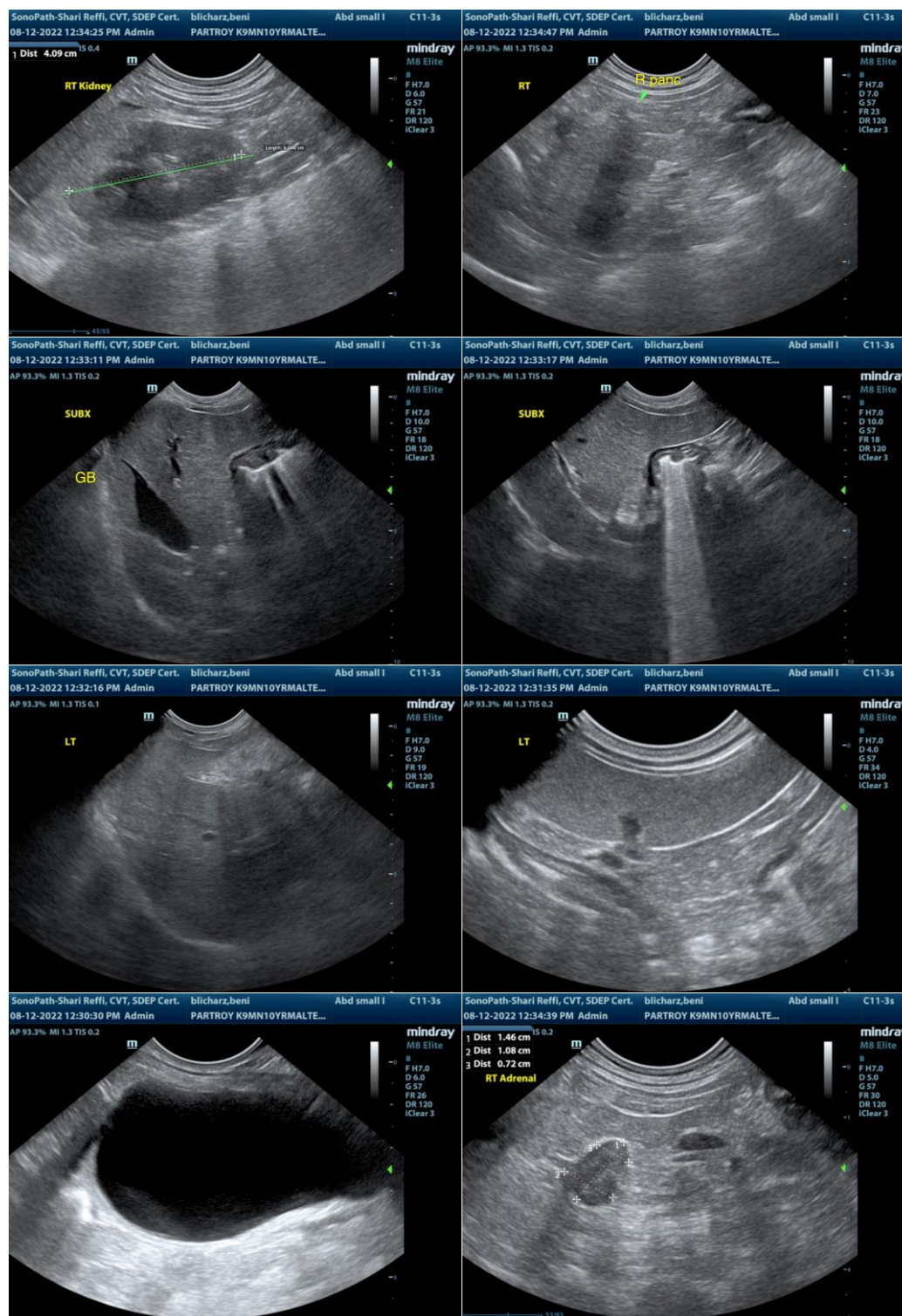
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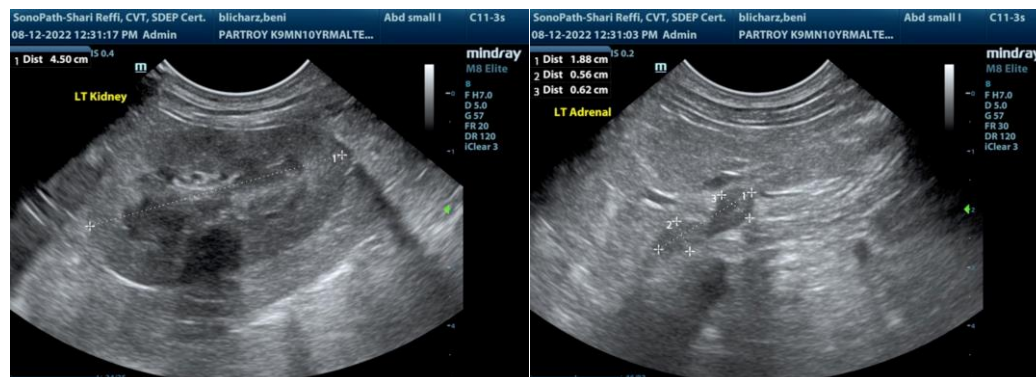
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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