



PATIENT

Prince Ng

PRESENTING CLINICAL SIGNS

Decreased appetite. Distended abdomen. Hx of elevated liver enzymes with recent spike. Dental attempted but put off pending abdominal US results.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Retriever

The urinary bladder, trigone and cystourethral junction 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 were noted.

SEX

NA

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 5.7 cm in length. The right kidney measured 6.9 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

29.9kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.5 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 0.50 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Regional asymmetrical medial capsule contour was present with evidence of benign incidental medial capsule fibrosis. No masses or nodules visualized. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Liver/Gallbladder

The liver presented normal 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. Evidence of mild parenchymal remodeling was present. Several to multiple well demarcated non-homogenous hyperechoic nodules were present without associated capsule distortion, an example measured 2.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic sediment. The cystic and common bile ducts were normal.

HOSPITAL NAME

Healing Traditions
Holistic Veterinary
Clinic

REFERRING VET

Dr. Wanda Vockeroth

Gastrointestinal

INVOICE

14630ag

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.

DATE

08/15/2023



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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

Pancreas

Canine

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 was evident.

BREED

Free Abdomen

Golden Retriever

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

NA

ULTRASONOGRAPHIC FINDINGS

AGE

13yr

- Hepatopathy exhibiting minor parenchymal remodeling and several to multiple hyperechoic intraparenchymal nodules.
- Gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Incidental subjective splenic medial capsule fibrosis- benign.
- Sonographically unremarkable GI tract/pancreas.

WEIGHT

29.9kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Largely a geriatric abdomen without overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

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DVM, DABVP
(Canine and Feline)

The overall liver was non-specific with considerations including vacuolar hepatopathy, chronic inflammatory/immune mediated disease, non-obstructive cholestasis, toxic hepatopathy (copper), suspect intraparenchymal nodular hyperplasia or lipogranulomas. Neoplastic criteria considered less likely yet cannot be definitively excluded.

IMAGING PERFORMED BY

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RDCS

Assuming normal clotting status, a hepatic parenchyma and accessible hepatic nodule FNA for screening cytology is warranted for further assessment.

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A definitive cause of the patient's decreased appetite was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Hepatosupportive medications such as Denamarin +/- Ursodiol if tolerated may prove beneficial.

REFERRING VET

Dr. Wanda Vockeroth

No overt anesthetic contraindications assuming evidence of normal hepatic function i.e., normal ALB, BUN, CHOL and GLU.

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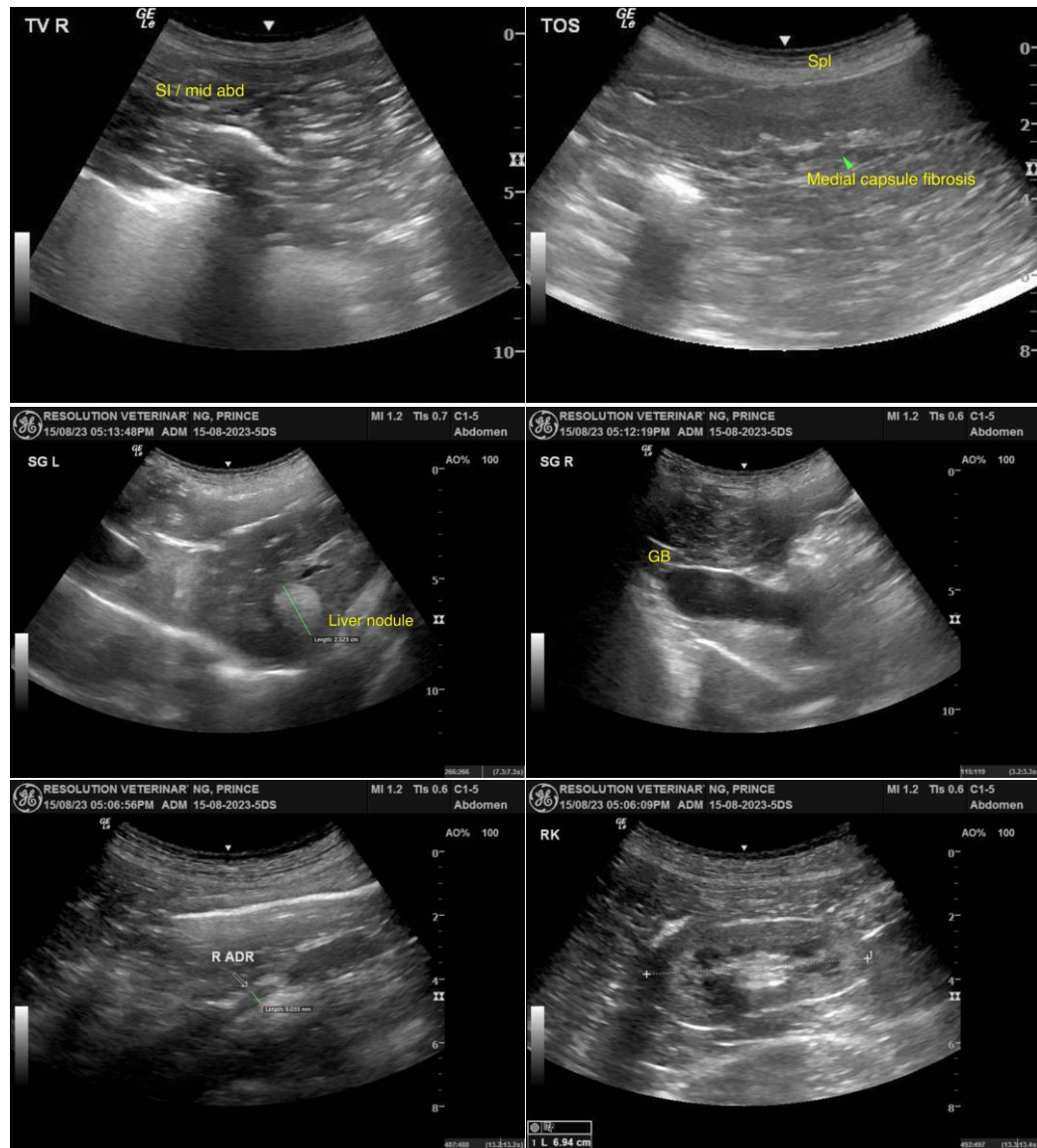
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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