



PATIENT PRESENTING CLINICAL SIGNS

Rylee Hillegass Chronic liver elevations, increased panting HepatoSupport
 ALP 1877, ALT 138, Urine C/S- 1.024, 1+protein

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua Mix

Urinary System

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.

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The area of the iliac trifurcation was free of pathology.

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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 4.6 cm in length. The right kidney measured 4.7 cm in length.

WEIGHT

28.1

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size yet maintained symmetrical capsule contour with subtle nonhomogeneous parenchyma. The left adrenal gland measured 1.8 cm length x 0.75 cm width at the cranial pole and 0.63 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 1.1 cm width at the cranial pole and 0.53 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Subtle hyperechoic medial parenchymal nodules with potential areas of medial capsule fibrosis were present. Normal splenic vascularity was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Multiple discrete hypoechoic intraparenchymal nodules were present with an example measuring 1.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Meyer

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PATIENT

Gastrointestinal

Rylee Hillegass

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.

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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.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hepatomegaly exhibiting nonhomogeneous to discretely nodular parenchyma
- Mild chronic renal changes
- Subjective mild prominent bilateral adrenal glands - nonspecific
- Minor pancreatic remodeling

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Secondary findings

- Small medial splenic benign myelolipomas, potential for minor medial capsule fibrosis - benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific with considerations including vacuolar hepatopathy, mild hepatic cholestasis given the ALP elevation, with potential primary or concurrent nonspecific inflammatory hepatopathy i.e., hepatitis / cholangiohepatitis given the ALT elevation, with discrete areas of nodular to regenerative hyperplasia, hematopoiesis, mild fibrosis, lipogranulomas, with neoplastic criteria considered a less likely differential diagnosis. Further assessment may include ultrasound-guided FNA of the liver for screening cytology.

Full adrenal work-up could be considered in this patient If strong clinical suspicion for hyperadrenocorticism, yet the specific gravity (>1020) was not overtly suggestive of polydipsia.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Continued hepatosupportive medications +/- Ursodiol may prove beneficial. No overt anesthetic contraindications assuming normal BUN, glucose, and cholesterol levels, and normal systemic BP.

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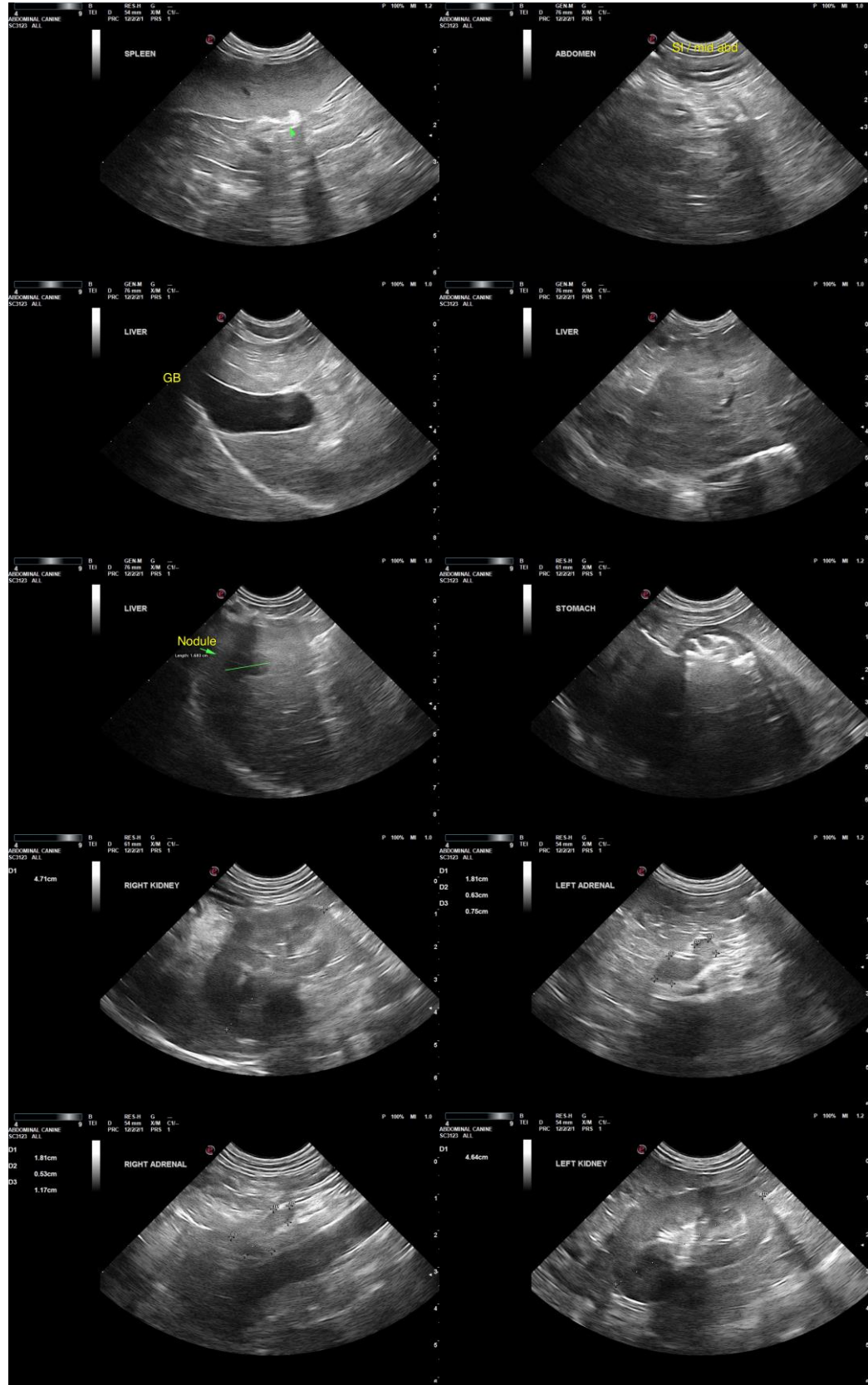
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Chihuahua Mix

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.

SEX

FS

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