



**PATIENT**

Gracie Forsyth

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

8 years

**WEIGHT**

96 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Amazon Park AC

**REFERRING VET**

Dr. Jones

**INVOICE**

14646

**DATE**

8/17/22

**PRESENTING CLINICAL SIGNS**

Presented 8/12 for panting, restlessness of 2-3 days duration. No obvious pain on exam. Vitals normal, tender on hip extension.

Abnormal PE/Chem/CBC/UA Results: ALP 1215, ALT 251, AST 79 all elevated, GGT normal. Albumin 2.5 and globulin 2.3 both low. PMN elevated at 29,388. Current Medications Enrofloxacin 136 mg 2 PO once daily; ursodiol 500 mg once daily

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 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 6.9 cm in length. The right kidney measured 7.2 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 3.1 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.81 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.



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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

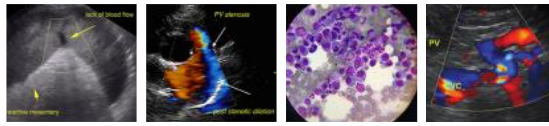
- Hepatopathy - subjectively benign
- Mild pancreatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall hepatic presentation was nonspecific yet consistent with benign hepatopathy without overt evidence of neoplastic criteria. Considerations may include vacuolar hepatopathy, inflammatory / immune-mediated disease, toxic hepatopathy i.e., copper hepatopathy, or other hepatopathy. Further assessment may include Leptospirosis titers / PCR could be considered if endemic to the area or potential exposure and hepatic FNA cytology, assuming normal clotting status.

The minor pancreatic remodeling may be a normal or early age-related variant, remodeling owing to previous inflammation or low-grade to chronic pancreatitis if previous history of pancreatitis.

Continued hepatosupportive medications would be reasonable with monitoring of hepatic response. Hepatic core biopsy for histopathology +/- copper quantification is likely required for a definitive diagnosis.



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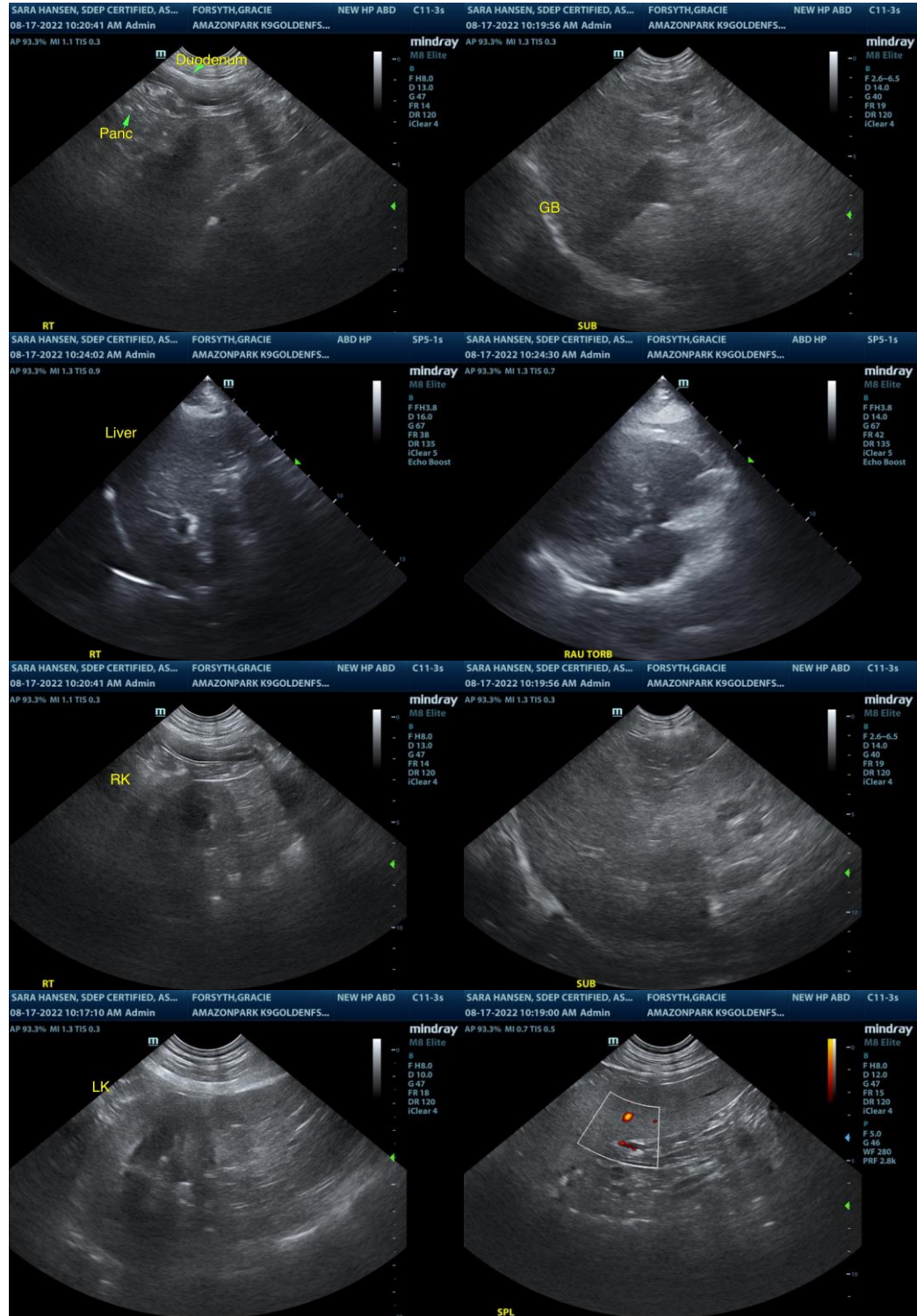
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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