



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Robbie Carpenter	Several month history of restlessness especially at night Occasional vomiting and possible diarrhea Increased GI sounds on recent exam and mild GI discomfort Current Medications Fluoxetine Primary Question/Differential to Be Answered in This Exam Cause for intermittent GI signs, ALT elevation Abnormal PE/Chem/CBC/UA Results: ALT: 486 BUN: 37
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Poodle Mix	<b>Urinary System</b>
<b>SEX</b>	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, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN	
<b>AGE</b>	The residual prostate was free of pathology.
10 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	Normal renal size with asymmetrical margination were present in both kidneys. Both kidneys exhibited mild cortical hypertrophy with mildly nonuniform increased cortex echogenicity. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 5.4 cm in length.
18.7 Lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.56 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 1.8 cm length x 0.59 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Willakenzie AC	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. Subjective normal vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Kairis	
<b>INVOICE</b>	
14647	
<b>DATE</b>	
8/17/22	



**PATIENT**

***Gastrointestinal***

Robbie Carpenter

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 gastric body wall width measured 0.39 cm.

**SPECIES**

Canine

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. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.35 cm width.

**BREED**

Poodle Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SEX**

***Pancreas***

MN

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

**AGE**

10 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

18.7 Lbs

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy - suspect nonspecific inflammatory hepatopathy
- Sonographically unremarkable gallbladder
- Bilateral chronic interstitial nephrosis renal pattern
- Minor pancreatic remodeling
- Overtly normal gastrointestinal tract

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**HOSPITAL NAME**

Willakenzie AC

The overall liver was nonspecific yet may suggest nonspecific inflammatory hepatopathy / hepatitis given the ALT elevation. The potential for portal hypoplasia / microvascular dysplasia, given the breed, could also be a consideration in this patient. No overt evidence of a portosystemic vascular anomaly.

**REFERRING VET**

Dr. Kairis

Hepatic FNA cytology, assuming normal clotting status, is warranted for further assessment and potential identification of Inflammatory cell type. A hepatic core surgical biopsy may be required for a definitive diagnosis as to whether primary parenchymal disease vs. portal hypoplasia / microvascular dysplasia are present. Fasting and post prandial bile acids could be considered, although hepatic functionality is assumed to be normal if normal albumin, glucose, cholesterol, and BUN levels.

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Structurally insignificant inflammatory enteropathy, dietary intolerance / food hypersensitivity, occult parasitism or chronic pancreatitis, which may present as essentially sonographically normal, are all



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**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

MN

**AGE**

10 years

**WEIGHT**

18.7 Lbs

**INTERPRETED BY**

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(Canine and Feline)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Kairis

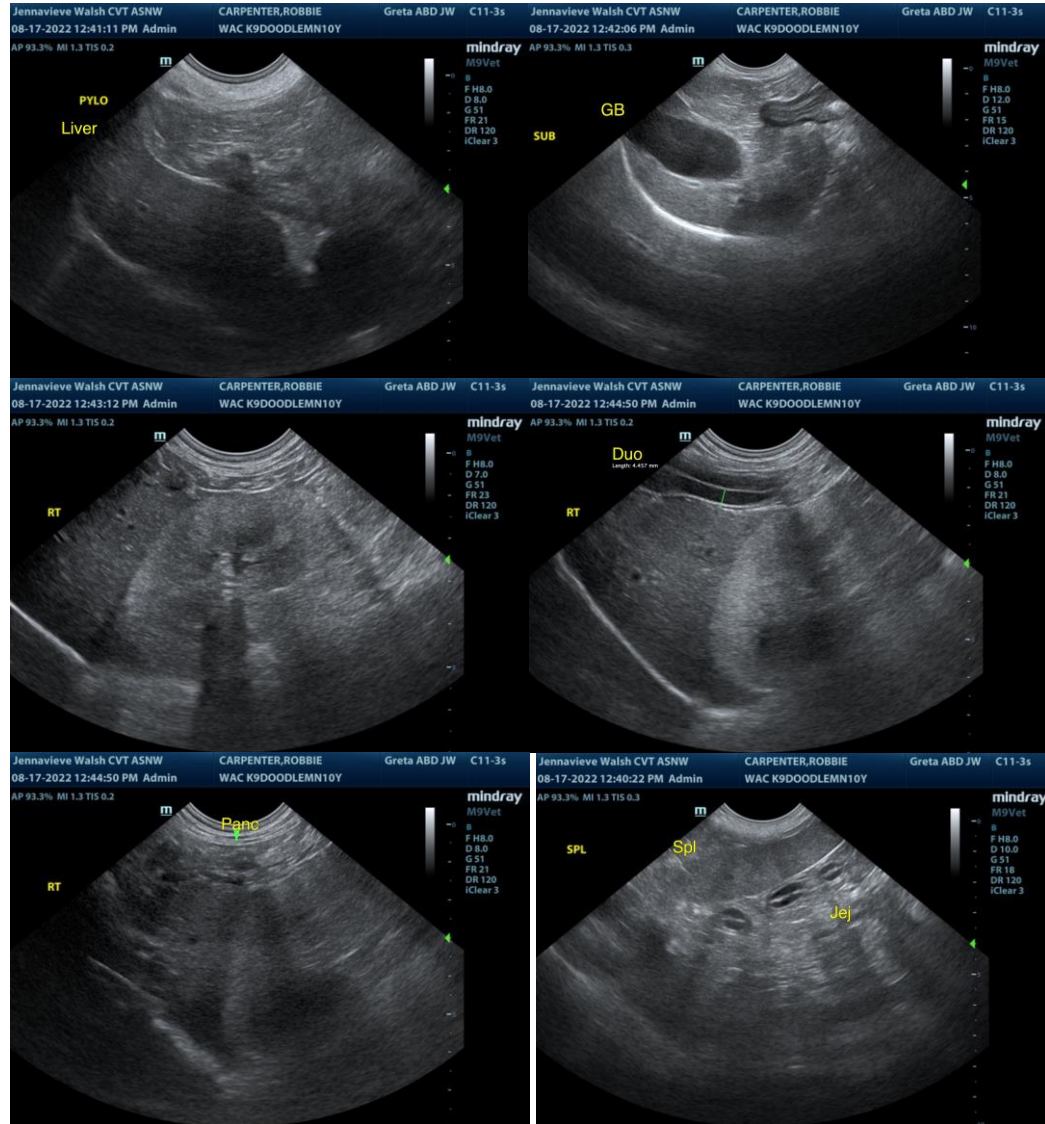
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potentials. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. As-needed GI supportive care, hydrolyzed diet trial, and prophylactic deworming i.e., Panacur 50mg/kg PO SID for at least 5 consecutive days may prove beneficial.





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Robbie Carpenter

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

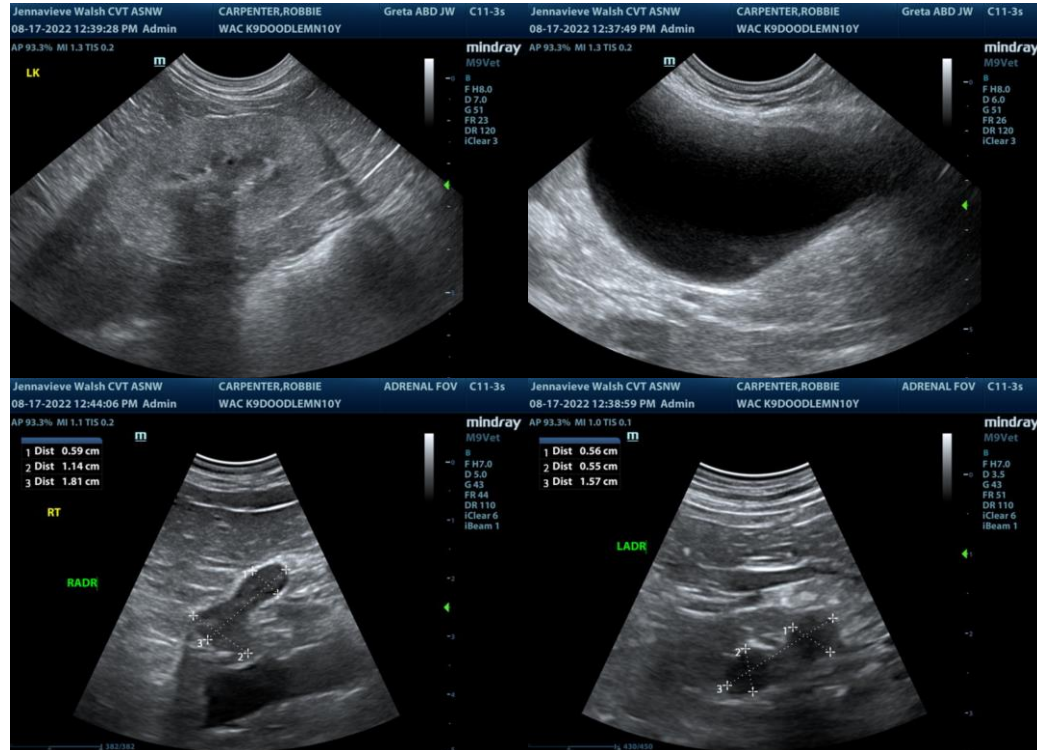
MN

**AGE**

10 years

**WEIGHT**

18.7 Lbs



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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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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)**  
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