



PATIENT PRESENTING CLINICAL SIGNS

Ruby King Dental disease Further evaluation of liver
Abnormal PE/Chem/CBC/UA Results: attached

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Chihuahua

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 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

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

10 Years

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 4.0 cm. The right kidney measured 4.3 cm.

WEIGHT

13.3

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm length x 0.38 cm at the caudal pole. The right adrenal gland measured 1.3 cm length x 0.30 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenna Walsh

Liver

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.

HOSPITAL NAME

Countryside AC

Gastrointestinal

REFERRING VET

Dr. Kristina Cox

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

INVOICE

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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.

DATE

8/18/21

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



PATIENT *Pancreas*

Ruby King 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.

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

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WEIGHT

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HOSPITAL NAME

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DATE

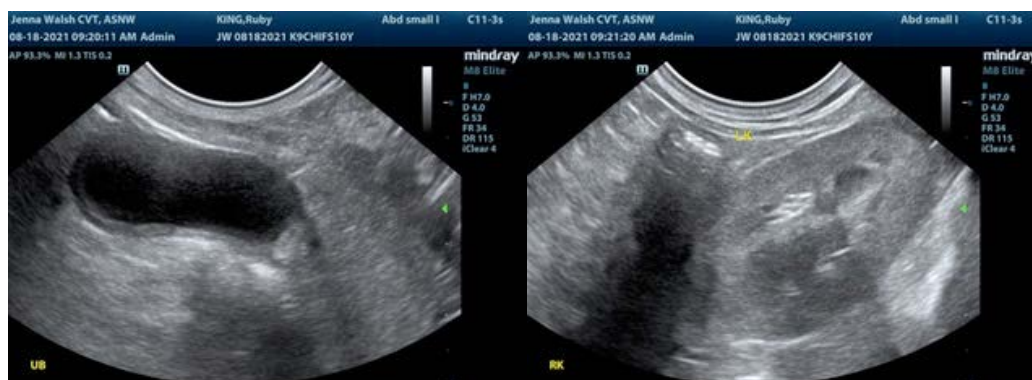
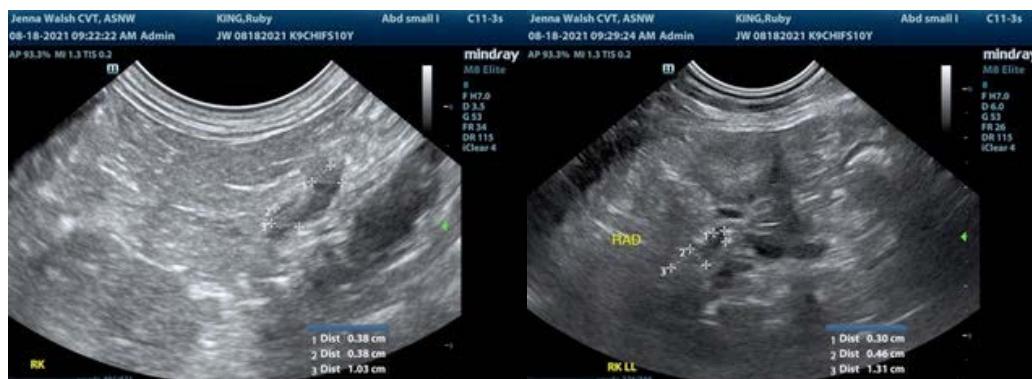
8/18/21

ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy – subjectively benign
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural hepatic pathology or portosystemic vascular anomaly. The low-grade ALT/AST elevation may indicate minor hepatic parenchymal or hepatobiliary inflammatory process, but given the presence of dental disease may also indicate secondary, mild inflammatory hepatopathy. Hepatic functionality is assumed to be normal given the normal glucose, BUN, albumin and cholesterol levels. However, bile acid testing may be considered for definitive assessment of hepatic functionality prior to anesthesia. Hepatosupportive medications may prove beneficial while reassessment of hepatic enzymes following dental prophylaxis would also be appropriate.





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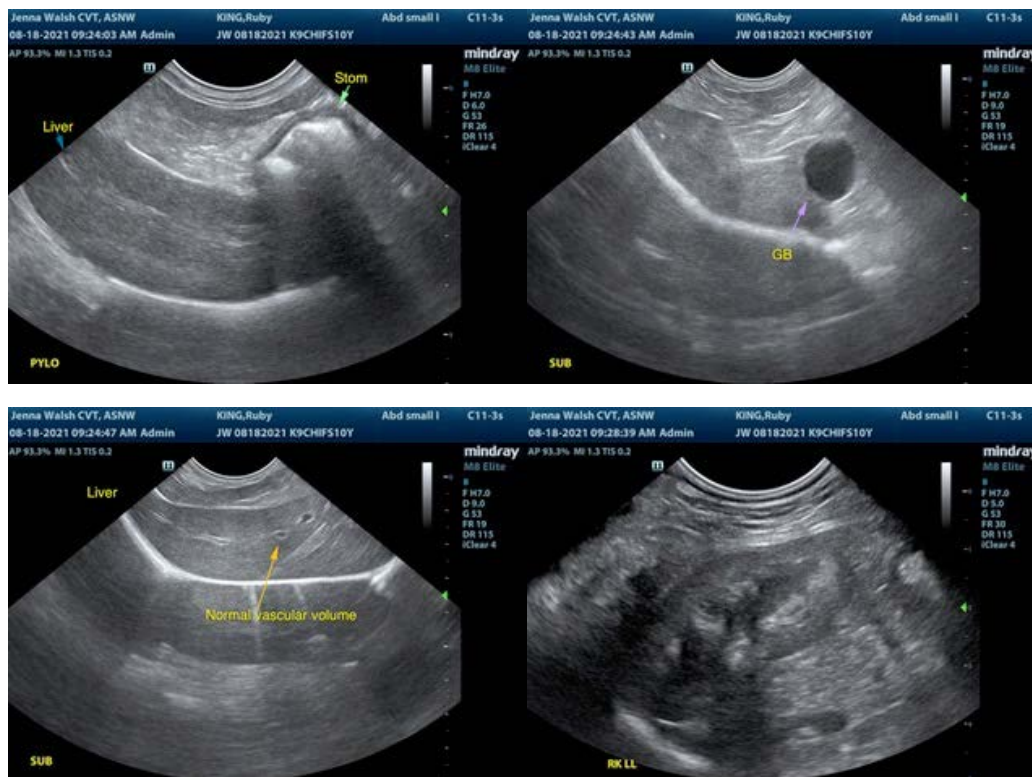
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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