



PATIENT

Otis Purswell

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

13 years

WEIGHT

27.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet DVM

INVOICE

14785

DATE

8/2/23

PRESENTING CLINICAL SIGNS

P has long hx of obesity and hypothyroidism. More recently annual bw has revealed elevating liver enzymes. No specific clinical sign except "pickwickian" haircoat. P had a low dose dex last year which was in the normal range.

Abnormal PE/Chem/CBC/UA Results: PE: -- P has multiple lipomas, new perianal gland tumors and multiple skin tags. -- P is arthritic and stiff, definitely slowing down but does pretty well on Galliprant and gabapentin, Dasuquin and thyroid replacement BW abn: - BUN = 37 - ALT = 698 - AST = 147 - ALP = 3956 - GGT = 27 - Bili = 0.2 - Chol = 379 - Lipase = 372 - proBNP = 1157 - CBC wnl - USG = 1.014 - Fecal negative No current rads

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. No evidence of mineral or calculi was noted. 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 residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. Mild focal medullary mineral was noted. The left kidney measured 6.7 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.99 cm width at the caudal pole. The right adrenal gland measured 1.0 cm width at the caudal pole. No evidence of adrenal neoplastic criteria was noted.

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 enlarged in size with symmetrical to mildly asymmetrical capsule contour and generalized nonhomogeneous, variably echogenic parenchyma exhibiting moderate coarse echotexture. Evidence of parenchymal remodeling with reduced distinction and visualization of the portal vascular borders was present. Normal hepatic vascular volume was noted. There were no



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visualized hepatic masses or nodules. The gallbladder was non-distended in size containing anechoic content with mild congealed areas of echogenic lumen sediment. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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.

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

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Pancreas

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The right pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild right limb pancreatic duct dilation was noted.

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Free Abdomen

Scant pockets of perihepatic free fluid were present. There was no overt omental lymphadenopathy noted.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous to variably echogenic liver, scant perihepatic free fluid
- Minor gallbladder sediment (non-mucocele)
- Bilateral chronic renal changes exhibiting minor medullary mineral
- Bilateral mild adrenomegaly - nonspecific
- Heterogeneous right pancreas with mild pancreatic duct dilation - patient / age-variant, potential low-grade chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall liver was nonspecific with considerations including chronic vacuolar hepatopathy, nonspecific chronic hepatitis, fibrosis, hyperplasia, hematopoiesis, nonobstructive cholestasis, and infiltrative neoplasia, all potentials.

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Assuming normal clotting status, hepatic sampling is required for further clarification. Initial hepatic FNA cytology could be considered while hepatic core or surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications including Denamarin and Ursodiol, if tolerated, may prove beneficial. Recheck LDDST could be a consideration if clinical signs consistent with Cushing's Syndrome are present or arise. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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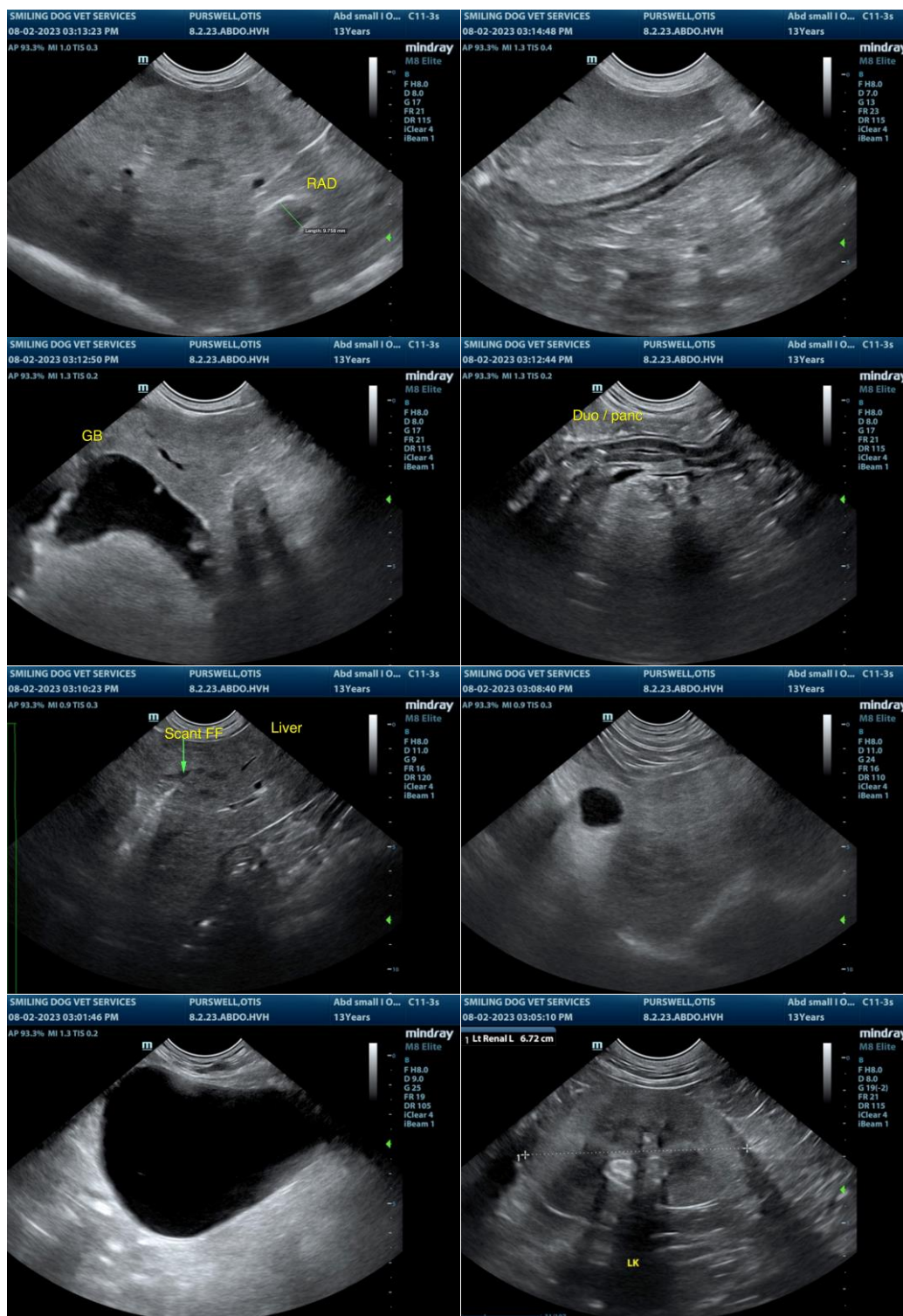
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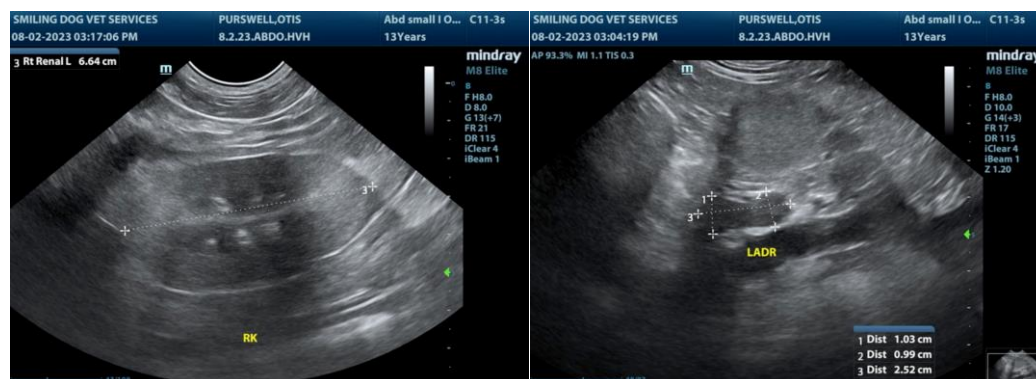
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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