

**PATIENT**

Harley Inskeep

PRESENTING CLINICAL SIGNS

Pet came in for routine senior BW
Abnormal PE/Chem/CBC/UA Results: elevated liver values

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System***

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

BREED

Schnauzer

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

SEX

NM

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

AGE

9 Years

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineral was present in both kidneys. A small thinly walled cyst containing anechoic fluid was present in the left kidney. The left kidney measured 5.6 cm in length. The right kidney measured 5.3 cm in length.

WEIGHT

23 lbs

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt adrenal hyperplasia or neoplasia. The left adrenal gland measured 1.8 cm length x 0.53 cm width in the caudal pole. The right adrenal gland measured 2.3 cm length x 0.45 cm width in 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. Multifocal indistinct to subtle hyperechoic parenchymal foci were present. These parenchyma foci were nonspecific yet may indicate pinpoint areas of microinfarction, fibrosis, or emerging mineralization. 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. No evidence of splenic neoplasia.

IMAGING PERFORMED BY

Sarah Pender, CVT

Liver / Gallbladder

The liver exhibited mild generalized enlargement, symmetrical contour, and generalized mild non-uniform increased hepatic parenchymal echogenicity with moderate coarse echotexture and evidence of parenchymal remodeling. No hepatic masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

The gallbladder was non distended in size with moderate subjectively mobile nonorganized echogenic gallbladder debris. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

47057

Gastrointestinal**DATE**

8-20-21

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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 gastric body wall width measured 0.35 cm.

SPECIES

Canine

The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized uniformly increased mucosa echogenicity. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.35 cm.

BREED

Schnauzer

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

Pancreas

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.

SEX

NM

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes with small left kidney cyst.
- Heterogeneous spleen with pinpoint indistinct hyperechoic parenchyma foci - subjectively benign.
- Chronic hepatopathy - vacuolar hepatopathy with parenchymal remodeling, chronic hepatitis (immune mediated, infectious, hepatotoxicosis, etc.), cholangiohepatitis, early fibrosis, cirrhosis, or other hepatopathy possible. Neoplasia considered a less likely differential diagnosis.
- Moderate subjectively mobile gallbladder debris.
- Nonspecific small intestinal increased mucosa echogenicity - patient variant. Potential for enteritis/inflammatory bowel if previous history of gastrointestinal signs.

WEIGHT

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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.

The presence of gallbladder debris is nonspecific and may indicate concurrent mild cholestasis. Potential for very early to emerging mucocele possible.

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Assuming normal clotting status, hepatic FNA for screening cytology primarily to assess for evidence of inflammatory cells may be considered. Empirically hepatosupportive medications i.e., denamarin, ursodiol, may prove beneficial. Hepatic biopsy may be required for a definitive diagnosis.

Recheck sonogram recommended primarily to reassess the gallbladder if evidence of cranial abdominal/subxiphoid discomfort on palpation or increasing evidence of cholestasis.

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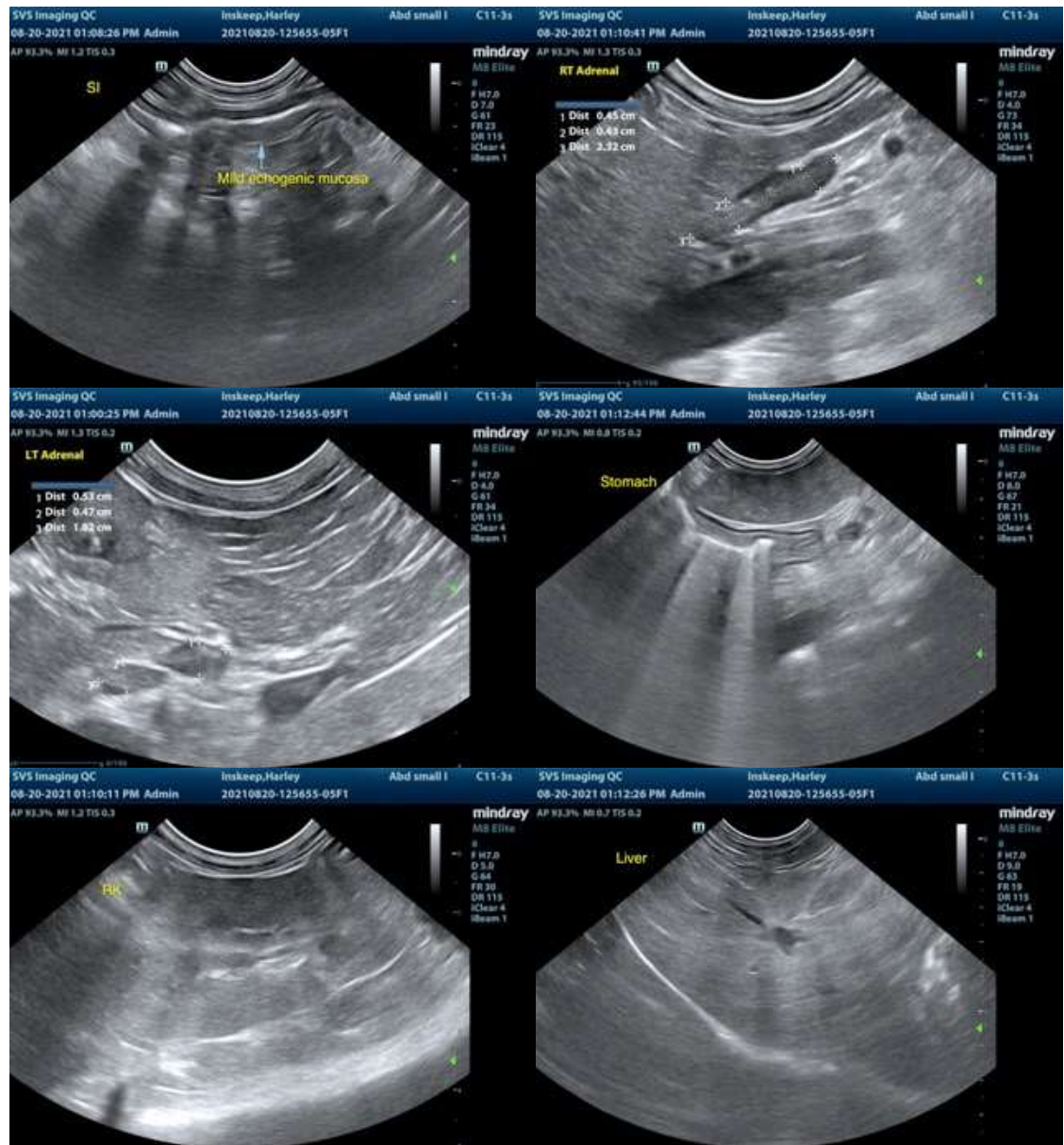
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SPECIES

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BREED

Schnauzer

SEX

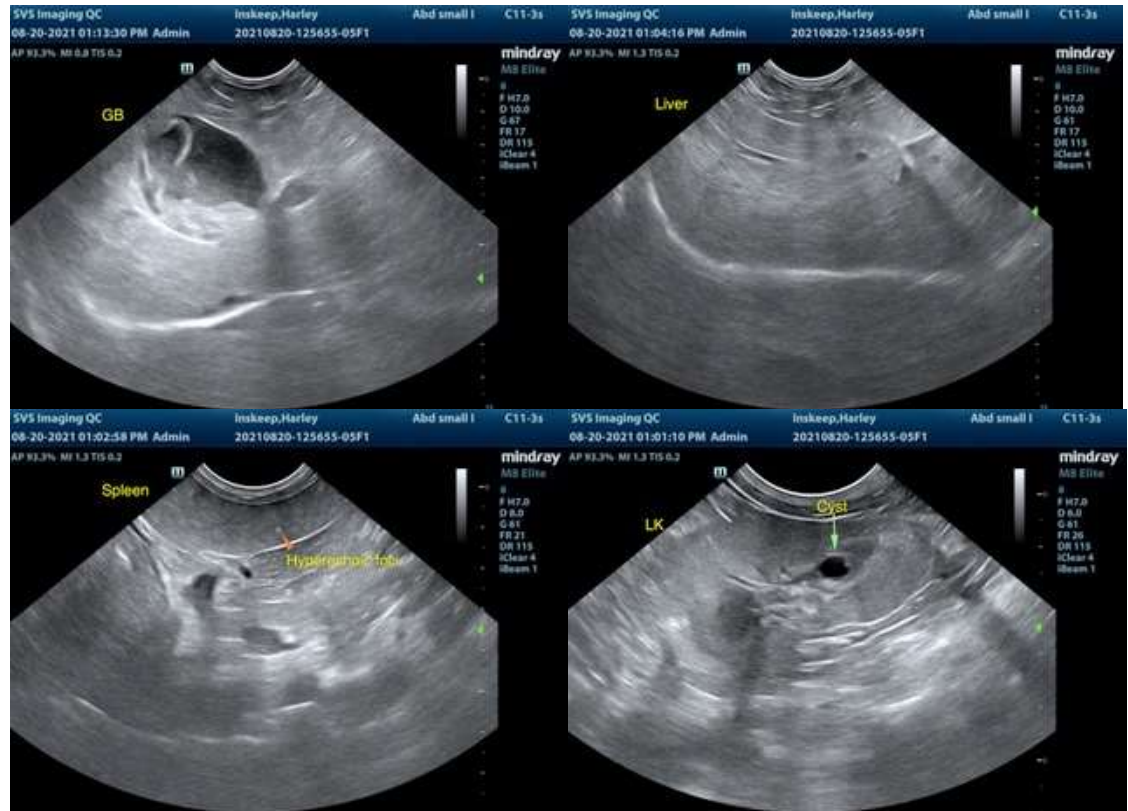
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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