



PATIENT

Pumpkin Elias

SPECIES

Canine

BREED

Australian Cattle
Dog

SEX

FS

AGE

9 yrs

WEIGHT

48.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rlverd Edge PMC

REFERRING VET

Dr. Jasmine Flanagan

INVOICE

14690

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Presented for routine dental cleaning and found elevated alb alt and alkP rest wnl recheck blood work 8/12/22 demonstrated increase in values. Currently treated for a hot spot on face.

Abnormal PE/Chem/CBC/UA Results: 3/28/22 Alt 182, alkp 393, alb 4.3 8/12/22 AST 91,, Alt 215, alkp 518.

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, 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.

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 5.8 cm in length. The right kidney measured 5.9 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 1.9 cm length x 0.46 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 2.0 cm length x 0.75 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 mild, dependent to nondependent, mildly hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

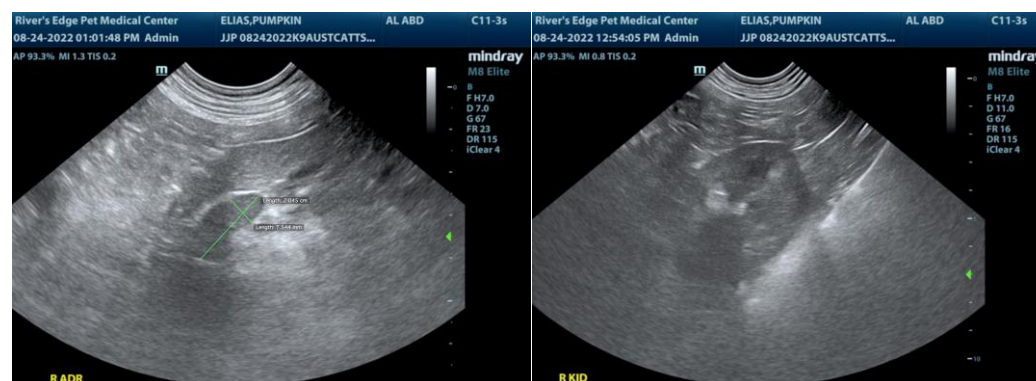
ULTRASONOGRAPHIC FINDINGS

- Nonspecific yet benign hepatopathy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver may indicate vacuolar hepatopathy and non-obstructive cholestasis, given the ALP elevation with potential for primary to concurrent nonspecific inflammatory hepatopathy, given the ALT / AST elevation. Further assessment may include, assuming normal clotting status, screening hepatic FNA for cytology +/- Leptospirosis titers / PCR if endemic to the area or potential exposure.

Empirically, Hepatosupportive medications including Denamarin and Ursodiol, +/- antibiotic trial pending hepatic cytology or if evidence of inflammatory cells initially for 2 weeks with a reassessment of hepatic enzyme levels. If antibiotics are elected with no improvement in hepatic enzyme levels, discontinuation of antibiotics would be appropriate. A hepatic core surgical biopsy may be required for a definitive diagnosis.





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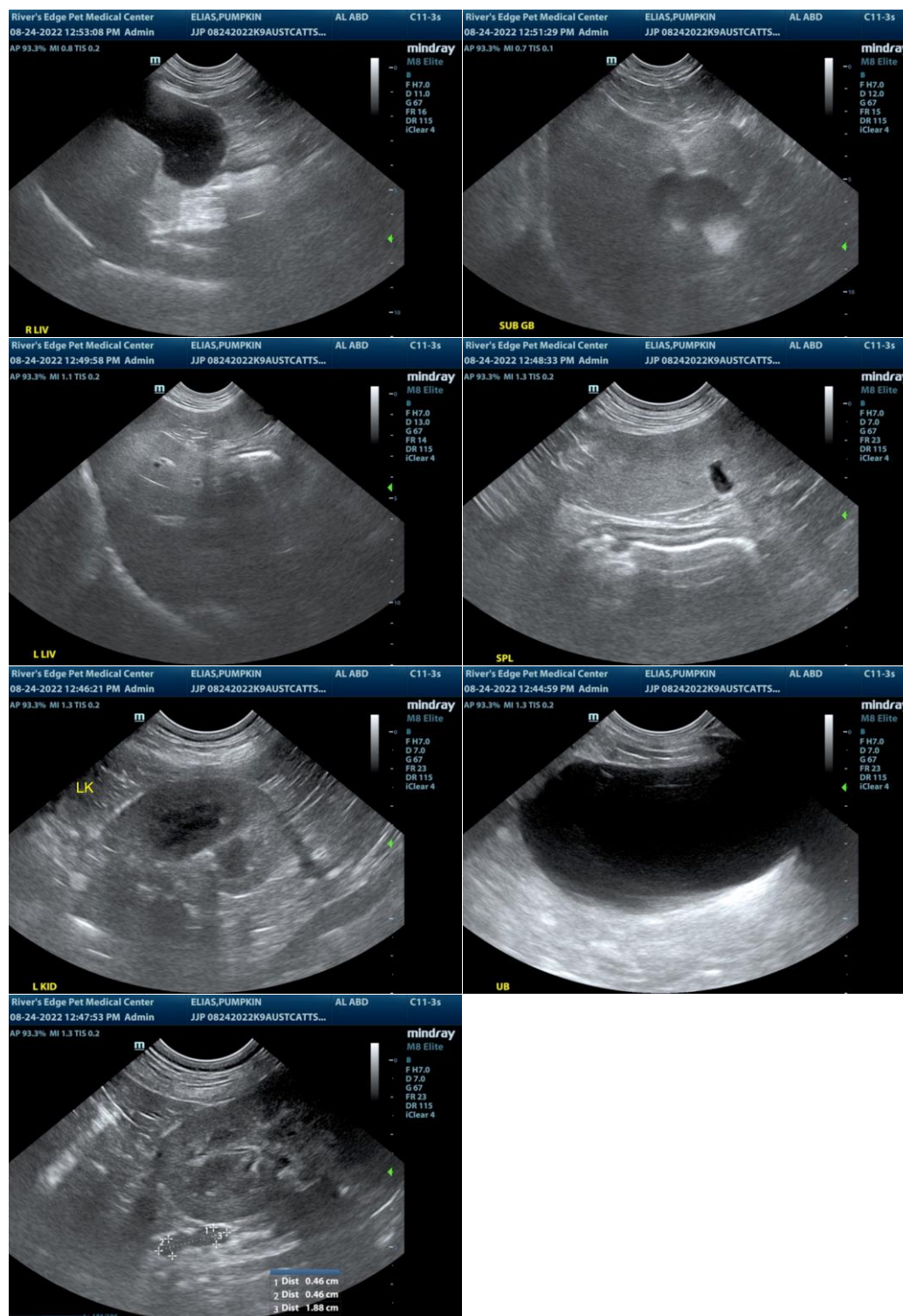
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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