



PATIENT PRESENTING CLINICAL SIGNS

Faith Holland Elevated liver values.

SPECIES Medication: Hepaticlear, glycoflex, antihistamines, cytopoint, ultamino diet, omega 3, flexidin, VC, niacinamide

Canine ALP 420, Normal ALT / AST

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix *Urinary System*

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

FS The area of the aortic trifurcation was free of pathology.

AGE 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 6.9 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT 75.5

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland measured 0.63 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was overall normal in size with primarily symmetrical capsule contour with focal areas of mild mid to caudal splenic capsule asymmetry. An overall finely textured and homogenous parenchyma was present. A solitary, mildly nonhomogeneous, nondisruptive cranial splenic nodule measuring 1.2 cm in diameter was present. No splenic masses were noted. Normal splenic vascularity was present.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Community VP

Liver/ Gallbladder

The liver exhibited subjective borderline to mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Carpenter

INVOICE

14896

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.

DATE
 8/24/23



PATIENT

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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.

SPECIES

Pancreas

Canine

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.

BREED

Lab Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2011

- Mild hepatopathy - sonographically consistent with benign hepatopathy criteria
- Sonographically normal gallbladder
- Non-expansive, nonhomogeneous cranial splenic nodule

WEIGHT

75.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the hepatic presentation is suggestive of vacuolar hepatopathy criteria in conjunction with ALP elevation. Minor potential for emerging inflammatory hepatopathy is possible without evidence of hepatic neoplastic.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Primary adrenal disease is considered unlikely given no reported clinical signs consistent with Cushing's Syndrome i.e., PU/PD, polyphagia, etc., and overall normal adrenal presentation.

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ARDMS/RVT

The splenic nodule, although nonspecific, tends to trend benign with primary considerations including nodular hyperplasia, focal hematopoiesis, or similar. Nodular splenic neoplastic criteria is considered unlikely yet sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4-6 weeks would be ideal. Continued hepatosupportive medications with monitoring of liver enzymes and possible sonographic reassessment, if progressive hepatic enzymes elevations, is suggested.

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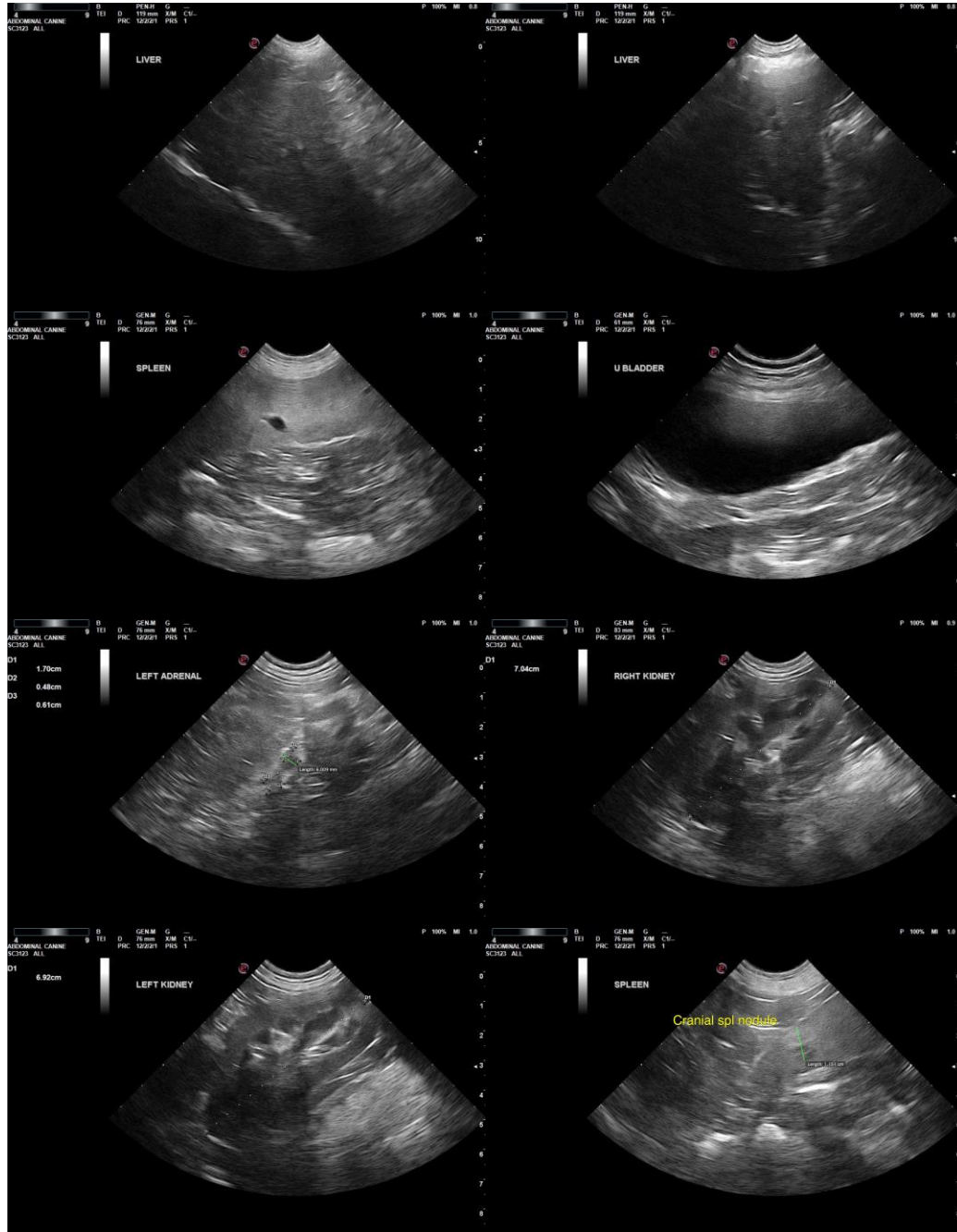
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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