**PATIENT**

Betsey Renaud

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

9 yr

WEIGHT

25 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Oxford VH

INVOICE

14749

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Slowing down and not eating well

Abnormal PE/Chem/CBC/UA Results: Chronic ALP elevation 6/18/21 816 6/30/22 688 12/20/21
379 8/1/22 1038**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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 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 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. The left kidney measured 5.1 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

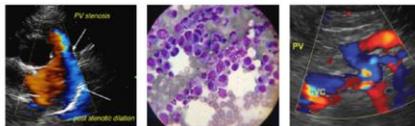
The bilateral adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of adrenomegaly or tumors was noted. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.70 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with subtle parenchyma heterogeneity and intermittent nonhomogeneous nondisruptive splenic nodules. An example of a splenic nodule measured 0.69 cm in diameter. Concurrent hyperechoic nodules adjacent to the splenic hilus, consistent with benign myelolipomas, were noted.

Liver/ Gallbladder

The liver presented mildly enlarged in size. 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 containing mild, mildly congealed, echogenic gallbladder debris primarily in the caudal lumen. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mildly gas distended with subjective minor retained anechoic pyloric fluid. The ventral gastric body wall width measured 0.38 cm. The jejunum wall measured 0.40 cm width.

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. The duodenum wall measured 0.38 cm width.

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

- Vacuolar hepatopathy pattern - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with minor retained pyloric fluid - possible low-grade gastritis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, mild age-related to benign sonographic changes without evidence of significant abdominal visceral pathology.

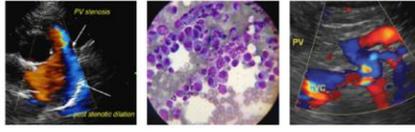
Overall, the hepatic presentation is suggestive of vacuolar hepatopathy pattern in light of the ALP elevation, potential for nonobstructive cholestasis is possible. Inflammatory hepatopathy or infiltrative neoplasia are considered less likely differential diagnoses. Further assessment of the liver may include screening hepatic cytology, assuming normal clotting status.

No overt suspicion of underlying primary adrenal disease, given the patient's clinical signs and normal adrenal presentation.

Empirically, hepatosupportive medications including Denamarin and Ursodiol, and as-needed gastrointestinal support with conservative therapy for potential gastritis would be reasonable.

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svsimagingmi@gmail.com



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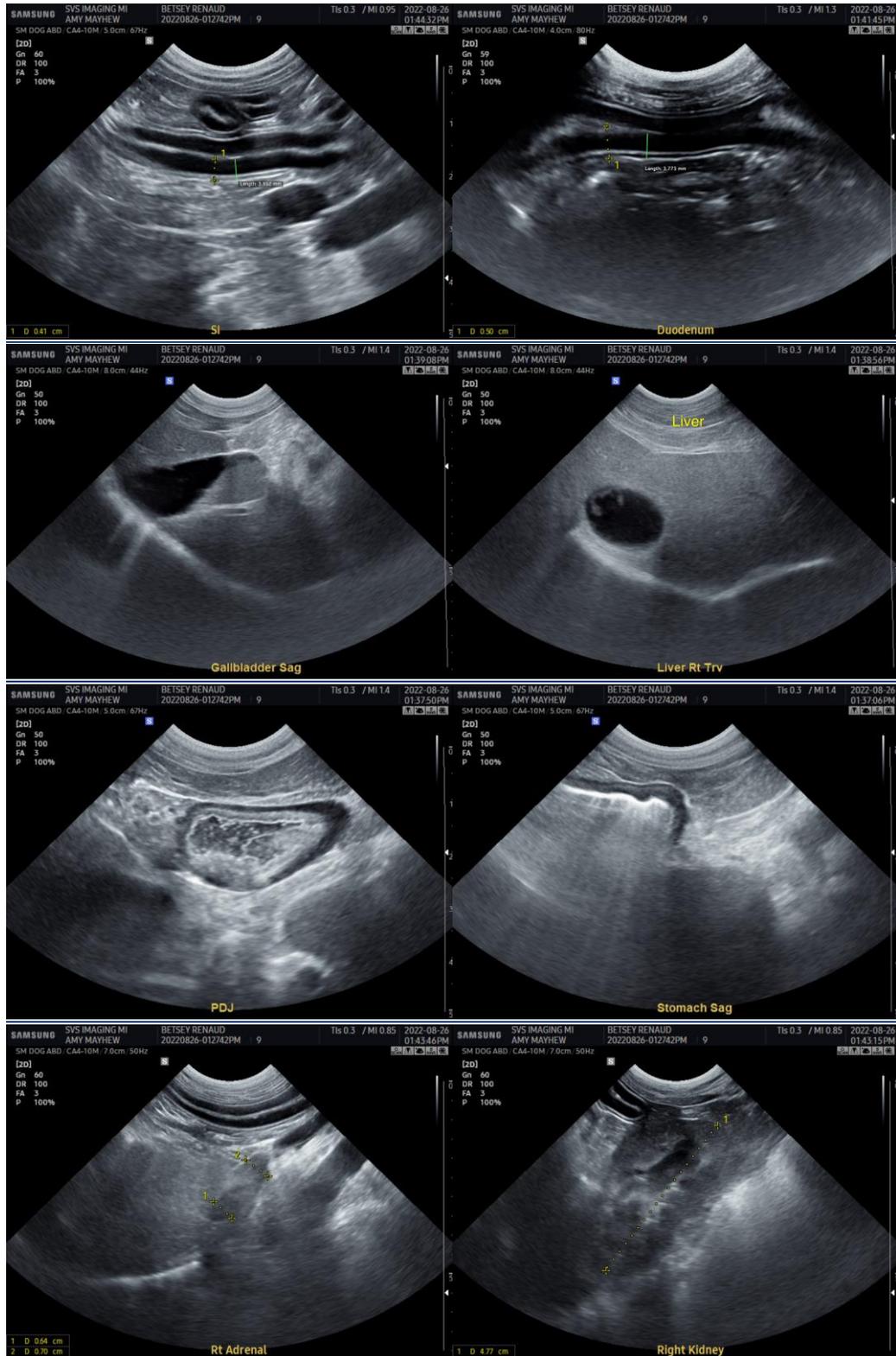
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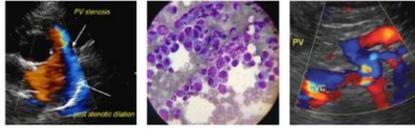
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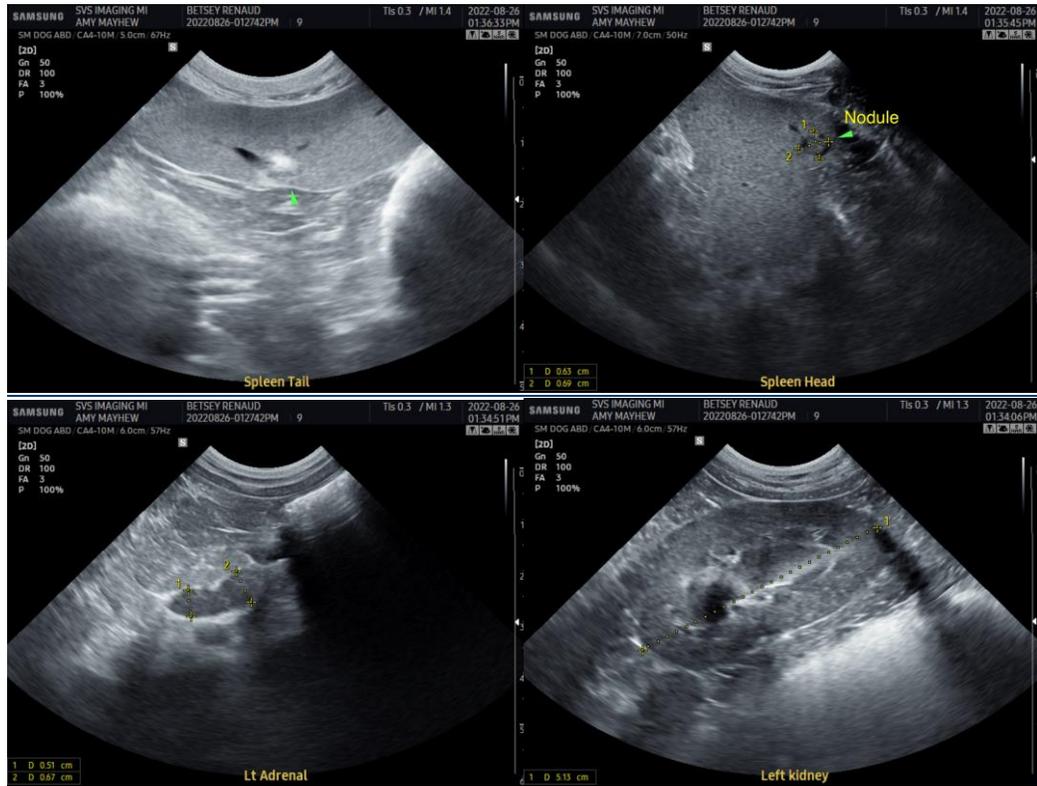
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com