

PATIENT

Murphy Preston

SPECIES

Canine

BREED

Labrador Retriever

SEX

M/N

AGE

9 yrs

WEIGHT

47.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Healthy Paws Forward
Veterinary Hospital

REFERRING VET

Dr. Jan Hen-Boisen

INVOICE

17081

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Inappetent x 5 days. Vomiting. On thryotabs 1 mg BID. On gabapentin and Apoquel. Hepatomegaly on AXR. ALT 719, ALKP 342, TT4 63 (14 hrs post pill).

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 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. Potential pinpoint areas of medullary to pelvic mineral. The left kidney measured 7.4 cm in length. The right kidney measured 8.2 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 0.89 cm width at the caudal pole and 0.77 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.81 cm width at the cranial pole.

Spleen

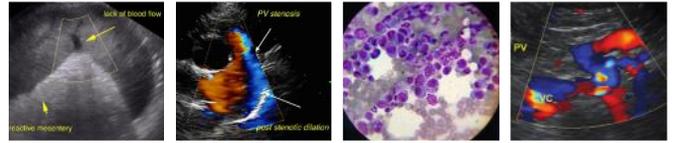
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver revealed subjective borderline to mild enlargement. Areas of minor caudal capsule asymmetry and generalized nonhomogeneous to mildly mixed echogenic hepatic parenchyma were present with evidence of parenchymal remodeling.

The gallbladder was non-distended in size. The gallbladder walls were overtly normal without evidence of obvious neoplastic criteria. Anechoic content was present with moderate mildly echogenic luminal debris primarily in the caudal lumen. No evidence of peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. Potential for minor retained chyme yet no evidence of mechanical pyloric outflow obstruction.

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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.

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

Pancreas

SEX

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

47.5 kg

- Hepatopathy exhibiting nonuniform parenchyma
- Mild congealed gallbladder debris- potential low grade chronic cholecystitis (non-mucocele)
- Minor chronic renal changes with potential pinpoint medullary mineral
- Overtly normal gastrointestinal tract
- heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCE

The appearance of the liver was nonspecific with considerations including chronic inflammatory hepatopathy, i.e., nonspecific hepatitis/cholangiohepatitis, vacuolar hepatic changes, nodular hyperplasia, hematopoiesis, fibrosis or other hepatopathy. Potential for hepatic neoplastic criteria is considered a less likely differential diagnosis yet cannot be definitively excluded. Primary considerations for chronic hepatitis/cholangiohepatitis given the primary elevated ALT and presence of gallbladder debris. Further assessment of the liver may include, assuming normal clotting status, screening hepatic FNA cytology primarily to assess for evidence of inflammatory cells and rule out potential for neoplasia.

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No overt evidence of structural gastrointestinal pathology. The vomiting in this patient may be metabolic secondary to underlying hepatopathy. The possibility of low grade to chronic pancreatitis which may present sonographically normal could be possible. Further assessment may include a spec CPL.

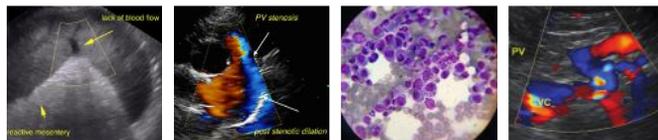
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Empirically, hepatosupportive medications +/- empirical antibiotic trial initially for two weeks with reassessment of hepatic response and as needed gastrointestinal support would be reasonable. Leptospirosis titers/PCR recommended if potential exposure or if clinically indicated.



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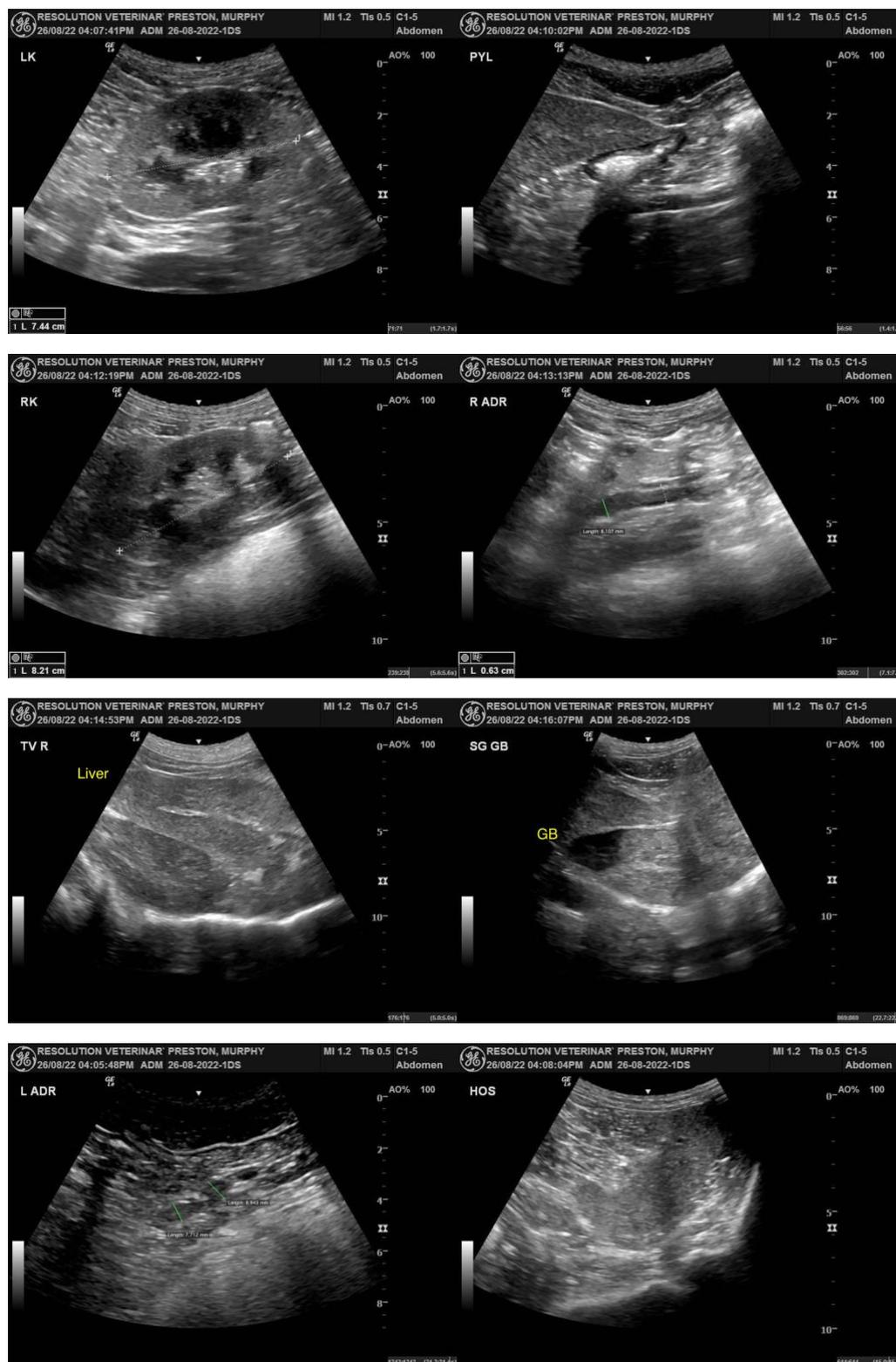
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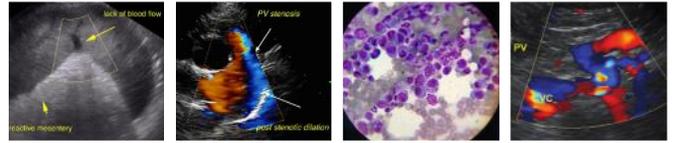
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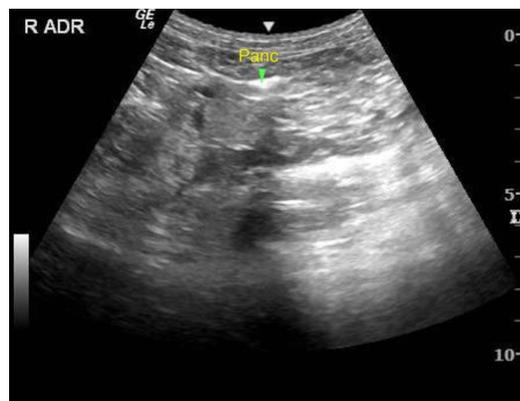
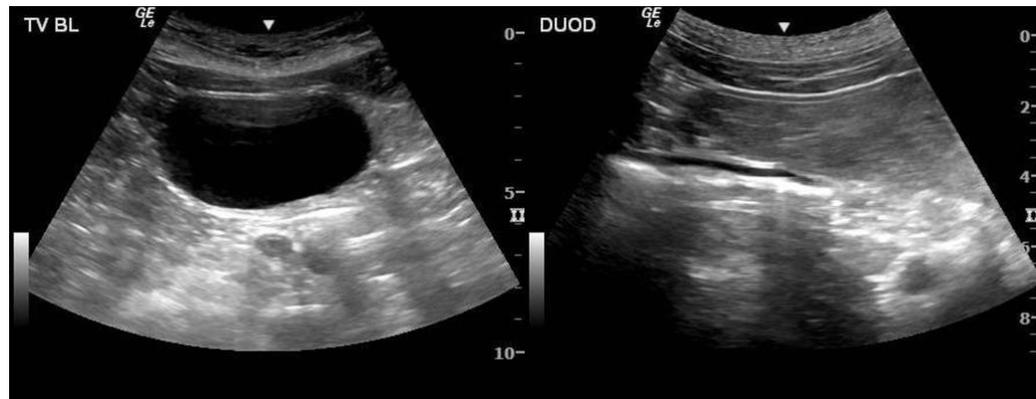
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com