



PATIENT

Bella Ebersole

SPECIES

Canine

BREED

Yorkshire Terrier
Cross

SEX

FS

AGE

11 yrs

WEIGHT

23.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tiffany Brady DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

David Schneider
DVM

INVOICE

14781

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Chronic history of elevated liver values. On Denamarin to no effect. Normal LDDS test.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.9 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 0.49 cm width at the caudal pole and 0.53 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 0.61 cm width at the caudal pole and 0.88 cm width at the cranial 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 exhibited mild to moderate generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Indistinct hyperechoic to hypoechoic Intraparenchymal nodules were present, with an example measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, nondependent, particulate gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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.

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

Pancreas

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Yorkshire Terrier
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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

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

11 yrs

- Chronic hepatopathy - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes with mild left kidney pyelectasia
- Pancreatic remodeling - likely age-related pancreatic changes and incidental

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the liver was nonspecific with potential considerations including chronic vacuolar hepatopathy, inflammatory / immune-mediated disease i.e., hepatitis / cholangiohepatitis, discrete areas of hyperplasia, hematopoiesis, potential fibrosis, or other hepatopathy with neoplastic criteria considered a less likely differential diagnosis. Further assessment of the liver may include, assuming normal clotting status, screening hepatic FNA cytology. Hepatic core surgical biopsy is likely required for a definitive histopathological diagnosis. Hepatic functionality would assume to be normal if normal BUN, glucose, cholesterol, and albumin levels. The addition of Ursodiol to previous Denamarin, owing to Ursodiol's antioxidant and immunologic effects within the liver, may prove beneficial. No overt suspicion of Cushing's Syndrome, given overall normal adrenal appearance and negative LDDST.

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The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Minor potential for chronic pancreatitis is possible if previous history of pancreatitis.

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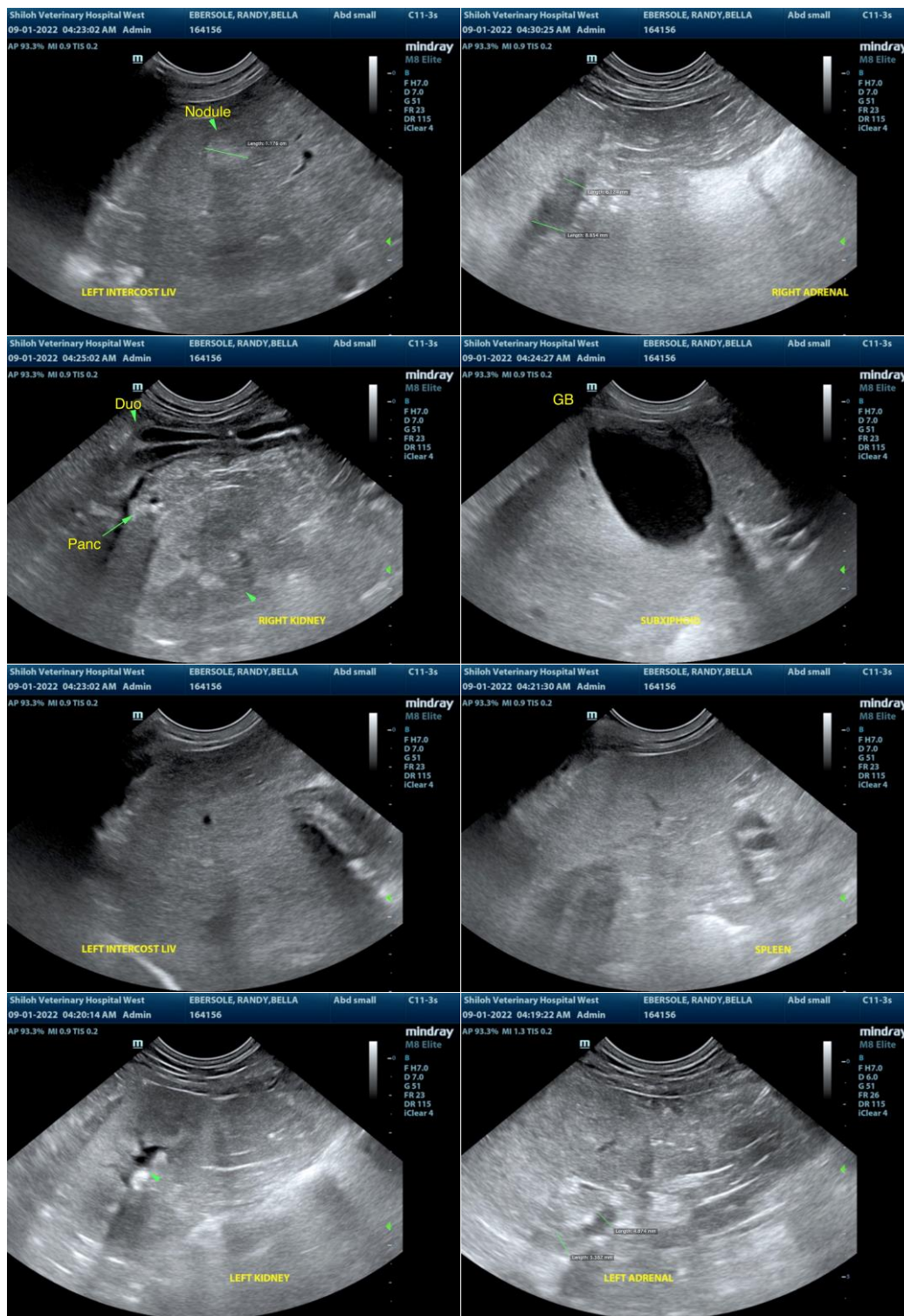
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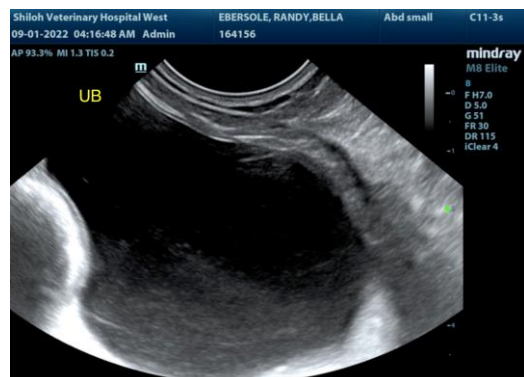
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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