



PATIENT

Frankie Gowton

SPECIES

Canine

BREED

AUstralian Shepherd
X

SEX

FS

AGE

6 years

WEIGHT

52.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

14513

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Elevated ALT
Abnormal PE/Chem/CBC/UA Results: ALT: 195 otherwise WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet no evidence of urinary bladder mural pathology was noted. Minimal anechoic urine was present with no overt sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 6.2 cm in length. The right kidney measured 5.8 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 2.4 cm length x 0.76 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 2.8 cm length x 0.94 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting primarily finely textured homogenous parenchyma. A solitary, nondisruptive, mildly hypoechoic nodule was noted in the craniomedial spleen measuring 0.77 cm in diameter.

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 anechoic content and mild primarily dependent mildly hyperechoic debris. The gallbladder walls were sonographically normal. 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 contained mild, nonshadowing ingesta/chyme most consistent with post prandial presentation without 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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Benign low-grade hepatopathy - suspect low-grade inflammatory hepatopathy
- Mild gallbladder debris (non-mucocele - no evidence of cholecystitis)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant hepatic or hepatobiliary pathology was noted.

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Ultrasound-guided FNA of the liver for screening cytology and potential identification of inflammatory cell type, if present, could be considered for further assessment. Hepatosupportive medications including Denamarin and Ursodiol, given the presence of gallbladder debris, may prove beneficial.

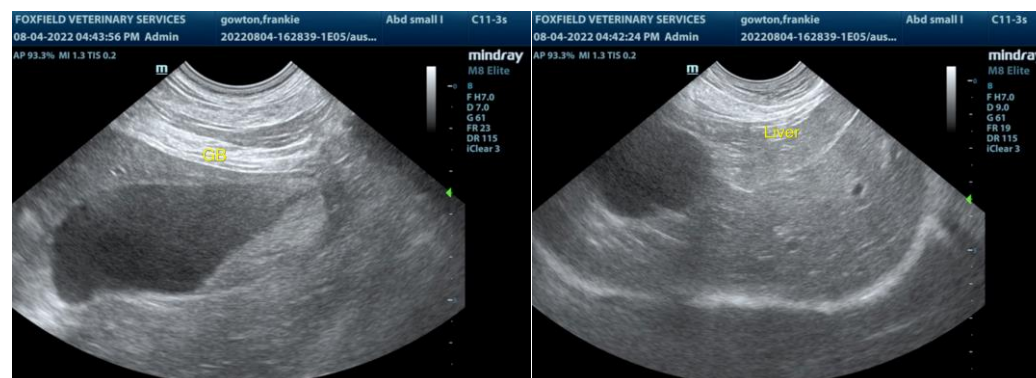
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Given the low-grade ALT elevation, at this stage continued monitoring for evidence of progressive elevation would also be reasonable. No overt evidence of a portosystemic vascular anomaly was noted. Leptospirosis titers could be considered if endemic to the area if persistent/progressive ALT elevation is noted. Hepatic biopsy may be required for a definitive diagnosis.

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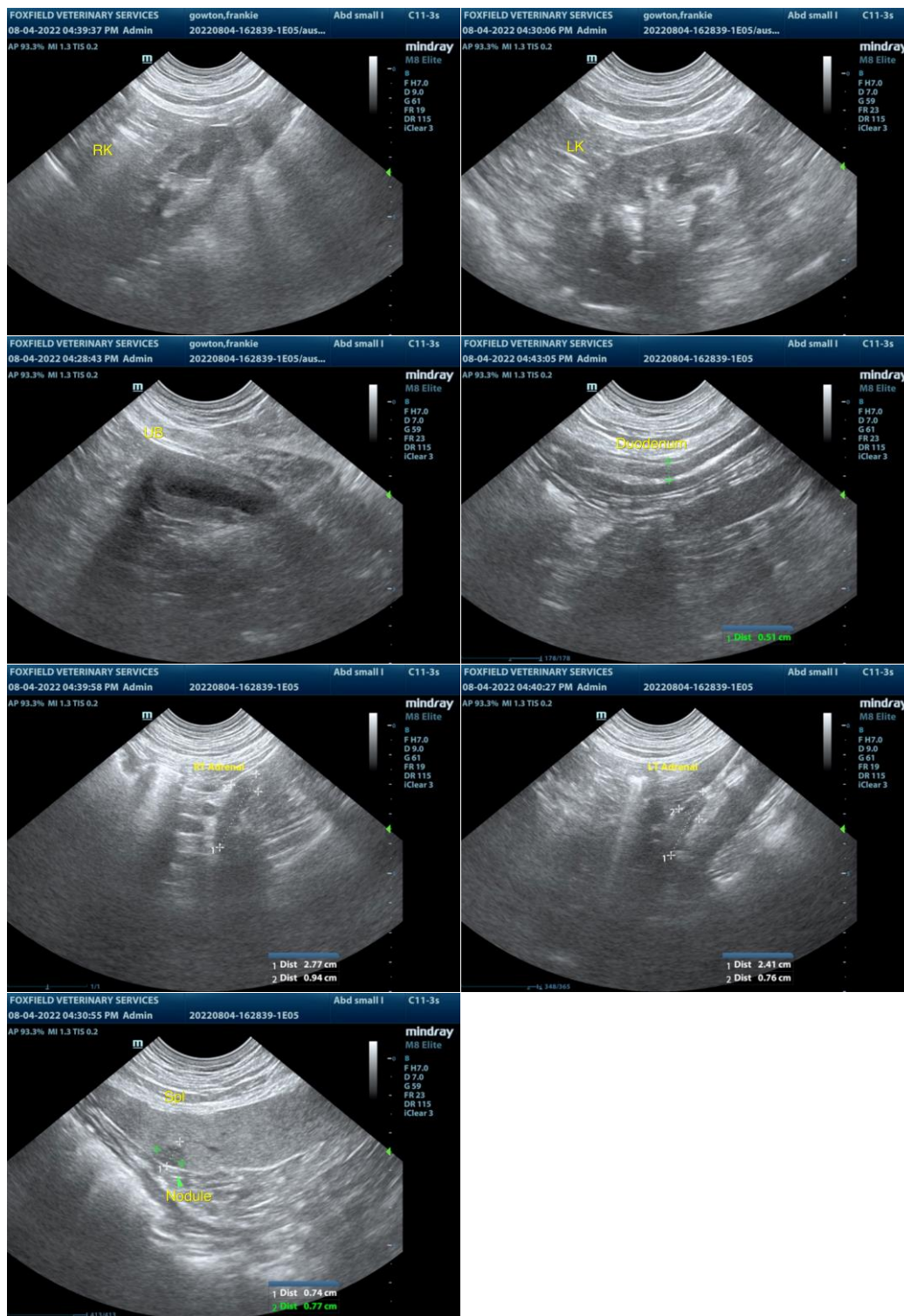
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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