



PATIENT

Jax Tolaini

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

BREED

Pitbull

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 6.8 cm in length.

SEX

MN

AGE

9yr

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

WEIGHT

43kg

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small non disruptive hyperechoic nodule was present in the medial parenchyma adjacent to the hilus consistent with benign myelolipoma. 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.

INTERPRETED BY

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

Liver

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 thin walls and primarily anechoic luminal content with minor hyperechoic luminal debris. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Southpointe Pet
Hospital

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.

REFERRING VET

Dr. Wendy James

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.

INVOICE

11321ag

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

Pancreas

DATE

08/08/2022



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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 was evident.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Pitbull

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Solitary small splenic myelolipoma

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet consistent with benign subjectively chronic hepatopathy. No evidence of hepatic or hepatobiliary neoplastic criteria was noted. Further assessment may include assuming normal clotting status, a hepatic FNA for screening cytology +/- leptospirosis titers/PCR if endemic to the area or potential exposure. Definitive diagnosis would require core surgical biopsy. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

AGE

9yr

WEIGHT

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REFERRING VET

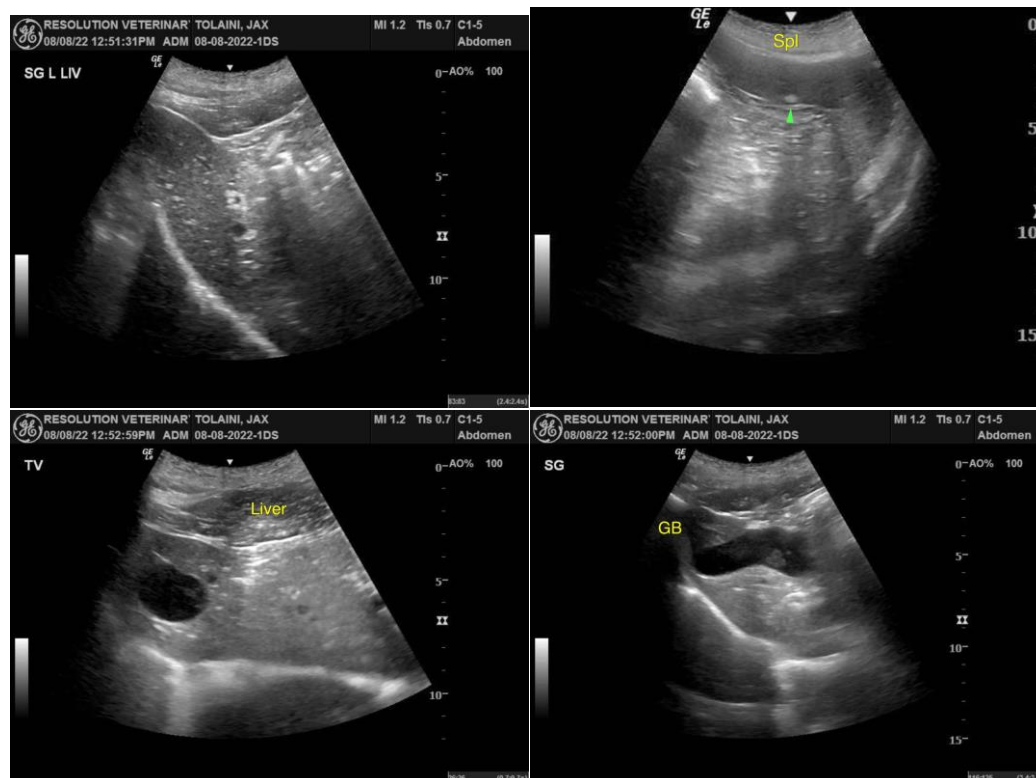
Dr. Wendy James

INVOICE

11321ag

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08/08/2022





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SPECIES

Canine

BREED

Pitbull

SEX

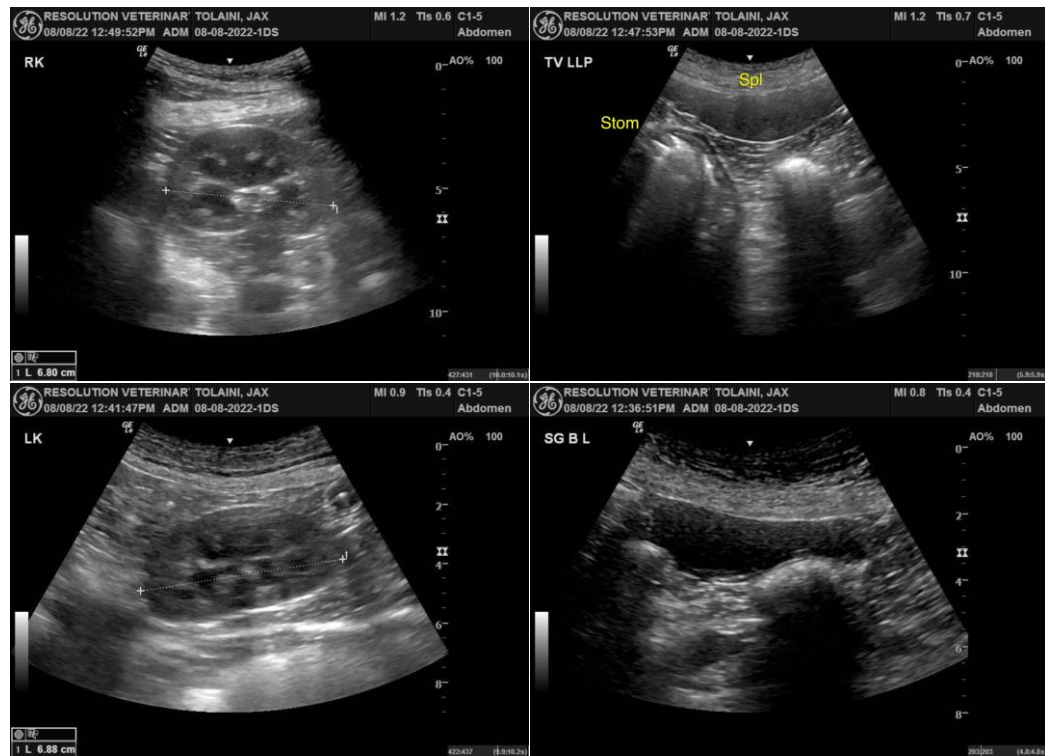
MN

AGE

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WEIGHT

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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

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