



PATIENT

Mong Jung

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

3 years

WEIGHT

7.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

14802

DATE

9/1/22

PRESENTING CLINICAL SIGNS

Patient presented to clinic for routine ultrasound of abdomen after blood work showed elevated values in kidneys and liver.

The submitted study contained 9 videos and 38 still images for review.

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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys, in light of patient size and breed. A normal 1:3 cortex / medulla ratio was maintained with adequate corticomedullary border demarcation. No evidence of pyelectasia or retroperitoneal inflammation noted in either kidney. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 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 0.25 cm width at the caudal pole and 0.36 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 0.34 cm width at the caudal 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 was subjectively normal in size with symmetrical contour. Uniform parenchyma exhibiting normal parenchyma echogenicity was present. Subjective normal hepatic vascular volume was noted. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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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 evidence of lymphadenopathy or peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable liver exhibiting subjective normal hepatic vascular volume
- Normal gallbladder
- Overtly normal bilateral kidneys - no evidence of nephritis or congenital disease i.e., dysplasia

WEIGHT

7.2 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, no evidence of overt hepatorenal pathology was noted. No obvious evidence of a portosystemic vascular anomaly, given subjective normal hepatic vascular volume and lack of concurrent commonly seen abnormalities such as renomegaly or renal/cystic calculi. Hepatic functionality is likely normal assuming normal albumin, glucose, cholesterol, and BUN levels.

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Fasting and post-prandial bile acids may be considered for a definitive assessment of hepatic functionality. Full urinary workup including urinalysis, urine C/S, +/- UPC level if evidence of proteinuria. Leptospirosis titers / PCR are recommended if endemic to the area or potential exposure, given combined elevations of hepatic and kidney parameters.

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Empirically, depending on the degree of hepatic and kidney elevations, hospitalization with as-needed hepatorenal support including IV fluids may be considered.

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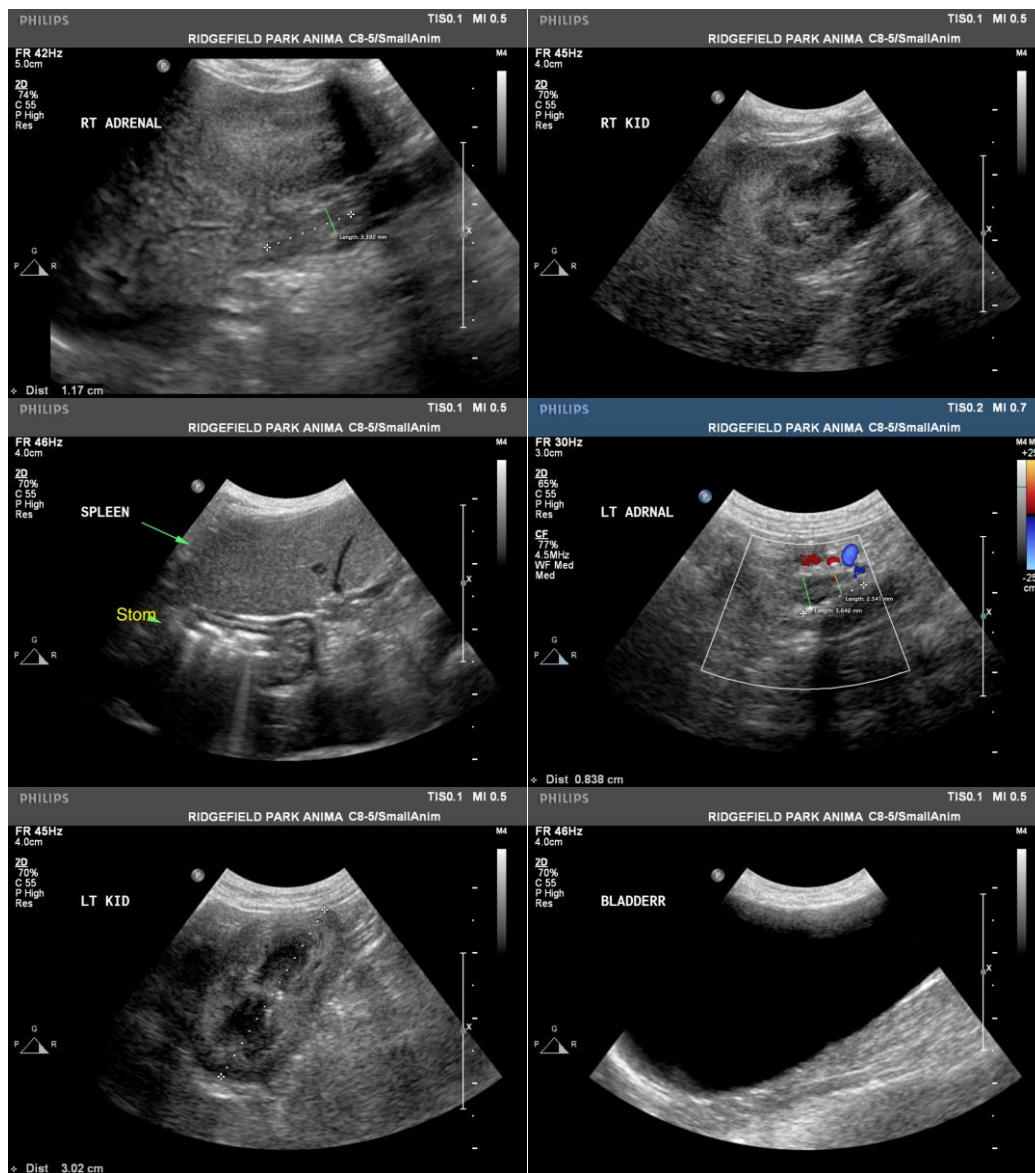
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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