



PATIENT

Nola Chandler

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Vet Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

41227

DATE

9/11/22

PRESENTING CLINICAL SIGNS

Chronic ALP elevation. Ultrasound to further image liver and GI tract. History of pancreatitis. Recently elevated fasted triglycerides. Started on omega 3 supplementation. Rechecking fasted levels again today.

Abnormal PE/Chem/CBC/UA Results: Pending fasted Trig levels today PE relatively normal today. 7/17/22 BW ALP high at 337 Magnesium high 2.6 Cholesterol high 410 Triglycerides high 1622 PSL high 158 Platelet high at 472 Heartworm test negative Fecal negative USG 1.038 Appearance clear Protein 2+ Quite sediment 8/16/22 fasted trig levels 574 high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple variably sized, well demarcated, hyperechoic nodules were present throughout the cranial to caudal parenchyma. Example of nodule measured 1.2 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate non-dependent, non-organized, mildly hyperechoic debris. The gallbladder and peripheral gallbladder were free of pathology and inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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

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Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern – subjectively benign.
- Moderate gallbladder debris (non-mucocele)
- Heterogeneous pancreas with minor parenchymal remodeling
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the hepatic presentation is consistent with vacuolar hepatopathy with inflammatory hepatopathy considered a less likely differential diagnosis. No evidence of neoplastic criteria. Further assessment may include screening hepatic FNA cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Underlying adrenal disease is considered unlikely, given reported adequate urine specific gravity and without reported clinical signs i.e., PU/PD, polyphagia, etc. Monitoring for the development of these clinical signs going forward may be considered.

The pancreas is suggestive of age related pancreatic changes and minor remodeling owing to previous inflammation. Potential for low-grade to chronic pancreatitis, which may present sonographically normal.

Low-fat diet and current Omega-3 fatty acids may prove beneficial if persistent hypertriglyceridemia. Chitosan could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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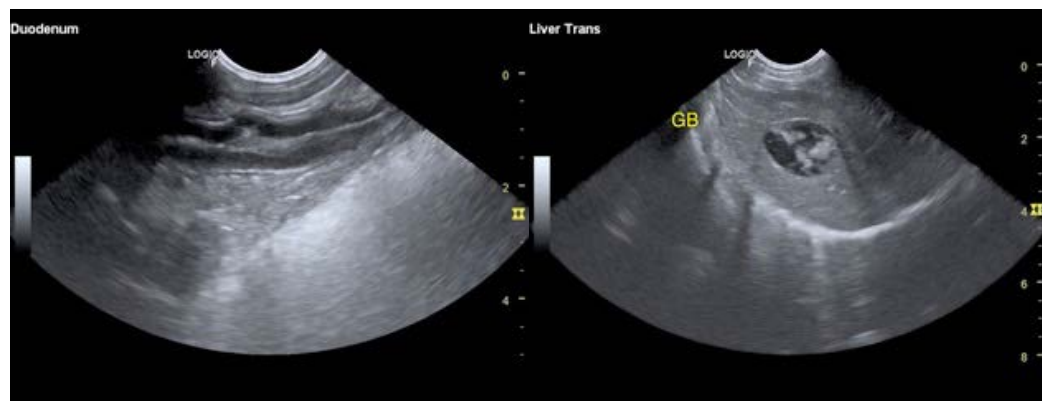
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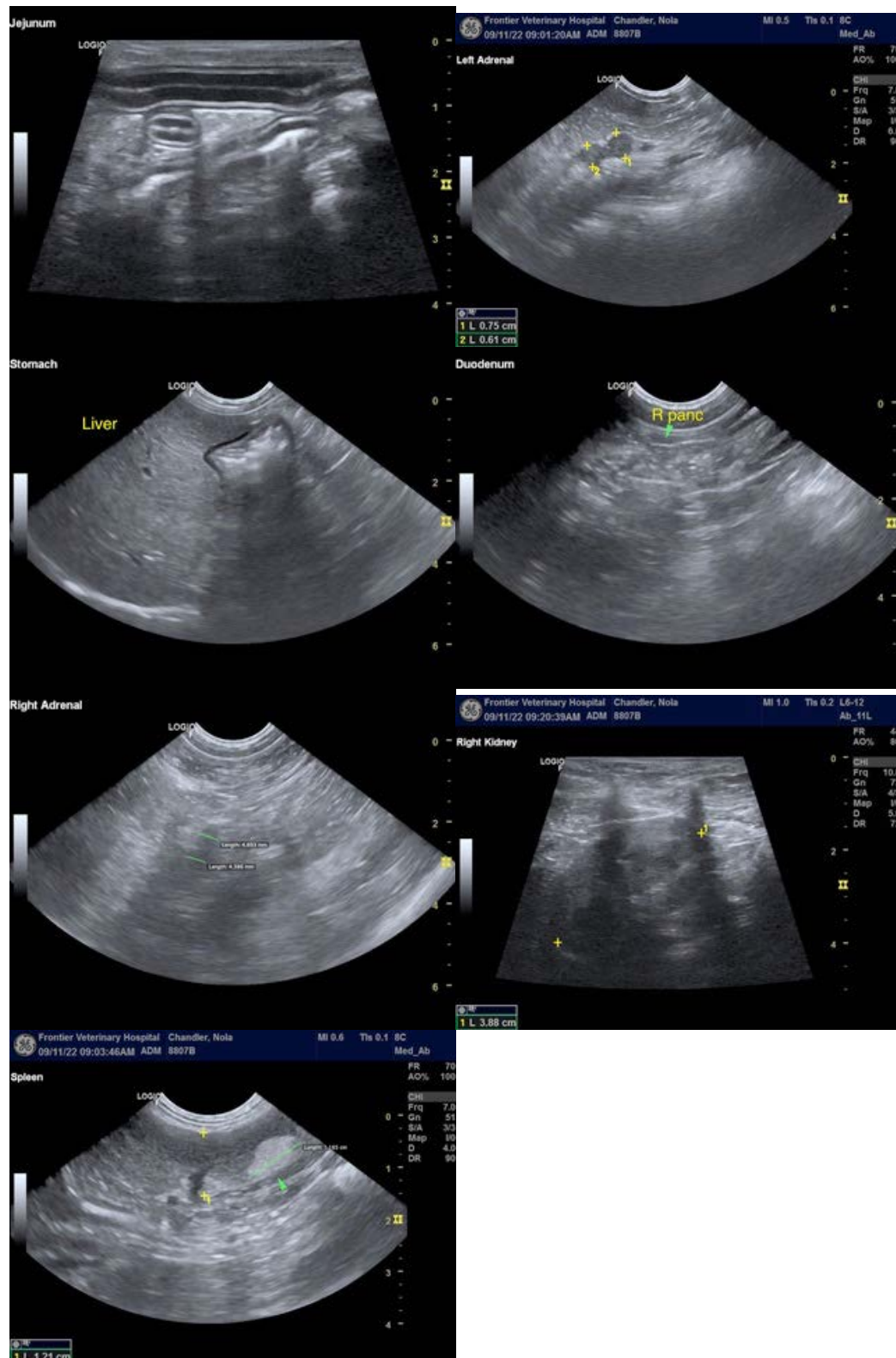
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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