



**PATIENT**

Jingles Petrisko

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

FS

**AGE**

2015

**WEIGHT**

25.6

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

White Haven VH

**REFERRING VET**

Dr. Dengler

**INVOICE**

14854

**DATE**

9/13/22

**PRESENTING CLINICAL SIGNS**

-Clinically WNL, elevated Alkph Denamarin

ALP 1518, WBC 16.8 with mild neutrophilia and monocytosis, Urine specific gravity 1.042, 3+Protein

**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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 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. Nonobstructive left kidney small medullary renolith with pinpoint right kidney medullary mineralization were noted. The left kidney measured 5.0 cm in length. The right kidney measured 4.6 cm in length.

**Adrenal Glands**

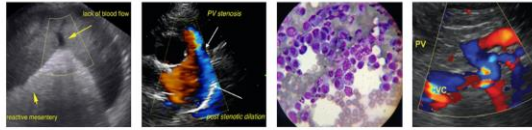
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.61 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 presented mildly 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 primarily anechoic content with mild to moderate congealed yet nonorganized hyperechoic debris primarily in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.



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***Gastrointestinal***

Jingles Petrisko

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing ingesta / chyme was present in the stomach.

**SPECIES**

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.

Canine

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

**BREED**

***Pancreas***

Boston Terrier

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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FS

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Vacuolar hepatopathy pattern - benign
- Mild to moderate congealed gallbladder debris
- Sonographically normal bilateral adrenal glands
- Nonobstructive left kidney medullary renolith with pinpoint bilateral renal mineralization

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The overall appearance of the liver, although nonspecific, is consistent with benign hepatopathy and suggestive of vacuolar hepatic changes given the elevated ALP. Potential for nonobstructive cholestasis is likely. Inflammatory parenchymal or hepatobiliary process, i.e., cholangiohepatitis, is considered a less likely differential diagnosis. Further assessment may include screening hepatic FNA cytology, primarily to assess for evidence of inflammatory cells.

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No overt suspicion of primary adrenal disease, given the lack of reported clinical signs and normal adrenal presentation.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic reassessment of the liver and gallbladder is suggested if progressive ALP elevation or cholestasis.

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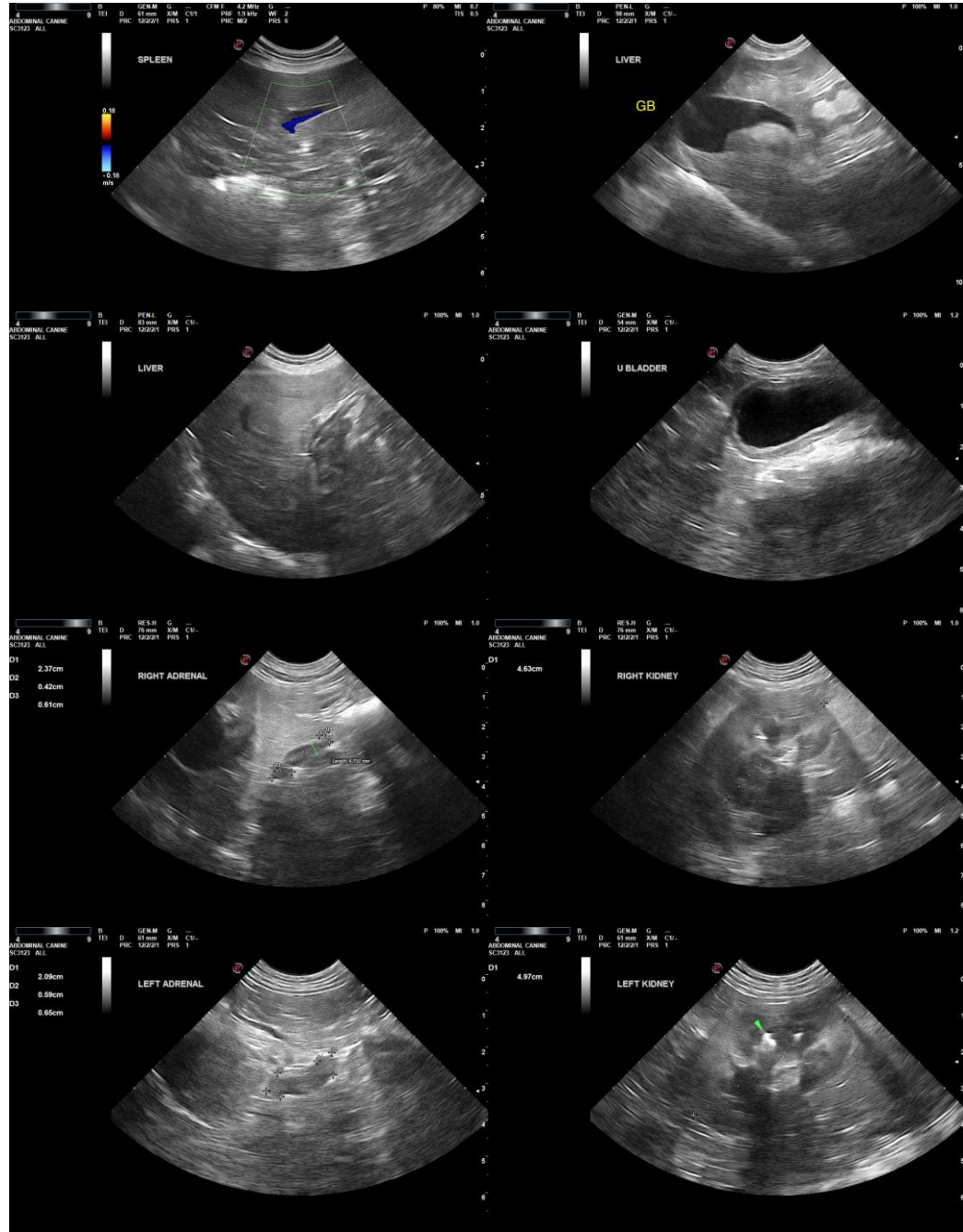
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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