



PATIENT

Fluffy Bare

SPECIES

Canine

BREED

Pekingese Mix

SEX

Neutered Male

AGE

15 Years 7 Months

WEIGHT

13.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Mtn. View AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

17301

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Sedated--Elevation in ALP, can you check gall bladder~ ALP value not provided

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.9 cm in diameter.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint hyperechoic cortical foci were noted, which may indicate pinpoint areas of cortical microinfarction, fibrosis or emerging mineralization. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 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 0.52 cm width at the caudal pole and 0.40 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 0.52 cm width at the caudal pole.

No evidence of adrenal tumors.

Spleen

The spleen exhibited generalized parenchyma heterogeneity. Focal to intermittent hyperechoic nodules were present throughout the cranial to caudal 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 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 mild primarily dependent nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.



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

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern- benign
- Mild gallbladder debris (non-mucocele)
- Pancreatic remodeling- age-related variant, remodeling and potential areas of fibrosis owing to previous inflammation. Low grade to chronic pancreatitis possible
- Benign splenic nodules-consistent with myelolipomas
- Moderate chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the appearance of the liver is consistent with vacuolar hepatopathy, potential for nonobstructive cholestasis given the ALP elevation. Inflammatory parenchymal or hepatobiliary disease, i.e., cholangiohepatitis is considered a less likely differential diagnosis without evidence of neoplastic criteria. Screening ultrasound guided FNA of the liver could be considered, primarily to assess for evidence of inflammatory cells, i.e., lymphoplasmacytic inflammation. Hepatosupportive medications may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Spec CPL could be considered for further assessment of the pancreas if clinically indicated.

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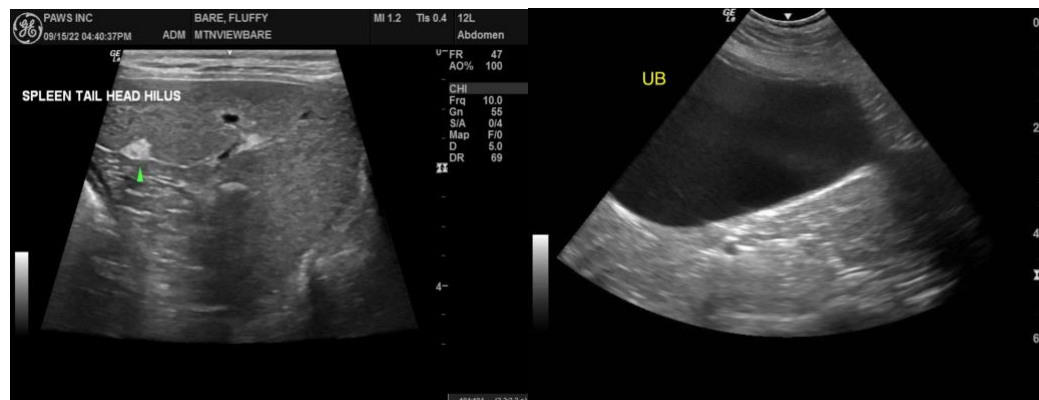
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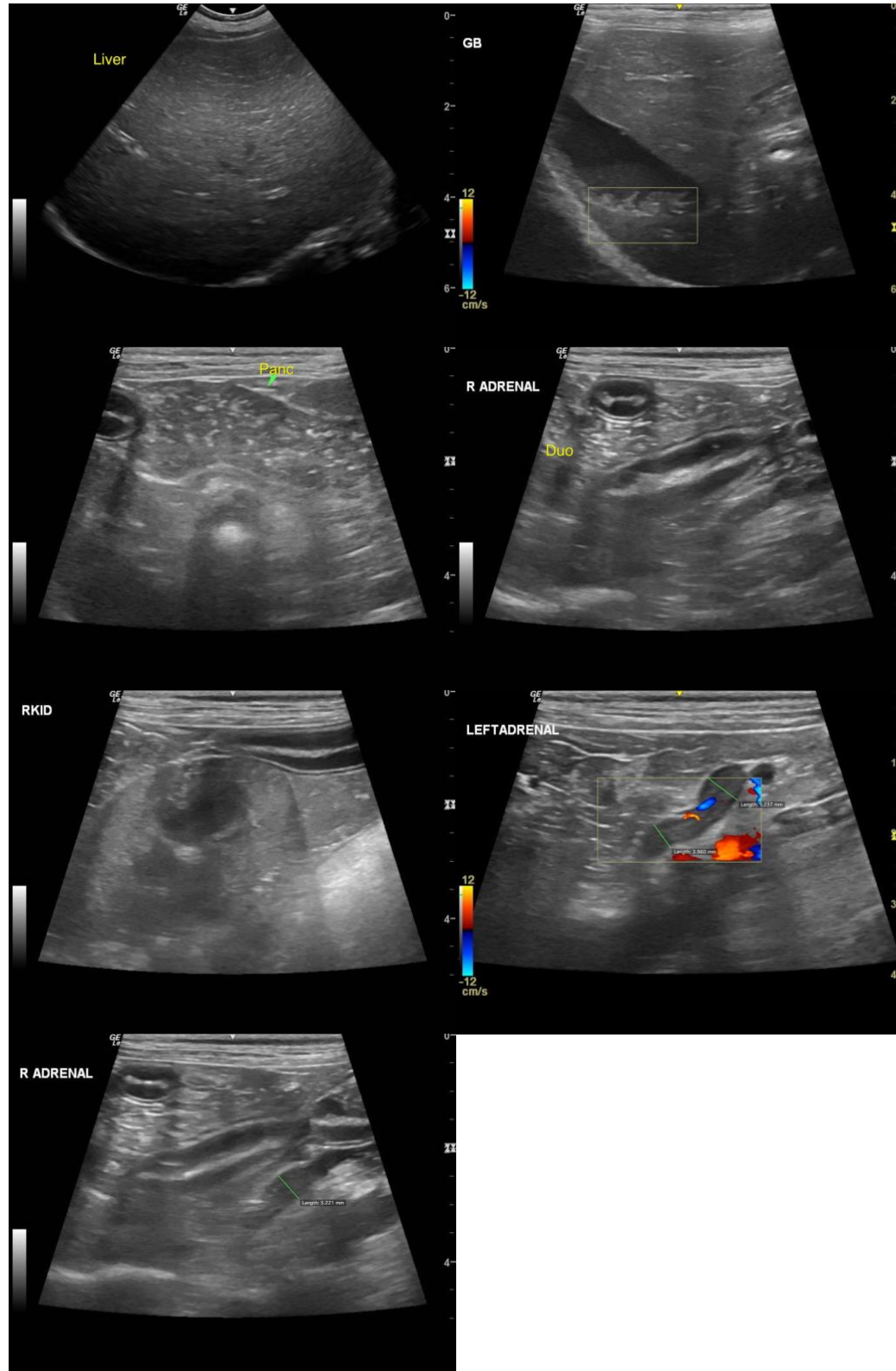
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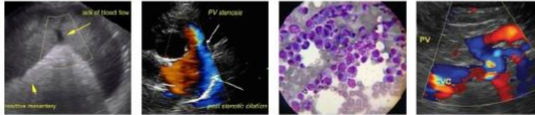
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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