



**PATIENT PRESENTING CLINICAL SIGNS**

Tillie Zdep History: Obese, left CC rupture  
Medication: HepatoBenefits, Amoxicillin, Galliprant

**SPECIES** ALT 515, Crea 1.6, BUN 13, Alb 3.6, Glucose 72, ALP 220

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Bernese Mtn Dog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

**SEX**

FS

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 6.3 cm. The right kidney measured 6.9 cm.

**AGE**

5 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

102 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland measured 0.61 cm at the cranial pole and 0.47 cm at the caudal pole.

**INTERPRETED BY** *Spleen*

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

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.

**IMAGING PERFORMED BY** *Liver*

Rebekah Jakum, CVT  
ARDMS/RVT

The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited subtle non-uniformity with normal overall parenchyma echogenicity hypoechoic to the spleen with moderate coarse echotexture, minor parenchymal remodeling, and mildly prominent portal vasculature borders. No hepatic masses or nodules. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**HOSPITAL NAME**

Annville-Cleona VA

**REFERRING VET** *Gastrointestinal*

Dr. Keck

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.

**INVOICE**

25672

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.

**DATE**

9.17.2021



**PATIENT** *Pancreas*

Tillie Zdep 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** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Bernese Mtn Dog
 

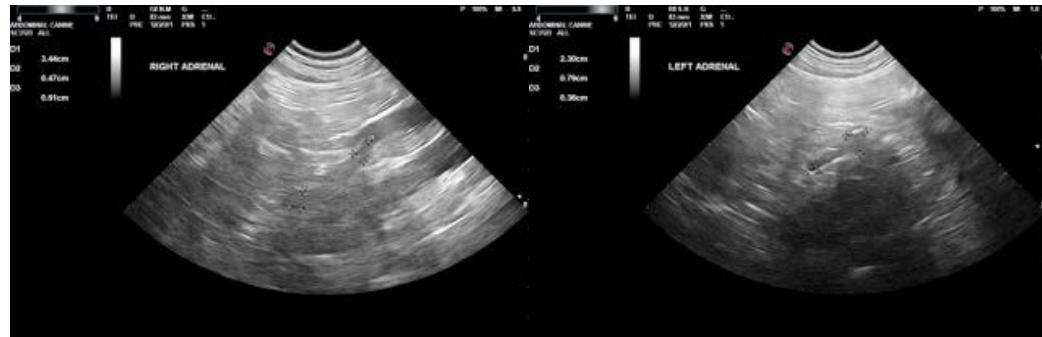
- Hepatopathy
- Sonographically unremarkable bilateral kidneys

**SEX** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FS The overall liver was non-specific yet consistent with benign hepatopathy. Considerations, although not definitive, may include non-specific hepatitis (immune mediated, infectious or other), hepatotoxicosis i.e., copper hepatopathy, reactive/vacuolar hepatopathy, or other. Hepatic functionality is likely normal given the normal albumin, BUN and glucose levels. Hepatic FNA (assuming normal clotting status) could be considered for screening cytology, primarily to potentially identify possible inflammatory cell type. Leptospirosis titers/PCR may be considered if clinically indicated. No overt evidence of a portosystemic shunt. No overt anesthetic contraindications.

**WEIGHT**

102 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Annville-Cleona VA



**REFERRING VET**

Dr. Keck

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**DATE**

9.17.2021



**PATIENT**

Tillie Zdep

**SPECIES**

Canine

**BREED**

Bernese Mtn Dog

**SEX**

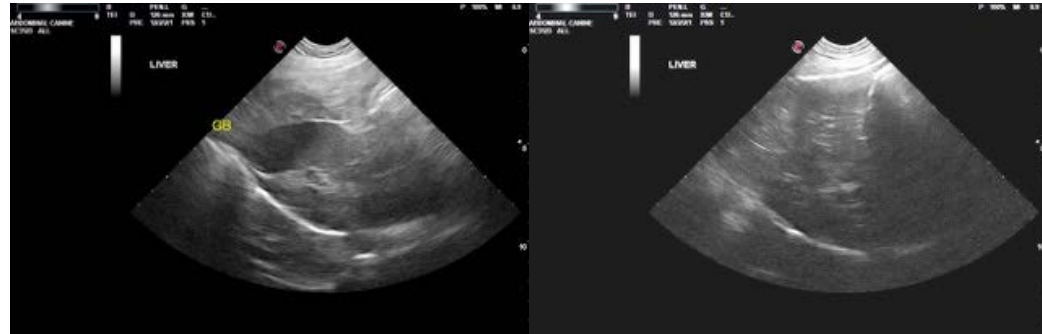
FS

**AGE**

5 years

**WEIGHT**

102 Pounds



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.

**INTERPRETED BY**

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

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**IMAGING PERFORMED BY**

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