



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chiquita Cervantes	Vomiting Anorexia NSF on PE other than periodontal Disease Current Medications amoxicillin, prednisolone, denamarin
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Severely elevated liver enzymes - will email blood work cPL normal
Canine	CBC- WBC 9.5 with suspected band neutrophils
<b>BREED</b>	Chemistry Panel- ALT 2082, ALP >2000, GGT 46, TBili 2.9, Cholesterol 401, cPL normal
Lhasa Apso	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	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.
14 years	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
12.25	
<b>INTERPRETED BY</b>	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Jenna Walsh, CVT	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length x 0.60 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length x 0.48 cm width in the caudal pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Albany AH	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.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Spangler	The liver presented mildly enlarged in size. The parenchyma exhibited normal overall echogenicity with evidence of minor parenchymal remodeling and moderate coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. No hepatic masses or nodules were
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12288	
<b>DATE</b>	
9/23/21	



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Chiquita Cervantes

**SPECIES**

Canine

**BREED**

Lhasa Apso

**SEX**

FS

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14 years

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noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with multiple, small calculi present in the gallbladder lumen. An example measured 0.9 cm in diameter. The proximal common bile duct exhibited minor dilation containing anechoic content and without evidence of ductal mucus or concurrent calculi. The proximal common bile duct measured 0.22 cm in diameter.

**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.

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.

**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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

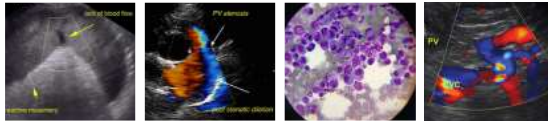
**Primary Findings**

- Hepatopathy
- Nonobstructive cholelithiasis, minor common bile duct dilation
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver may include vacuolar hepatopathy and nonobstructive cholestasis, chronic active hepatitis, cholangiohepatitis, or other hepatopathy, with neoplasia considered an unlikely differential diagnosis.

Hepatic FNA assuming normal clotting status and using a 25-gauge needle may be considered for screening cytology with potential identification of inflammatory cell type. Hepatosupportive medications and empirical antibiotic therapy such as Metronidazole / Amoxicillin combination initially for 2 weeks with a reassessment of hepatic enzymes may be considered. If improvement, continued antibiotics for up to 4-6 weeks may be indicated while discontinuation of antibiotics is suggested if no improvement. Ultimately, hepatic core biopsy +/- bile culture and sensitivity may be indicated. An immediate recheck sonogram is recommended if increasing evidence of cholestasis or if icterus is noted.



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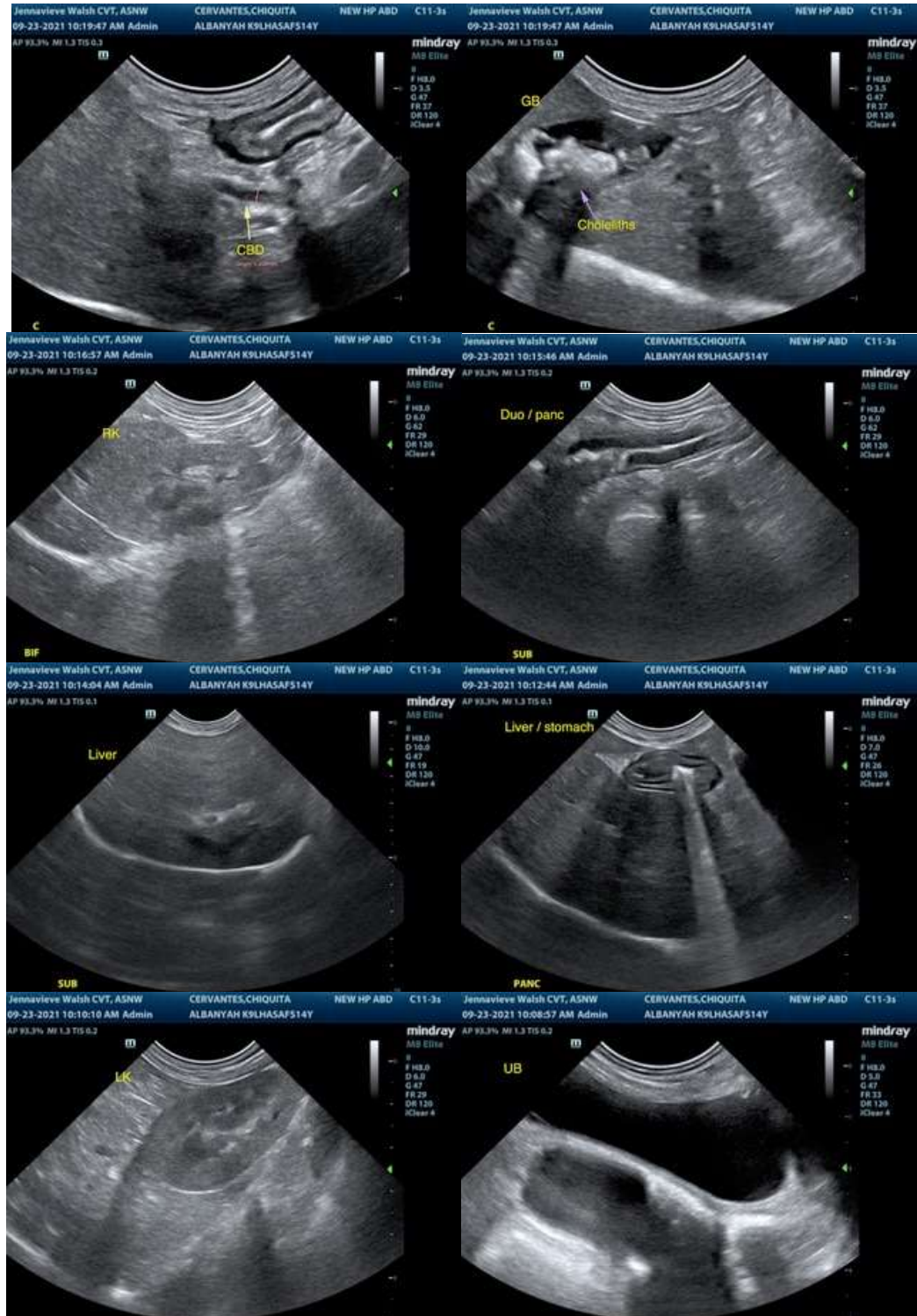
Dr. Spangler

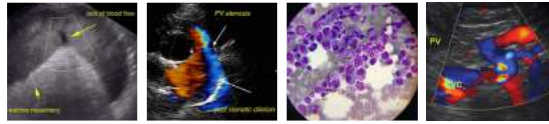
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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