**PATIENT**

Sally Sue Schwarzer

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

FS

**AGE**

5 yrs

**WEIGHT**

15 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Elizabeth Oetting

**INVOICE**

14967

**DATE**

9-23-22

**PRESENTING CLINICAL SIGNS**

Presented due to congestion and had two accidents in the house which is unusual. One time it was in the bed and o thinks she was asleep when it happened. Sally is drinking more. Switched to Hill's ID low fat stew because they were not eating the Purina. Eating the food right away which in the past it took them awhile to get her to eat so o thinks she must like it a lot. No v or d.

Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALP. ALP elevation combined with PD and inappropriate urination as well as urine S.G. of 1.012 . LDDS test normal in June

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 pyelectasia. Potential emerging areas of pinpoint medullary mineral were noted in both kidneys, although not definitive. The left kidney measured 5.2 cm in length. The right kidney measured 5.1 cm in length.

**Adrenal Glands**

Both adrenal glands exhibited borderline to mildly prominent caudal pole width with normal capsule contour and homogeneous parenchyma. No evidence of significant adrenomegaly or neoplastic criteria was noted. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.51 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 mild to moderate 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

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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

***Gastrointestinal*****SPECIES**

Canine

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.

**BREED**

Yorkie

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

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***Pancreas***

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.

**AGE**

5 yrs

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

15 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy - subjective vacuolar hepatopathy pattern
- Sonographically unremarkable gallbladder
- Borderline to mildly prominent bilateral adrenal glands based on caudal pole width (in light of bodyweight)
- Sonographically unremarkable kidneys / urinary bladder

**INTERPRETED BY**

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DVM, DABVP (Canine  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the appearance of the liver is consistent with benign likely low-grade hepatopathy and suggestive of vacuolar hepatic changes. Screening ultrasound-guided FNA cytology could be considered for further assessment, primarily to assess for evidence of inflammatory cells i.e., lymphoplasmacytic inflammation which may suggest possible antigenic stimulation. If such cells are found on screening cytology, a novel protein or hydrolyzed diet along with hepatosupportive medications and reassessment of ALP levels would be reasonable.

The borderline to mildly prominent bilateral adrenal glands based on caudal pole width is nonspecific, given recent nondiagnostic LDDST. If strong clinical suspicion of possible emerging adrenal hyperfunction, recheck LDDST could be considered at this time or potentially in 4-6 weeks.

Urine C/S is suggested to rule out underlying UTI, even though no evidence of overt urinary bladder sediment was noted.

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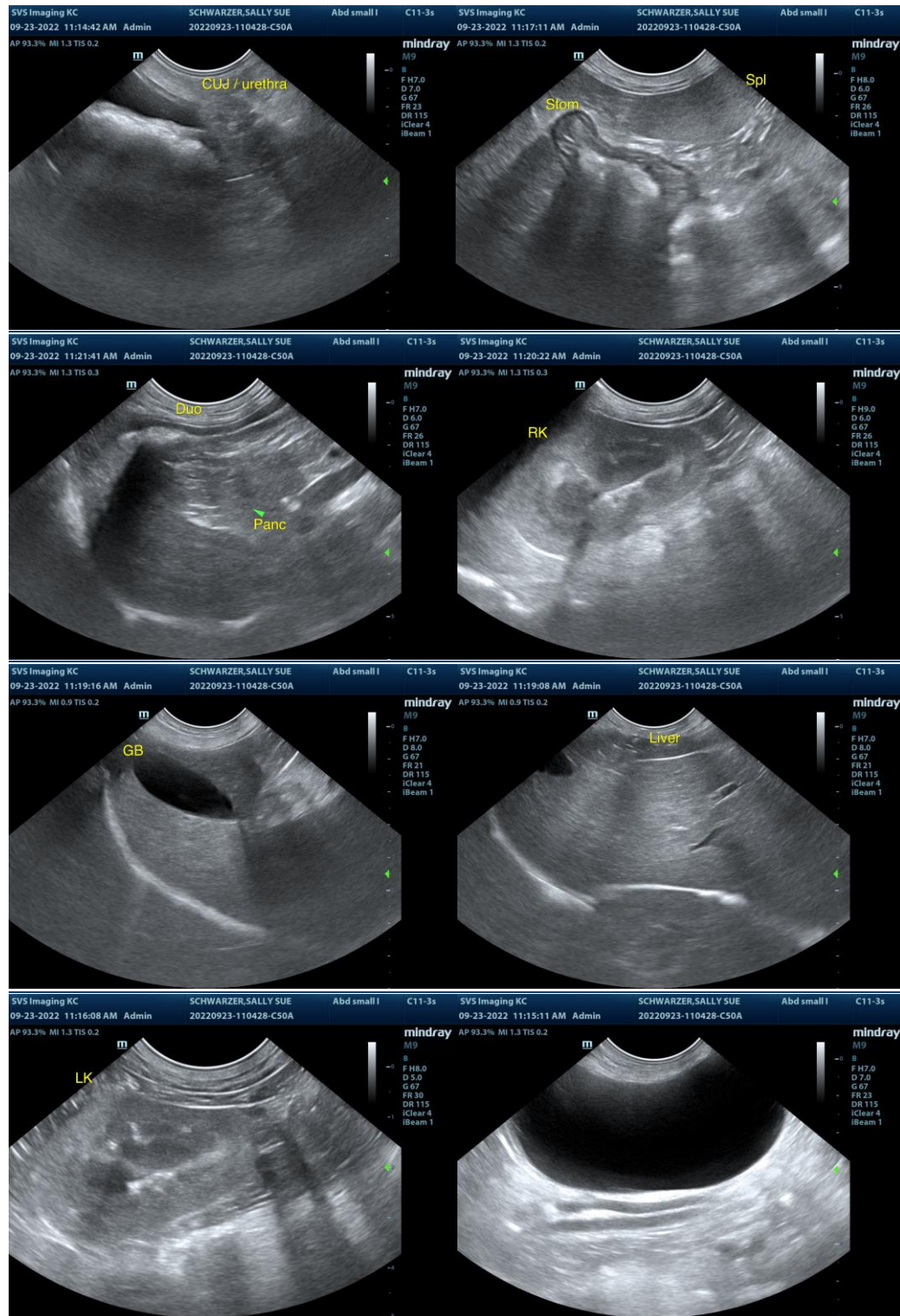
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**IMAGING PERFORMED BY**

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**Clinical Sonography & Telectology**

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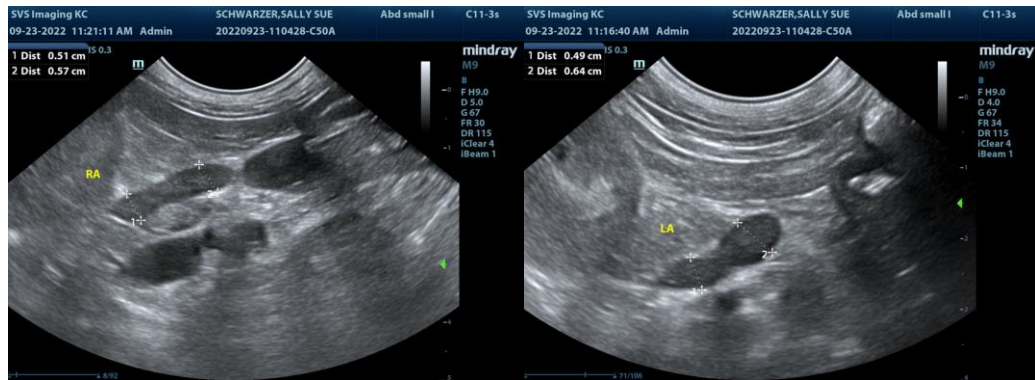
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**