



PATIENT	PRESENTING CLINICAL SIGNS
Charlie Halbert Dr. Pet	-7/7/21 ALT 162, Alk Phos 1736, Low T4 and FT4, Urine SG 1044 LDDST abnormal . Had surgery 8/2019 Gall Bladder removed Results were Well differentiated papillary mucosal proliferation most consistent with Papillary adenoma Liver Biopsies Mild lymphoplasmacytic and neutrophilic pericholangitis. Partial colonic torsion. Colon tacked to stomach. Sever OA R hip result of HBC at 1 year . Post op pancreatitis 2019. Enlarged L ventricle and atrium Mitral valve disease. ASD PS doing well now :)
SPECIES	
Canine	
BREED	
Lab Mix	ALP 2462, ALT 225, GGT 13
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	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 was noted.
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WEIGHT	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.98 cm in diameter.
75	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. Pinpoint areas of dystrophic medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.6 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Laurita Halbert	The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.82 cm width. The right adrenal gland subjectively measured 0.74 cm width.
HOSPITAL NAME	Spleen
Limestone VH	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
REFERRING VET	Liver/ Gallbladder
Dr. Laurita Halbert	The liver exhibited generalized enlargement with symmetrical to mildly rounded hepatic contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature
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were normal in appearance without signs of congestion. Focal, non-expansive, nonhomogeneous to echogenic nodule was noted in the mid parenchyma. The nodule measured approximately 2.0 cm in diameter. The gallbladder was visualized owing to previous cholecystectomy. Echogenic, hepatic parenchyma was noted in the area of the gallbladder, potentially suggestive of mild scar tissue or regional fibrosis. The area of the common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta and chyme most consistent with post prandial presentation without 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. This is likely consistent with age-related pancreatic changes and is considered incidental.

Free Abdomen

No evidence of peritoneal masses, lymphadenopathy or effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with parenchymal remodeling and focal mid parenchymal nodule
- Bilateral mild chronic renal changes
- Gastric ingesta / chyme - likely post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific. Considerations may include chronic vacuolar hepatopathy and cholestasis given the ALP / GGT elevation with potential for primary or concurrent inflammatory hepatic parenchymal or hepatobiliary process given the ALT elevation. The liver may correlate with chronic, previous histopathological diagnosis of lymphoplasmacytic and neutrophilic peri cholangitis.

The mid parenchymal nodule, although nonspecific, may indicate focal area of nodular to regenerative hyperplasia or small lipogranuloma based on sonographic appearance. The potential for hepatic neoplasia cannot be excluded, yet is considered a less likely differential diagnosis. Ultrasound-guided hepatic FNA may be considered for current screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the liver for evidence of progressive parenchymal or nodular changes is suggested.



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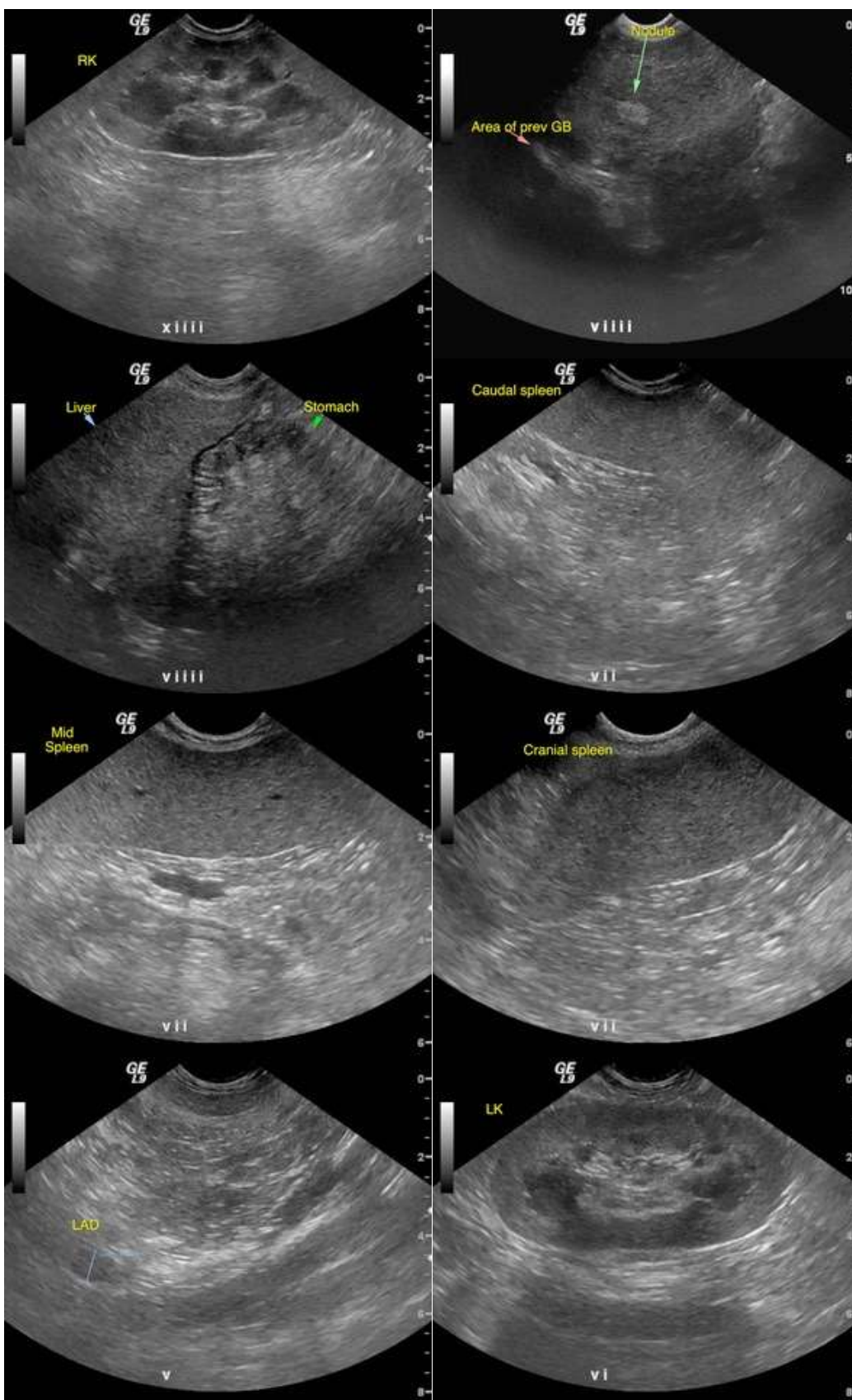
Dr. Laurita Halbert

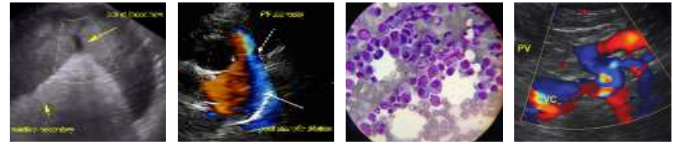
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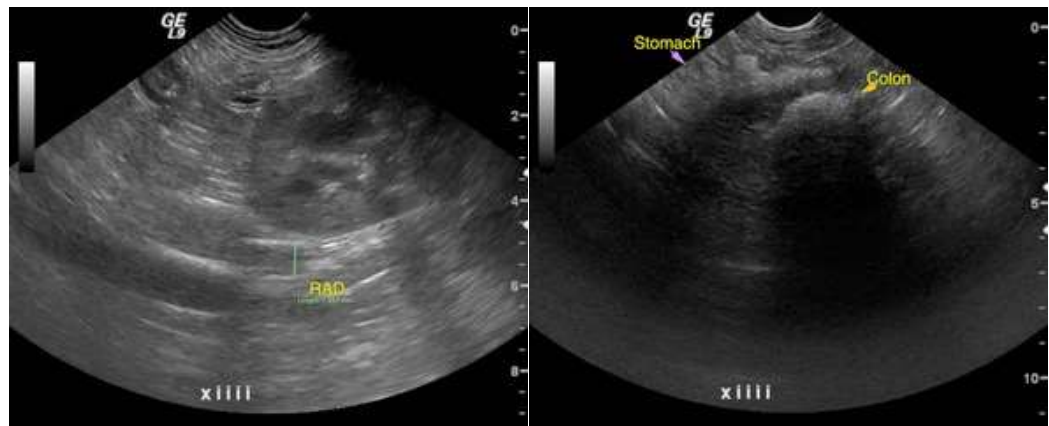
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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