



PATIENT

Sadie Calderon

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

7 years

WEIGHT

32.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Airport AH

REFERRING VET

Asha Gudluru, DVM

INVOICE

12324

DATE

9/27/21

PRESENTING CLINICAL SIGNS

New patient presented for assessment prior to dental prophylaxis. Previous hospital declined to do the dental because of her liver values' BW shows elevated ALP (602) and ALT (126). Radiographs showed findings suggestive of mitral/tricuspid disease. No murmur heard. Medications: Denamarin 225 mg chews, 1/2 chew SID.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild loss of corticomedullary border demarcation was present in the bilateral kidneys, along with pinpoint medullary mineral. Small cortical cysts were present in the caudomedial right kidney. Minor pyelectasia was noted in both the left and right kidneys. The left kidney measured 5.6 cm in length. The right kidney measured 5.3 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 0.62 cm width at the caudal pole and 0.53 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 0.59 cm width at the caudal pole and 0.61 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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 gastric body wall width measured 0.35 cm.



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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. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.40 cm.

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

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Primary Findings

- Hepatopathy - subjectively low-grade, benign
- Mild gallbladder debris (non-mucocele)
- Early age-related renal changes with mild pyelectasia and right kidney cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. A minor potential for low-grade nonspecific nephritis associated with the left or bilateral kidneys is possible, yet considered less likely.

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The overall appearance of the liver was nonspecific yet consistent with low-grade benign hepatopathy. Considerations may include mild vacuolar hepatic changes and cholestasis given the ALP elevation with potential primary or concurrent inflammatory parenchymal or hepatobiliary process given the ALT elevation and presence of minor gallbladder debris. Hepatosupportive medications including current Denamarin as well as Ursodiol may prove beneficial. Leptospirosis titer / PCR may be considered if clinically indicated. No overt anesthetic contraindications, assuming normal albumin, glucose, cholesterol, and BUN levels.

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A recheck sonogram with potential for hepatic sampling may be considered if persistent or increasing hepatic enzymes are noted despite hepatosupportive medications.

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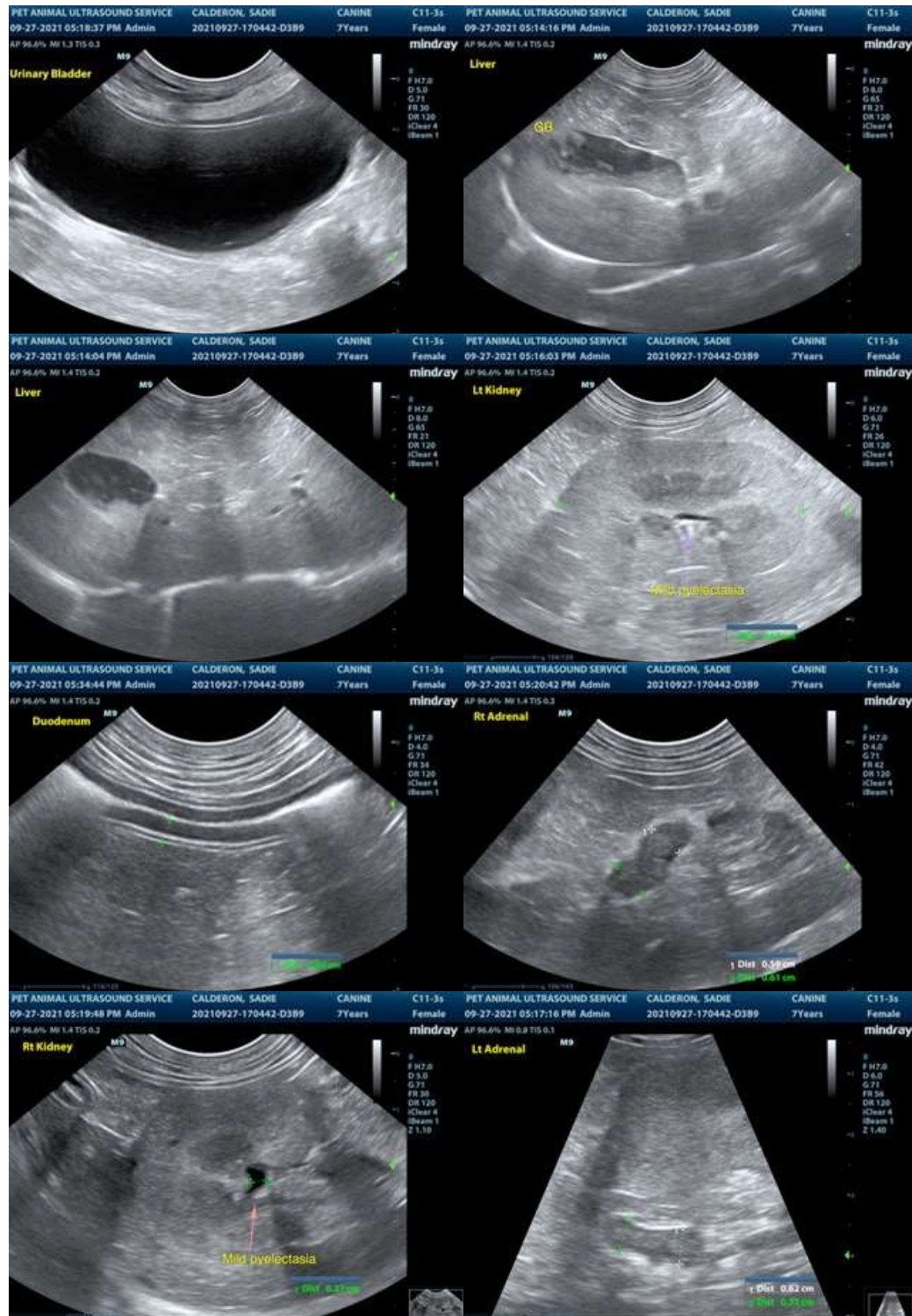
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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