



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ava Baktay	History of vomiting , PUPD , lethargy , BW significant elevation of liver enzymes ( ALP > 2000, ALT227, GGT ) both amylase and lipase are elevated as well . Cranial abdominal discomfort
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Boxer X	
<b>SEX</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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm. The right kidney measured 7.4 cm.
Spayed Female	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
11 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm at the cranial pole and 0.98 cm at the caudal pole. The right adrenal gland measured 0.94 cm at the cranial pole and 0.86 cm at the caudal pole.
34 kg	<b>Spleen</b>
<b>INTERPRETED BY</b>	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Subtle emerging hyperechoic nodular changes were noted in the mid spleen, which may suggest emerging benign myelolipomas, hyperplasia, fibrosis, or mineralization. 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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Gira	The liver was generally enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A focal, subtle, hypoechoic nodule suggestive of nodular to regenerative hyperplasia, hematopoiesis, or small granuloma was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent to particulate, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>HOSPITAL NAME</b>	
Chris Belan VS	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Karagic	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.46 cm.
<b>INVOICE</b>	
25182	
<b>DATE</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent jejunal mucosal speckling was noted. No evidence of mechanical or metabolic small intestinal ileus, obstruction or foreign material. Duodenum wall measured 0.46 cm.
9/3/21	



**PATIENT**

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

Ava Baktay

**Pancreas**

**SPECIES**

The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. The left pancreatic limb exhibited potential for mild hypoechoic parenchyma.

Canine

**BREED**

**Free Abdomen**

Boxer X

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Hepatopathy with parenchymal remodeling – subjectively chronic.
- Mild gallbladder debris (non-mucocele)
- Variably echogenic pancreas – suspect mixed inflammation pattern (chronic to chronic active pancreatitis).
- Mild gastritis/gastroenteritis
- Age related spleen – subjectively benign.

**AGE**

11 Years

**WEIGHT**

34 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies, chronic hepatitis/cholangiohepatitis, lipidosis, emerging fibrosis or other hepatopathies. Hepatic neoplasia is considered a less likely differential diagnosis. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if hepatic lipidosis is confirmed. Adrenal testing recommended if strong clinical suspicion of hyperadrenocorticism. Empirically, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Correlation with urinalysis to assess for decreased specific gravity recommended. As-needed gastrointestinal supportive care and medical therapy for chronic to chronic active pancreatitis would be appropriate.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Chris Belan VS

**REFERRING VET**

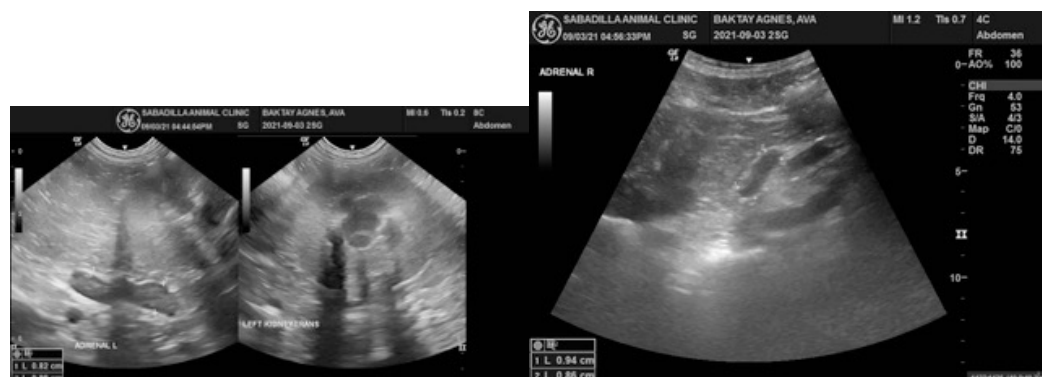
Dr. Karagic

**INVOICE**

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**DATE**

9/3/21





## PATIENT

Ava Baktay

## SPECIES

Canine

## BREED

Boxer X

## SEX

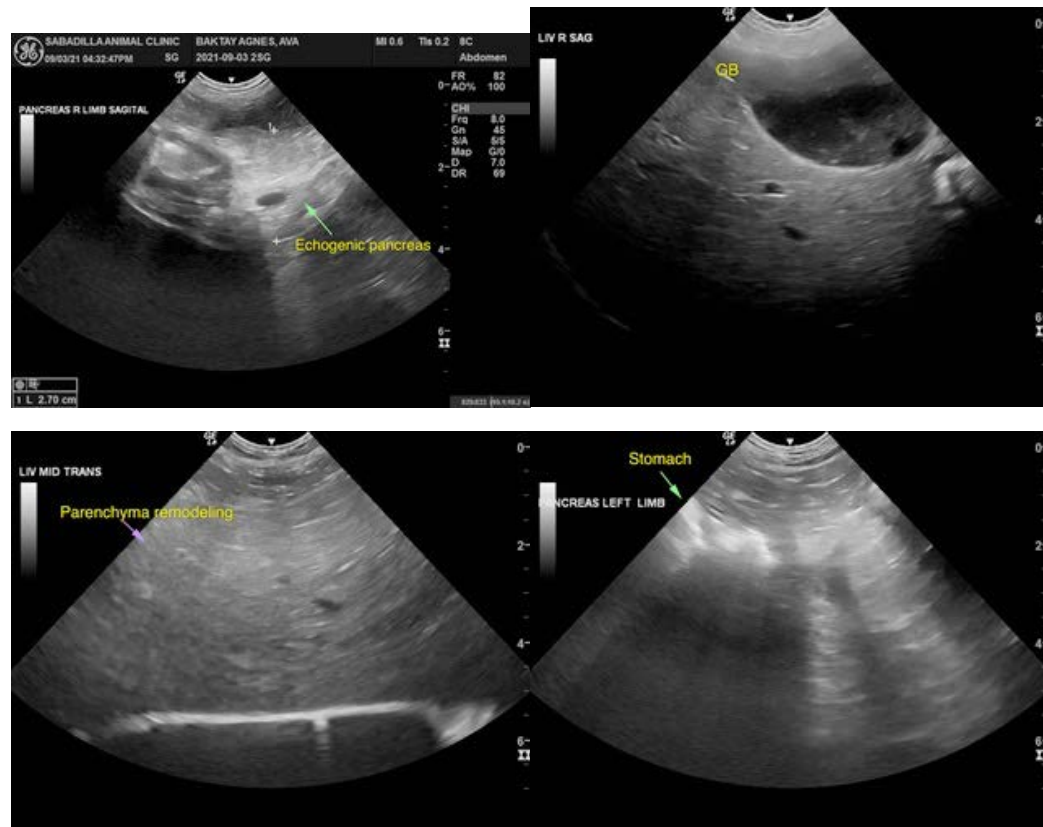
Spayed Female

## AGE

11 Years

## WEIGHT

34 kg



## INTERPRETED BY

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## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Chris Belan VS

## REFERRING VET

Dr. Karagic

## INVOICE

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## DATE

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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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