

PATIENT

Aria Stampee

PRESENTING CLINICAL SIGNS

ELEV ALT, 800, T BIL 3.4, ASCITES. ALK PHOS 600

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Beagle Mix

Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm.

SEX

FS

AGE

9

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was not definitively visualized.

WEIGHT

30

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.

INTERPRETED BY

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

Liver

The liver was subjectively normal to borderline subnormal in size with asymmetrical hepatic contour and generalized non-uniform nodular to mixed echogenic heterogeneous parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion.

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

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

Gastrointestinal

REFERRING VET

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. T

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.

INVOICE

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

Pancreas

DATE

09/08/2022



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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 was evident.

SPECIES

Canine

Free Abdomen

Mild to moderate volume anechoic free fluid was present with perihepatic to generalized mildly hyperechoic mesentery.

BREED

Beagle Mix

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No overt evidence of left or right chamber enlargement.

SEX

FS

Primary

- Subnormal liver size exhibiting heterogeneous to irregular parenchyma
- Non-distended gallbladder, possible mild chronic cholecystitis (non-mucocele)
- Overtly normal GI tract with mild gastric ingesta/chyme
- Mild to moderate volume free fluid

AGE

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with chronic potentially end stage hepatopathy. Considerations include chronic hepatitis, fibrosis, cirrhosis or other with infiltrative neoplasia considered less likely. Assuming normal ALB level and without evidence of cardiomyopathy the peritoneal free fluid is likely secondary to chronic to end stage hepatic disease and portal hypertension.

Peritoneal effusion analysis +/- cytology if clinically indicated could be considered for further assessment. Hepatic sampling would be required for definitive diagnosis. An unfavorable prognosis is likely indicated

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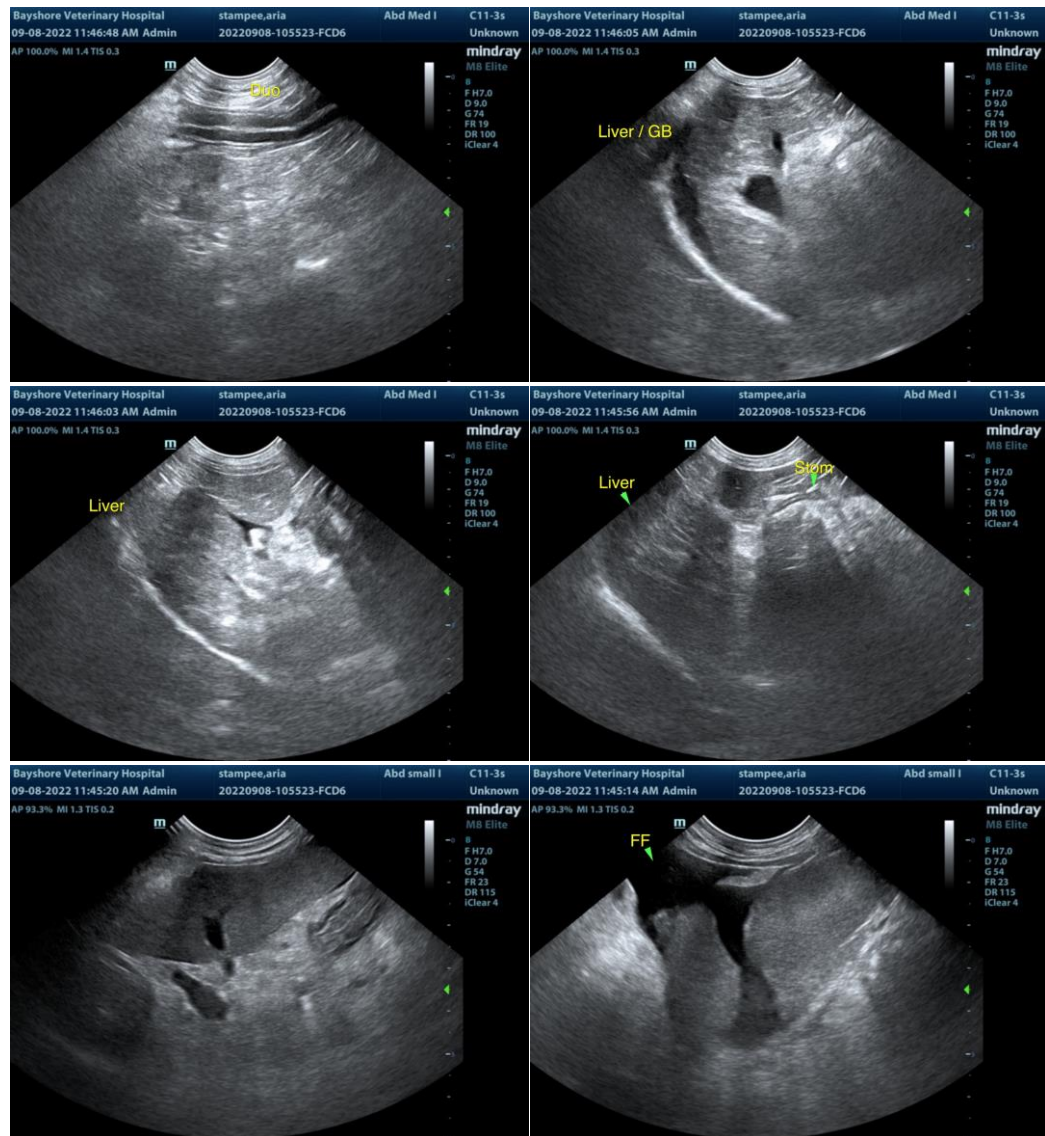
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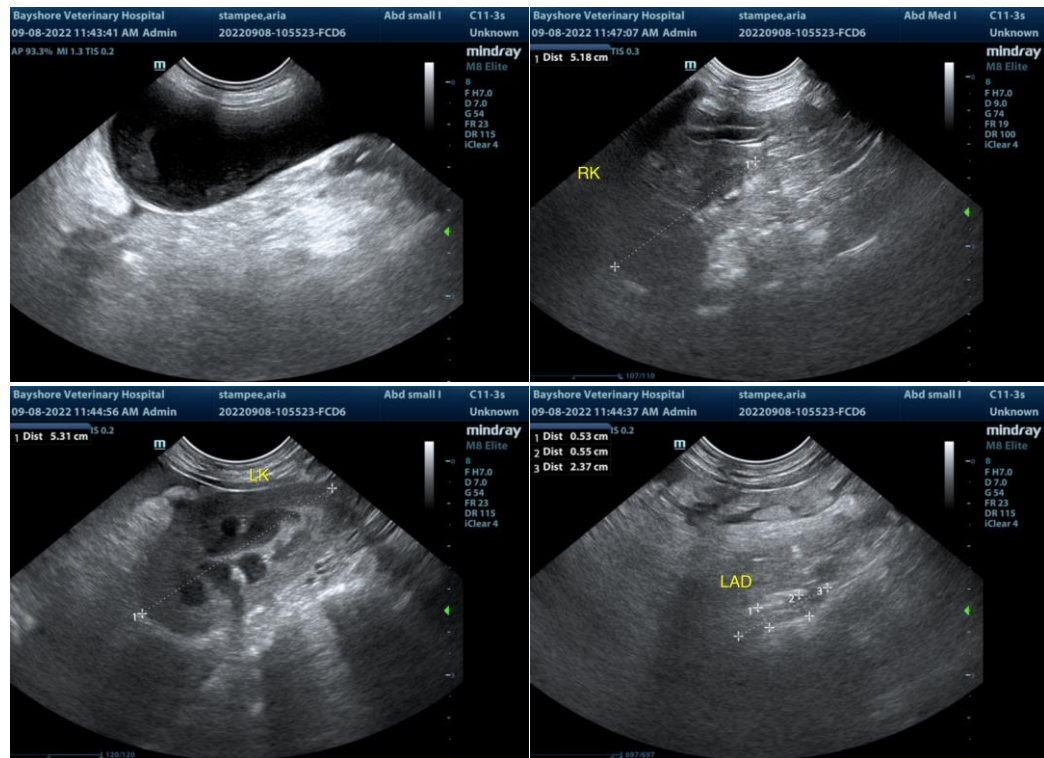
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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