

PATIENT PRESENTING CLINICAL SIGNS

Rosie Golschneider

Per owner: "Rosie got sick about 5 weeks ago, was lethargic and wouldn't eat or drink or eliminate for 24 hours. When she started drinking water, her movements were normal. Diarrhea but some occasional vomiting over the past month" From DVM: "Unfortunately Rosie's liver enzymes are very similar to where they were a month ago. It's hard to tell if the Denamarin is doing anything or if is keeping them from becoming worse. She looked good yesterday and I was hoping they would be back to normal. I would again recommend an Ultrasound of her liver and abdomen, and would continue to give her the Denamarin in case it is preventing more liver damage"
Abnormal PE/Chem/CBC/UA Results: ALT 184 (10-125) 9/1/22 ALKP 638 (23-212) 9/1/22 ... Chloride 106 (108-119) 8/5/22 ALT 180 (18-121) 8/5/22 ALP 576 (5-160) 8/5/22

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10y

WEIGHT

98 lbs.

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 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. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.6 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 0.77 cm width at the caudal pole and 0.68 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 0.78 cm width at the caudal pole and 0.85 cm width at the cranial pole. No evidence of adrenomegaly or adrenal tumors was noted.

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 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. Minor areas of hepatic parenchymal remodeling were noted. The capsule of

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

FourPaus AC

REFERRING VET

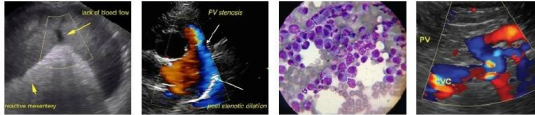
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9/8/22



PATIENT

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the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild non-shadowing ingesta/chyme was present in the gastric lumen.

BREED

Lab

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.

SEX

FS

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

Pancreas

AGE

10y

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.

Free Abdomen

WEIGHT

98 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Sonographically unremarkable gallbladder
- Sonographically unremarkable bilateral adrenal glands
- Sonographically unremarkable gastrointestinal tract
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant abdominal visceral pathology.

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The hepatic presentation, although nonspecific, was sonographically consistent with benign hepatopathy. Potential considerations may include vacuolar hepatopathy given the ALP elevation with potential for primary or concurrent inflammatory parenchymal disease, given the ALT elevation. Further assessment may include screening hepatic FNA cytology +/- Leptospirosis titers / PCR if endemic to the area, or potential exposure. Hepatic core surgical biopsy may be required for a definitive diagnosis.

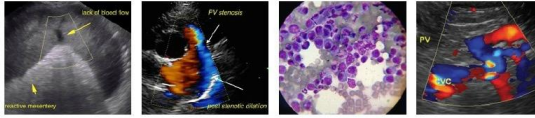
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Given the concurrent occasional gastrointestinal signs, hydrolyzed diet trial may prove beneficial to both the gastrointestinal tract and liver due to potential hepatic antigen stimulation possibly deriving from low-grade gastrointestinal disease. Continued hepatosupportive medications including Denamarin would be reasonable.



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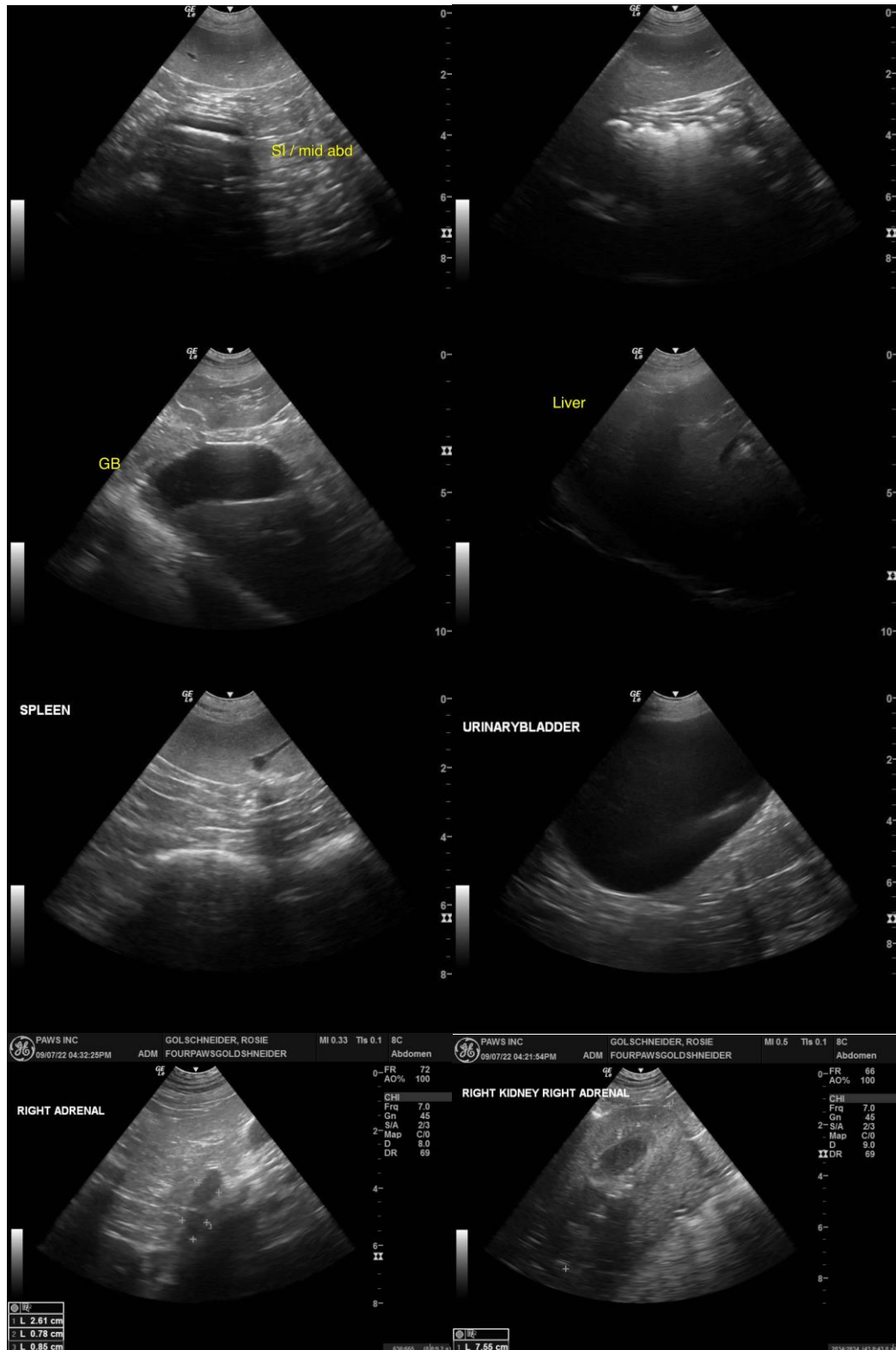
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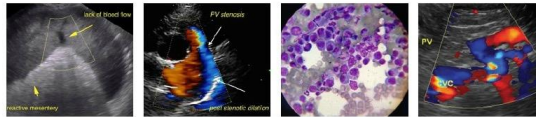
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PAWS INC	GOLDSCHNEIDER, ROSIE	MI 0.33	TIs 0.1	8C	PAWS INC	GOLDSCHNEIDER, ROSIE	MI 0.5	TIs 0.1	8C
09/07/22 04:32:25PM	ADM FOURPAWSGOLDSCHNEIDER			Abdomen	09/07/22 04:21:54PM	ADM FOURPAWSGOLDSCHNEIDER			Abdomen
		0-FR	72				0-FR	68	
		AO%	100				AO%	100	
		CHI					CHI	7.0	
		Frg	45				Frg	45	
		Gn	2/3				Gn	2/3	
		S/A	C/D				S/A	C/D	
		Map	9.0				Map	9.0	
		D	69				D	69	
		DR					DR		



Portable Animal Western Sonography, Inc.

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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.

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