



PATIENT

Watson Hartig

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male

AGE

4 Months

WEIGHT

2.1 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island VEH

INVOICE

17642

DATE

10/11/22

PRESENTING CLINICAL SIGNS

History: Presented to emergency on October 10th for vomiting on and off over the last week or so. PE was unremarkable other than respiratory rate of 40 and pulse of 200. Radiographs were sent to IDEXX for review with findings of mildly enlarged liver and mild diffuse fluid distention of the small bowel with no evidence of pathology. Normal thoracic structures. CBC/Chem shows many abnormalities noted below. Watson was hospitalized on IV fluid therapy and cerenia (1 mg/kg q 24 hrs). A resting cortisol is pending.

Abnormal PE/Chem/CBC/UA Results: 10/10/22: CBC: mild monocytosis Chem: SDMA=60 (0-16) creatinine=148 (27-106) Urea=41.4 (2.5-10.4) Phos=3.56 (1.65-3.36) Ca=3.44 (1.95-3.15) TP=78 (48-72) Glob=44 (22-38) ALT=129 (8-75) ALP=1448 (46-337) GGT=13 (0-2) TBILI=109 (0-14) Na=138 (145-157) K=3.2 (3.5-5.5) Cl=100 (105-119)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size for a young intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal in size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (4.09 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (1.2 cm long x 0.2 cm at cranial pole and 0.2 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.35 cm at cranial pole and 0.33 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. A polyp versus adhered mucus cannot be definitively ruled out.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Adhered debris versus possible nondisruptive benign polyp cannot be definitively ruled out.
- The pancreas is visible and mildly hypoechoic without severe inflammatory changes but mild acute pancreatitis cannot be definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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To better differentiate this patients azotemia, as renal versus prerenal, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Given the reported liver and kidney changes, testing for Leptospirosis is recommended.

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In the meantime, supportive/symptomatic medical management of possible mild acute pancreatitis/cholangiohepatitis with antiemetics, gastroprotectants, appetite stimulants or nutritional support (as needed), broad spectrum antibiotics, fluid therapy, etc. is recommended with monitoring for improvement. If bilirubin normalizes and liver enzymes are still. Increased, bile acids are



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recommended. If bilirubin does not improve, an abdominal CT scan for further evaluation of extra- and intrahepatic vascularity may be indicated.

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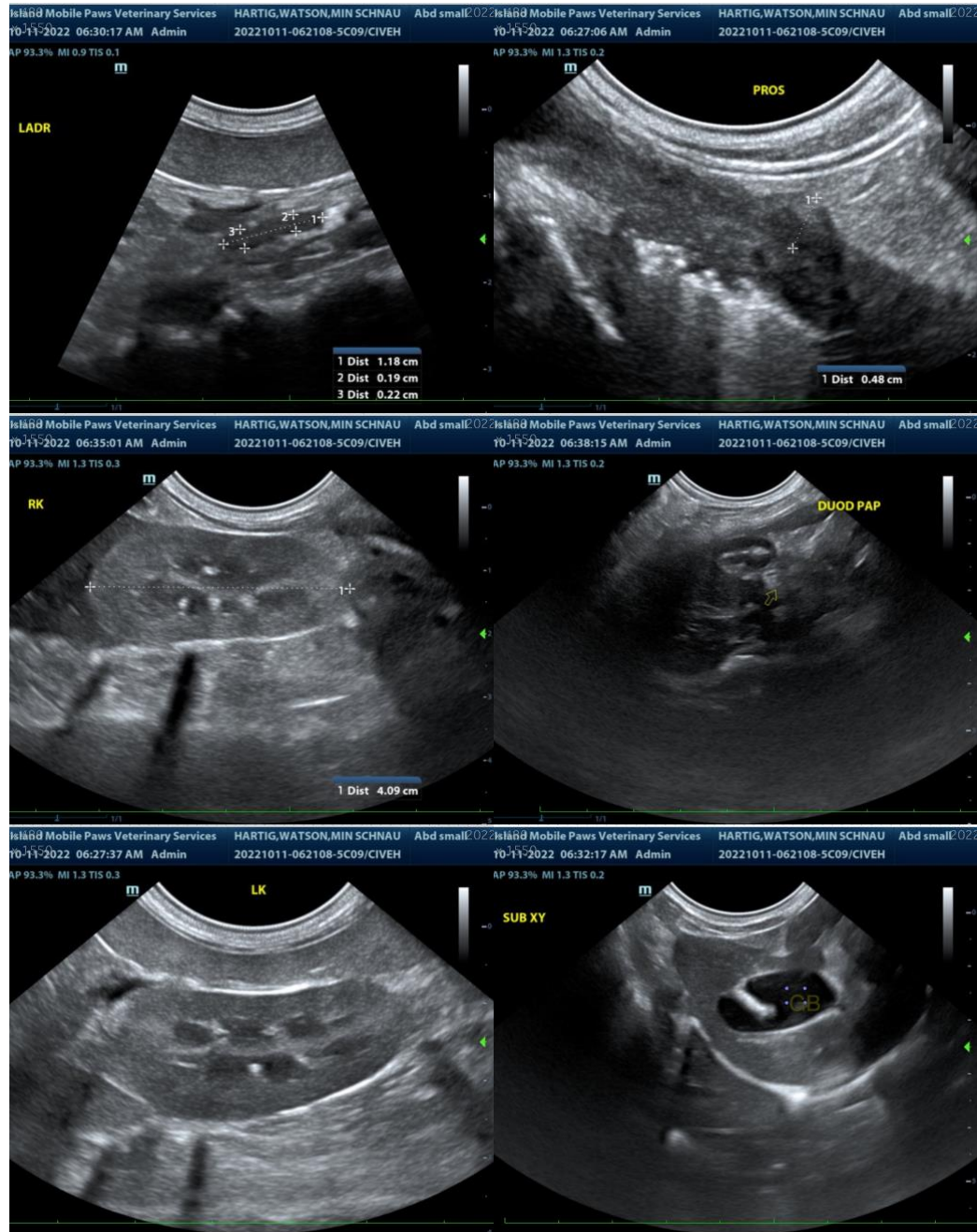
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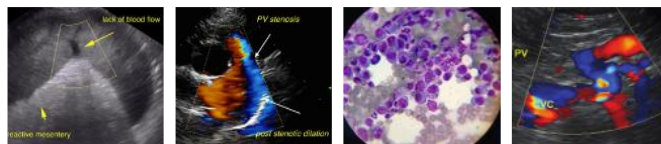


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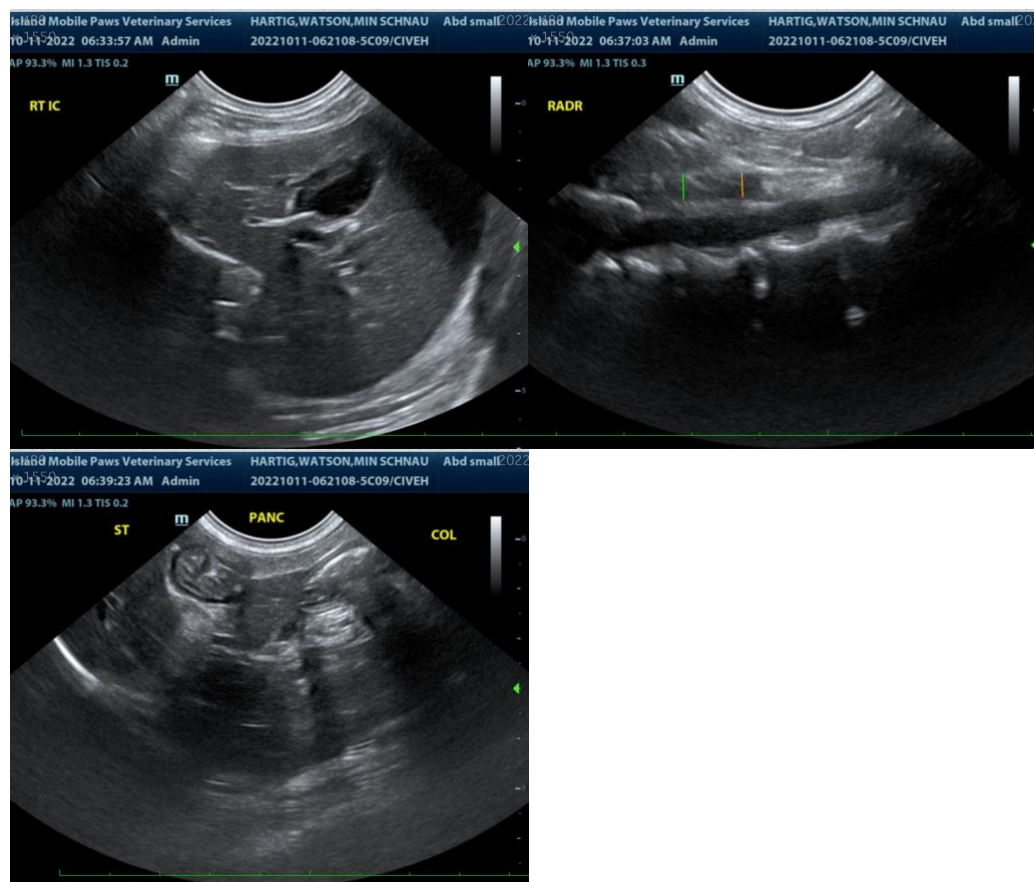
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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