



PATIENT	PRESENTING CLINICAL SIGNS
Bailee Wasileski	History: History of hyporexia since September 2021. Owner feeding her human food. On Galliprant for OA. Vomiting for 2 days with weight loss. Pet is still energetic at home. Exam of abdomen to check liver status since liver enzymes were elevated. Concern for hepatitis vs neoplasia. She was also diagnosed with a UTI. Plan to treat with antibiotics for hepatitis (suspected) and UTI.
SPECIES	ALT=862 (18-121) GGT-22 (0-13) AlkPhos-433 (5-160) Cholestrol-418 (131-345) The rest of CBC/Chem/CPL was unremarkable
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Wheaton	Urinary System
SEX	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Spayed Female	Left kidney is normal in size (5.54 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
AGE	Right kidney is normal in size (5.36 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
13 years	
WEIGHT	Adrenal Glands
33.4 lbs	Left adrenal gland is normal in size (2.7 cm long, 0.56 cm at cranial pole and 0.63 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
INTERPRETED BY	Right adrenal gland is normal in size (2.4 cm long, 0.79 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
M Kermendy CVT	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Wauwautosa VC	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
REFERRING VET	
Dr. Binor	
INVOICE	Gastrointestinal
92239	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
DATE	
10/7/21	



PATIENT

Bailee Wasileski

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Canine

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

BREED

Wheaton

Free Abdomen

SEX

Spayed Female

Lymph nodes are normal with no observed enlargement.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Canine 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.

WEIGHT

33.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the increased ALT, concurrent urinary tract infection and lack of visible hepatic abnormalities include a course of antibiotics to treat the urinary tract infection as planned. Empirical Denamarin could be added for additional liver support and monitoring of ALT for improvement. Given the decreased appetite, weight loss and occasional vomiting other supportive care during this treatment course can include antiemetics, appetite stimulants, etc. If weight loss persists when the appetite returns a gastrointestinal malabsorption panel to Texas A&M GI laboratory including TLI, PLI, folate and cobalamin can be considered. If the ALT increase persists beyond medical management then I recommend FNA of the liver if the coagulation status is appropriate. Testing for Leptospirosis can be considered and thoracic radiographs are recommended to further assess cardiopulmonary status as well as further investigate possible infiltrative neoplastic disease.

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Binor

INVOICE

92239

DATE

10/7/21



PATIENT

Bailee Wasileski

SPECIES

Canine

BREED

Wheaton

SEX

Spayed Female

AGE

13 years

WEIGHT

33.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

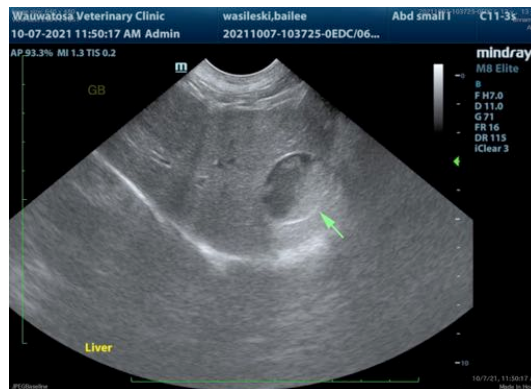
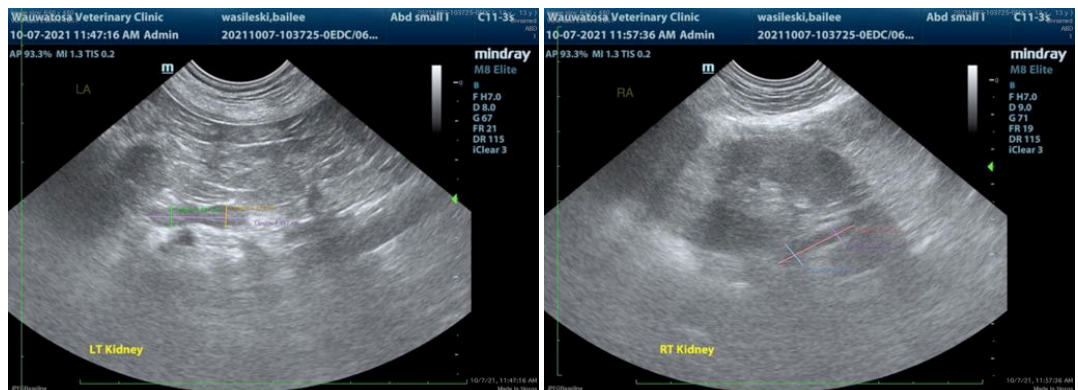
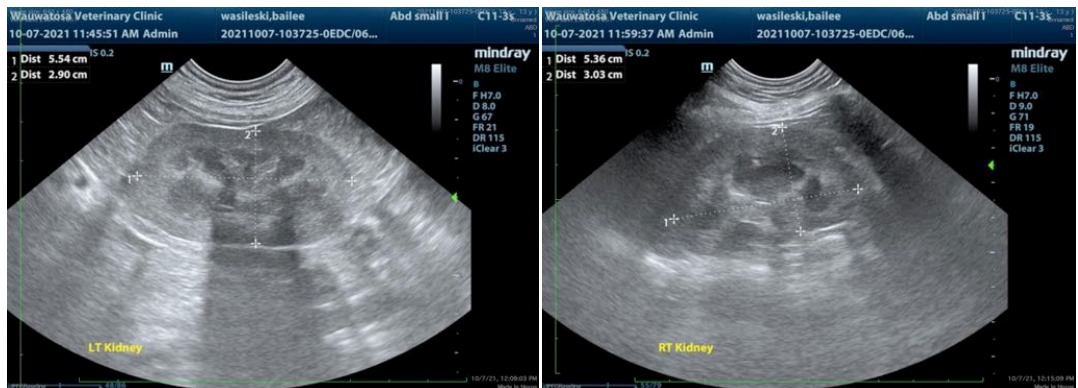
Dr. Binor

INVOICE

92239

DATE

10/7/21



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

Beth.Johnson@SonoPath.com



PATIENT

Bailee Wasileski

SPECIES

Canine

BREED

Wheaton

SEX

Spayed Female

AGE

13 years

WEIGHT

33.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Binor

INVOICE

92239

DATE

10/7/21