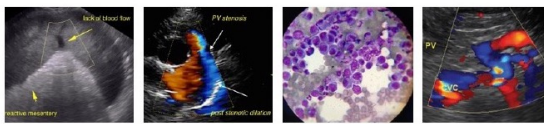




PATIENT	PRESENTING CLINICAL SIGNS
Kabela VanVilet	intermittent vomiting suspected cholangiohepatitis, bouts of vomiting lethargy and reduced appetite eats a raw diet occ lameness in the past (pano suspect) meds: cerenia \ hg
SPECIES	Abnormal PE/Chem/CBC/UA Results: Oct 2021: Chemistry: ALT 174 H, ALKP <10 L, TBIL 23 (0-15) H, Chol L 2.61 (2.8-8.2) Jan 2021 - levels have normalized other than TBIL still mildly elevated (5.4)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Shepherd	The urinary bladder is moderately 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.
SEX	The right kidney is normal in size (6.76 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.
Spayed Female	The left kidney is normal in size (6.6 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.
AGE	Adrenal Glands
4 Years	The right adrenal gland is normal in size (2.8 cm long x 1.9 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (2.3 cm long x 0.52 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	The 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.
IMAGING PERFORMED BY	Liver
Kelly Reschny	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
HOSPITAL NAME	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Oxford County VC	Gastrointestinal
REFERRING VET	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Dr. Halfon	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions
INVOICE	
35652	
DATE	
2/14/22	



PATIENT

Kabela VanVilet

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Shepherd

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed Female

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

AGE

4 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include transition of the patient off of the raw to a fully cooked diet. While some dogs can tolerate raw dogs, many cannot due to the increased bacteria and pathogen load on the GI tract and the liver, which could be the case for this patient. Broad-spectrum antibiotics are recommended during the transition until liver enzymes fully normalize.

WEIGHT

28.9 kg

If this does not result in improvement of clinical signs, the next diagnostic step, given the intermittent gastrointestinal signs, etc., include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory combined with baseline cortisol to rule out possible but unlikely hypoadrenocorticism. If baseline cortisol is <2.0, a full ACTH stimulation test would be recommended. If liver enzymes do not improve with a course of antibiotics and transition to a non-raw diet, liver aspirate and/or biopsy may be warranted. In the meantime, other testing for hepatopathies could include testing for Leptospirosis.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Oxford County VC

REFERRING VET

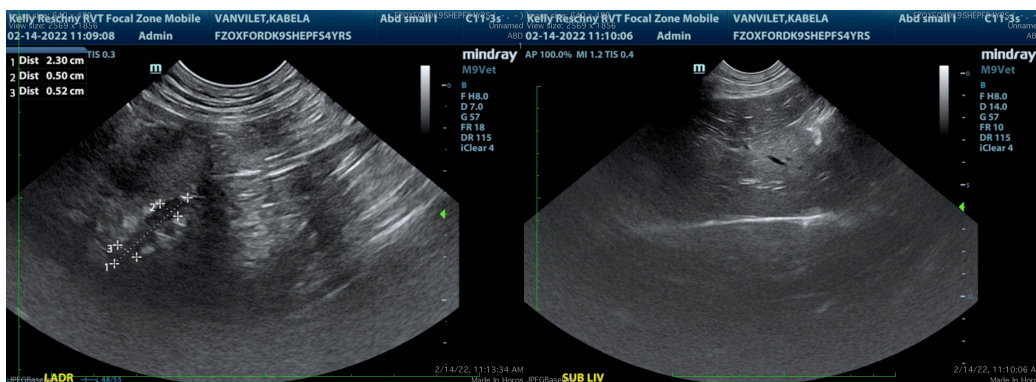
Dr. Halfon

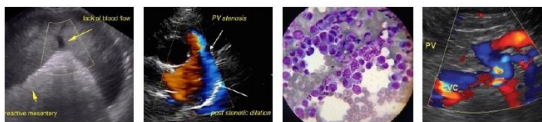
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DATE

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PATIENT

Kabela VanVilet

SPECIES

Canine

BREED

Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

28.9 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Oxford County VC

REFERRING VET

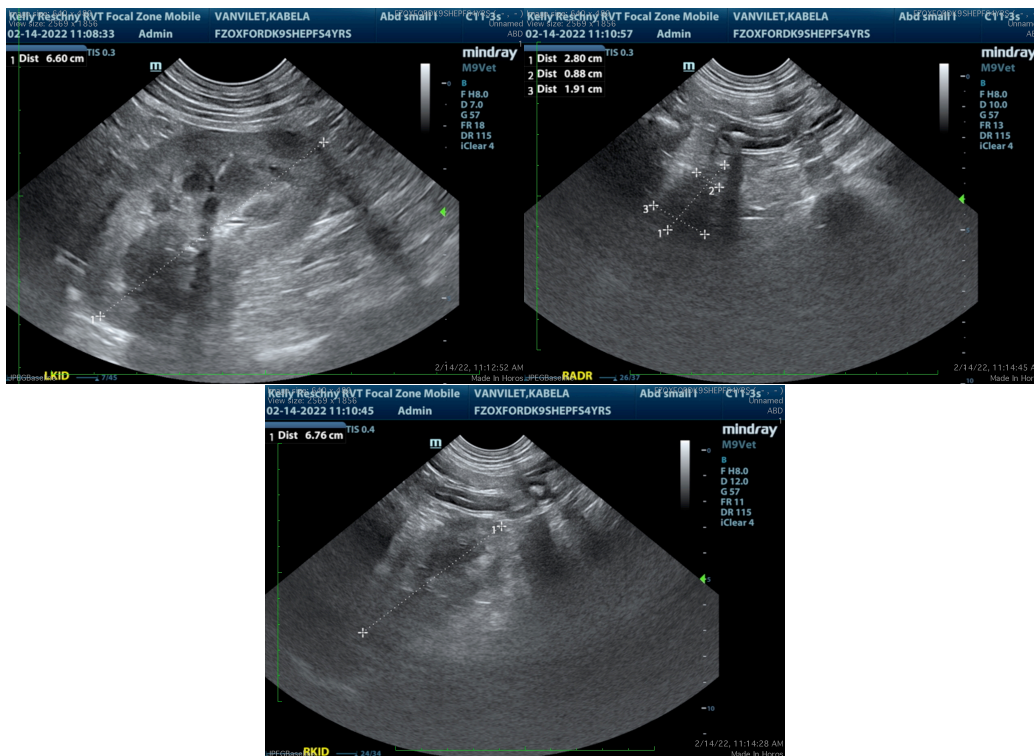
Dr. Halfon

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DATE

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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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com