**PATIENT**

Kona Kennedy

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

51 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Highland Vet Hospital

INVOICE

35899

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Presented for not eating off and on for 2-3 weeks, P will eat food for about 3 days then refuses to eat it. Still drinking good no V/D/C/S.

Abnormal PE/Chem/CBC/UA Results: P has very concerning elevations in ALT (1748) /ALP (1009), also slightly anemia (34%) with a reticulocytosis (228) and mild thrombocytopenia (platelet clumping noted on slide). BUN low @ 7, Alb low @ 2.5. - P is current on leptospirosis vaccination, no history of toxin exposure. - Current med: Proin 50 mg PO SID-BID - last given yesterday (2/23/22)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

The right kidney is normal in size (7.56 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.

The left kidney is normal in size (7.25 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

The right adrenal gland is normal in size (0.59 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.57 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

Liver is subjectively enlarged with rounded and partially scalloped, irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

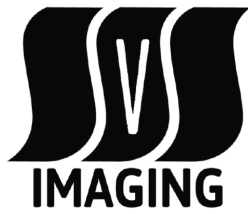
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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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 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.

Pancreas

BREED

Mix

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.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia. Given the irregular, scalloped edges, chronic active hepatitis should also be considered.

WEIGHT

51 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include testing for Leptospirosis despite the reportedly current vaccine status. Leptospirosis infection can still occur. Other diagnostic recommendations include a fine needle aspirate of the liver if patient’s coagulation status is appropriate, as well as bile acids for further assessment of liver function, given the low albumin and low BUN. If not recently evaluated, a urinalysis is recommended, and if there is protein in the urine and an otherwise quiet sediment, a urine protein to creatinine ratio is recommended.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Finally, given the intermittently decreased appetite combined with low albumin and low BUN (which can also be seen with gastrointestinal disease), a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is also recommended if bile acids are normal. In the meantime, therapeutic recommendations include supportive care with fluid therapy if necessary, antiemetics, gastroprotectants, appetite stimulants if necessary, and broad-spectrum antibiotics.

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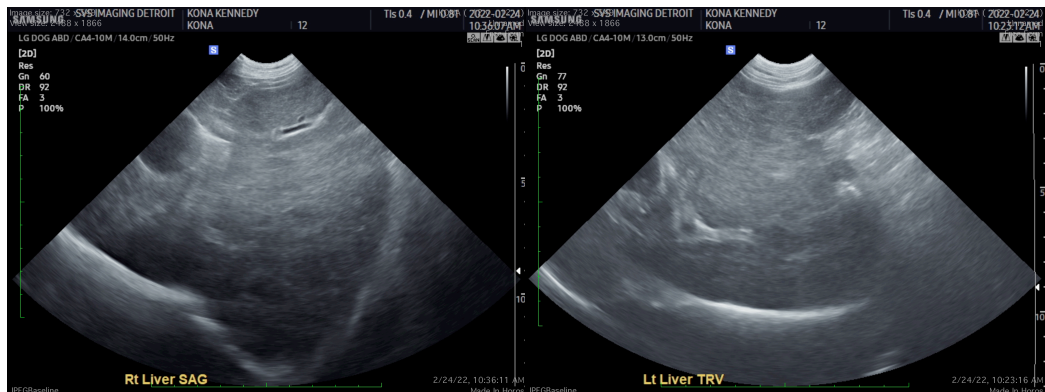
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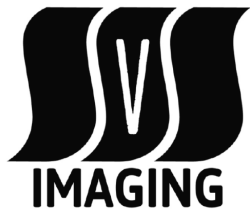
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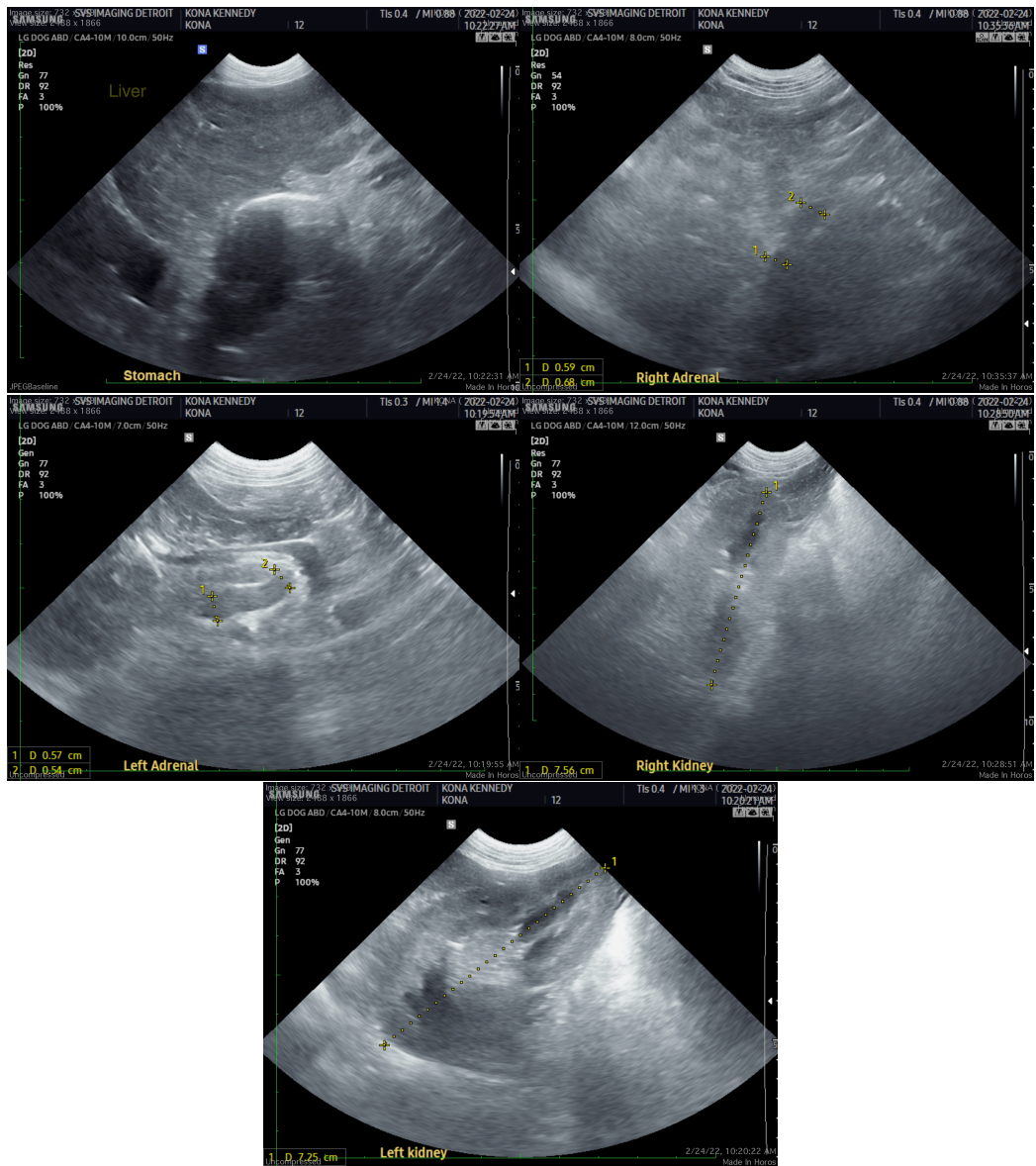
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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