



PATIENT

Mooshoo Alexander

PRESENTING CLINICAL SIGNS

Patient originally presented from Carecenter with herniated disc. Skin & eyes yellow in appearance, inappetent, high liver values (ALT ~ 3000).

SPECIES

Canine

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.

BREED

Maltese

The area of the prostate is examined without evident pathology.

SEX

Neutered Male

The right kidney is normal in size (4.54 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

8 Years 9 Months

The left kidney is normal in size (4.3 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

WEIGHT

17 Pounds

Adrenal Glands

The adrenal glands are unable to be visualized in these images. The area is examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Ellen Puthoff

Liver

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

Kings Vet Hospital

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.

REFERRING VET

Dr. Alexander Thomas

Gastrointestinal

The stomach wall is mildly thick and slightly edematous with otherwise normal intact layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

INVOICE

38943

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.

DATE

6/21/22



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

Pancreas

SPECIES

Canine

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.

Free Abdomen

BREED

Maltese

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. **See pancreas.

PRIMARY FINDINGS

- Moderate to severe acute pancreatitis with secondary gastric edema/gastritis.

SEX

Neutered Male

SECONDARY FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Non-obstructive nephrolithiasis on the left

AGE

8 Years 9 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A PLI is recommended for further evaluation of the pancreas.
- The marked increase in ALT is likely secondary to pancreatitis. However testing for Leptospirosis is indicated.
- Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid support is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.
- If liver enzymes, total bilirubin, etc. do not improve with medical management, follow up ultrasound is warranted to monitor possible progression of post-hepatic cholestasis secondary to pancreatitis.

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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

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