



PATIENT

PRESENTING CLINICAL SIGNS

Buckles Lutz

History: Presented at our hospital for Not eating, lethargic (started on Friday), feels warm Previous Health Concerns: No Current Medications: No Appetite/When did they eat last: Last ate Thursday night, drinks a little bit of water

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Abdominal: slightly tense; uncomfortable with cranial abdominal palpation CBC: NEU 15.33, LYM 0.70, RDW-CV 12.2, PLT 88 – remainder NSF Chemistry: ALT >1000, ALKP>993, tBIL 5.0, GGT 51, AMY 2250, LIP >1000, tCa 8.0, CREA 0.3, BUN 8.7 Epcoc: K 3.0, CREA 0.30 - remainder NSF CPL: abnormal Lepto Witness: negative PT: 18.1 - normal PTT: 125.5 – slightly prolonged

BREED

Yorkie

SEX

Intact Male

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.

AGE

7 Years

The prostate is not able to be fully visualized in these images, but the part that is visible, is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

WEIGHT

3 kg

Left kidney is normal in size (4.12 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right kidney is normal in size (4.57 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

IMAGING PERFORMED BY

Erin Wicks

Left adrenal gland is normal in size (0.52 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Shores VEC

Right adrenal gland is normal in size (0.47 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

REFERRING VET

Dr. Wilson

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

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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.

DATE

7/11/23

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. The wall is mildly thick/edematous. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

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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 appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

7 Years

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3 kg

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Moderate 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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A fine needle aspirate of this patients liver is recommended if patients coagulation status is appropriate.

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Additionally, as was reportedly already evaluated, testing for Leptospirosis is recommended.

REFERRING VET

Dr. Wilson

In the meantime, supportive/symptomatic medical management of clinical signs and an acute hepatopathy is recommended in the form of fluid therapy, antiemetics, gastroprotectants, hepatic nutraceuticals, such as ursodiol and/or Denamarin, broad spectrum antibiotics, and nutritional support.

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If clinical signs and laboratory values don't improve, recheck imaging is recommended for further evaluation of the gallbladder, which may ultimately lead to recommendations for an exploratory laparotomy for further assessment of the gallbladder, as well as a liver biopsy.

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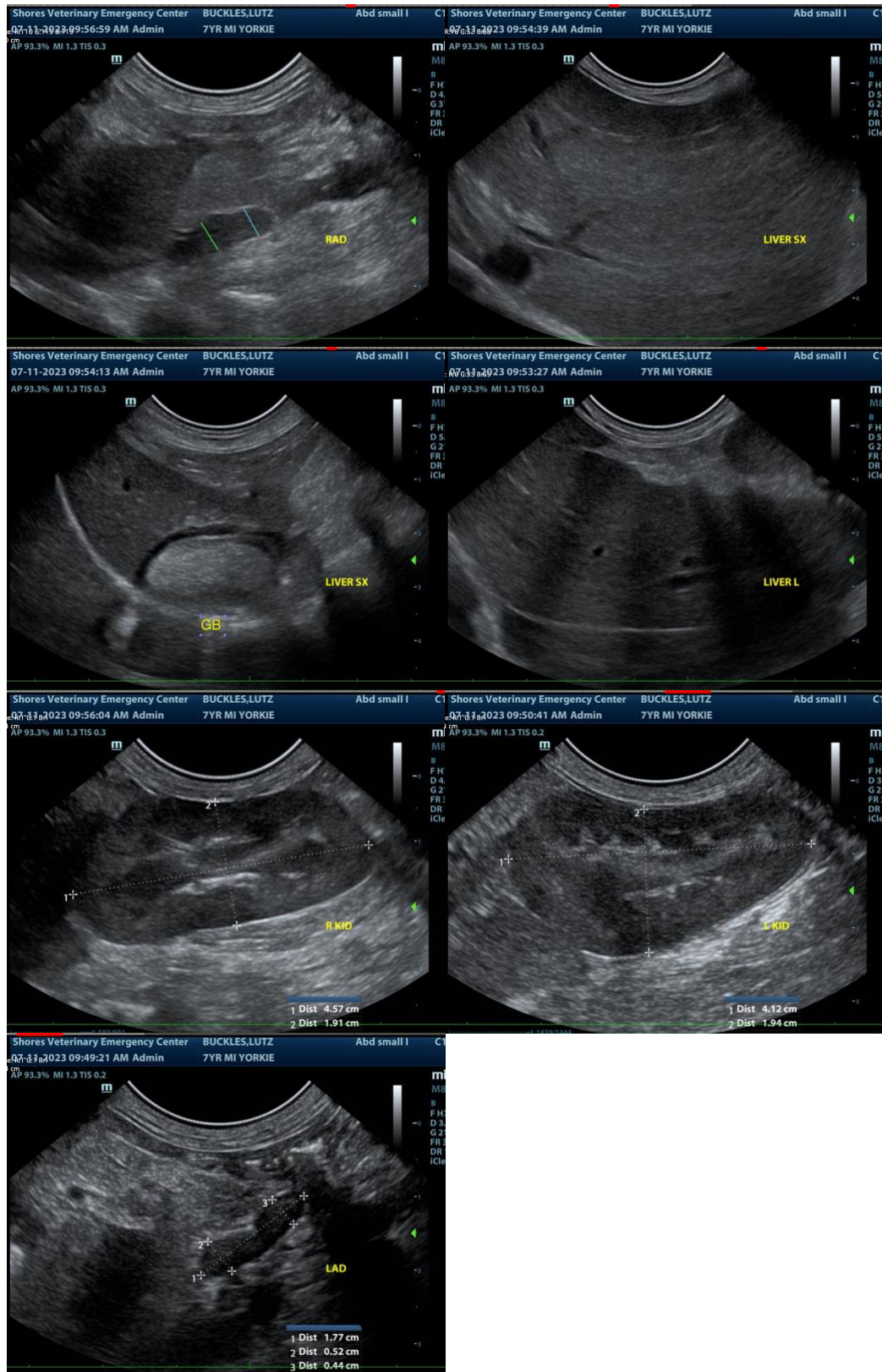
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Yorkie

Beth Johnson, DVM DACVIM

info@sonopath.com

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Intact Male

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