



PATIENT PRESENTING CLINICAL SIGNS

Dizzy Berge Acute onset vomiting/lethargy 2 days ago - examined yesterday. Severely elevated liver values on BW.

SPECIES Abnormal PE/Chem/CBC/UA Results: NSF on PE CBC: HCT (62.6) Chem: ALT (no value- even when diluted), AP (493), GGT (27) Lytes: UR CPL: Abnormal- Pancreatitis 2 view abdomen: stomach empty, small amount of material in small intestines and feces in colon. Hepatomegaly. No abnormal gas patterns or masses noted. Bloodwork submitted to lab: CHEM: increased AST (360), increased ALT (2896), increased ALP (484), increased GGT (30), increased TBILI (0.5) CBC: WNL

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

6 Years

The area of the prostate is examined without evident prostatic pathology.

WEIGHT

18.8 Pounds

The right kidney is normal in size (5.66 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 (4.9 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

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Jessica Bailes

The left adrenal gland is normal in size (0.61 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

All Creatures Great & Small Vet Clinic

REFERRING VET

Dr. Beth Marszewski

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.

INVOICE

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Liver

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

7/12/23

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.



PATIENT *Gastrointestinal*

Dizzy Berge
SPECIES Canine
BREED Dachshund

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

SEX

Neutered Male

Pancreas

AGE

6 Years

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.

WEIGHT

18.8 Pounds

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

INTERPRETED BY

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 DACVIM

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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

IMAGING PERFORMED BY

Jessica Bailes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Testing for Leptospirosis is recommended. Bile acids are recommended, if tbili is not increased. An empirical course of antibiotics and hepatic nutraceuticals may be tried empirically; however, ultimately, tissue sampling is likely warranted. FNA of the liver can be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. If round cell neoplasia is not diagnosed, a liver biopsy (including copper level assessment) may be required to definitively diagnose the underlying hepatopathy.

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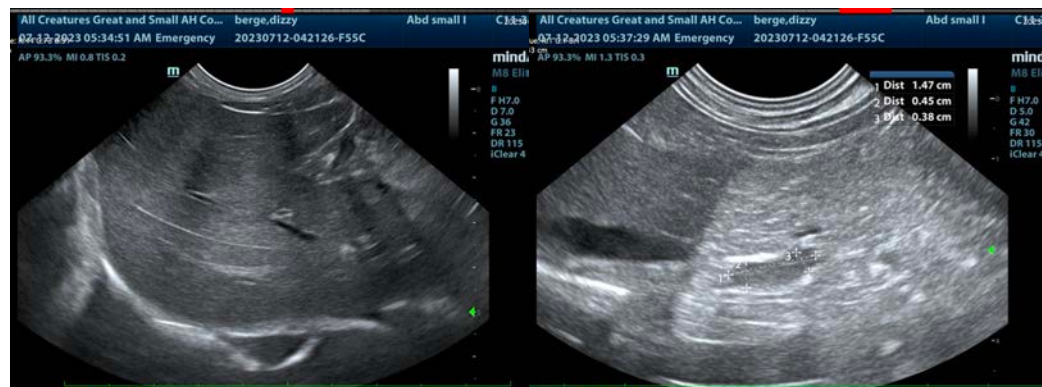
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PATIENT

Dizzy Berge

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

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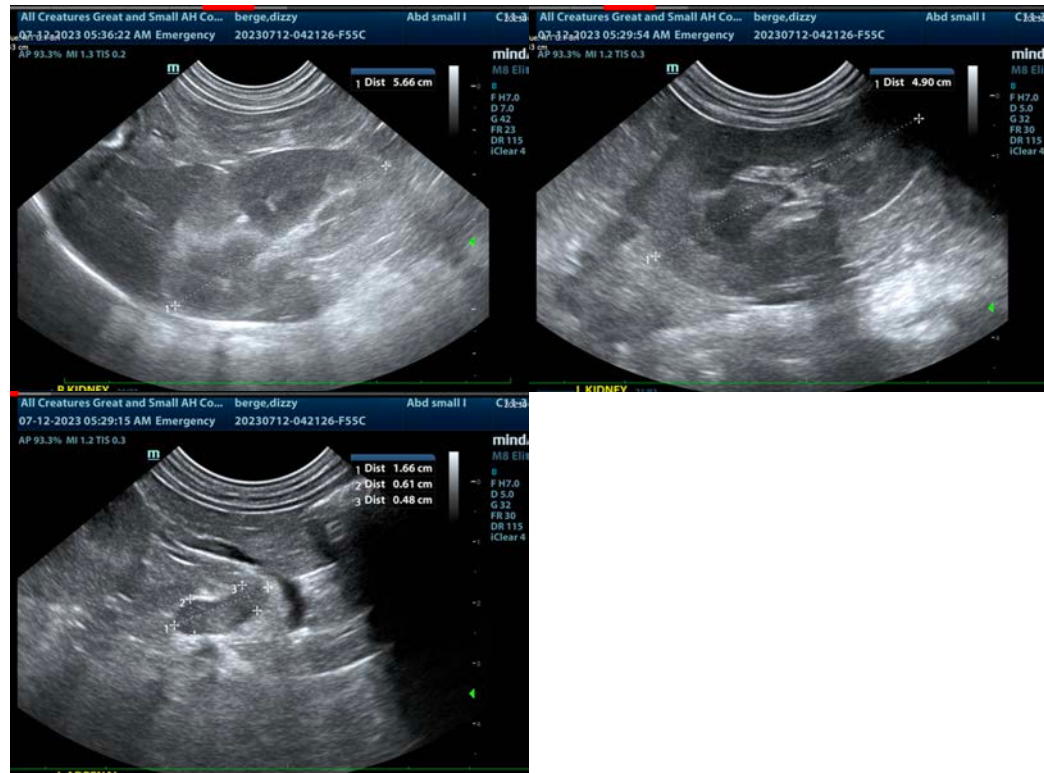
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com