



PATIENT

Grizzley Sulz

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

8 Years

WEIGHT

117 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrienne Waffle

INVOICE

41151

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Ate 1 lb of Isalean Dark chocolate protein powder 2 days ago
Abnormal PE/Chem/CBC/UA Results: Blood work attached P has pendulous abdomen HR 60 MM looked injected QAR

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.27 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 (7.34 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 adrenal glands are unable to be well visualized in these images.

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

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.

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 visible stomach wall is normal in thickness 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.

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 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.



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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

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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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Normal/unremarkable abdomen
- Non-specific hepatopathy

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include contacting poison control regarding therapy of the suspected chocolate toxicity to determine the best treatment course this far out. Pending treatment recommendations for the chocolate toxicity as well as liver enzyme improvement following that treatment, etc., further diagnostics to work up the hepatopathy if liver enzymes remain increased include an “antigen search” for sources of reactive hepatopathy including testing for Leptospirosis.

In the meantime, broad-spectrum antibiotics and hepatic nutraceuticals could be used empirically combined with any specific recommendations by poison control for the chocolate toxicity. If improvement is not noted and/or another diagnosis is not obtained, ultimately liver sampling in the form of a fine needle aspirate or biopsy may be necessary to determine the underlying cause of the increased liver enzymes.

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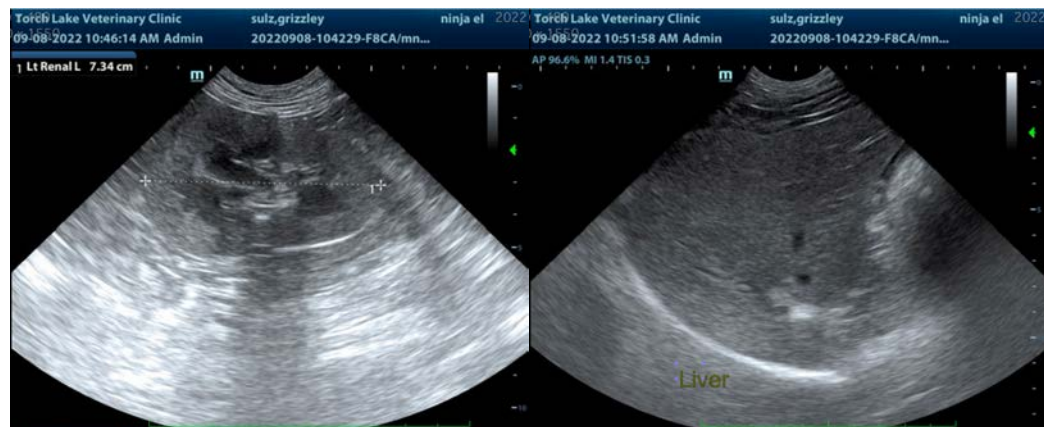
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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