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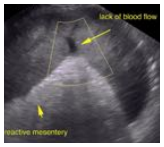
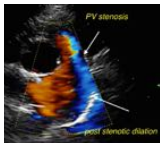
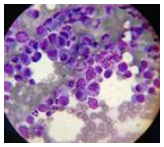
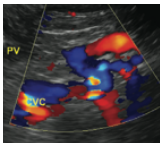
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT
Apollo Lewer

SPECIES
Canine

BREED
Boxer

SEX
Neutered male

AGE
10 years

WEIGHT
28.2 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Peterson

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Peterson

INVOICE
31952

DATE
7/27/22

PRESENTING CLINICAL SIGNS

History: Presented for hypersalivation and was febrile on initial presentation on 7/21. Had decreased appetite and increased liver values. Got moved into iso because they were concerned about kennel cough. Overnight he started to have diarrhea ad regurgitation and significant liver value elevations.
Abnormal PE/Chem/CBC/UA Results: 7/26- ALT 1,638 U/L (initial on 7/21 was 666 U/L), ALP 1,809 (initial was 210 U/L), cholesterol < 60mg/dL, amylase 1,913, PT 14 seconds (11-17) and PTT 102 seconds(72-102) 7/27 - Resp PCR - Herpes positive Fecal negative, Giardia Ag pending S/O:: QAR, MM pink, moist, CRT< 2s, BCS 3/9, Mild generalized muscle loss, diarrhea on perineum, NG tube in place, minimal residual gastric fluids, Mild dental calculus, moderate gingival hyperplasia, Chemosis and mild epiphora OU, purulent nasal discharge bilaterally, nuclear sclerosis OU, Thoracic auscultation no murmur or arrhythmia, eupenic with stertorous respiratory pattern, no tracheal sensitivity, Abdominal palpation nonpainful, Diarrhea A:: _ Herpes positive Hypersalivation (R/O tooth root abscess, oral tumor, oral FB, sialadenitis, gastric ulcer, nausea, neoplasia) Chemosis / conjunctivitis Rhinitis / sneezing Fever - resolved R/O acute allergic reaction, URI, other. _ Marked elevation ALT, ALP, GGT r/o acute hepatopathy (d/c doxycycline) good indicator of active liver damage, nonhepatic causes of increased ALT include hypoadrenocorticism, hyperadrenocorticism (steroid-induced), and certain drugs Elevated lipase and amylase r/o pancreatitis vs pancreatic neoplasia Fecal - no ova or parasites noted, Giardia Ag pending Resp PCR - Canine Herpes Type 1 positive 7PM EPOC - Hypernatremia 152, rest wnl 4AM - pet had significant sneezing episode and sneezed out a large amount of blood tinged mucus and tissue. Bilateral serosanguinous foamy nasal discharge after episode with sneezing fits whenever nostrils are touched Resp PCR panel positive for herpes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

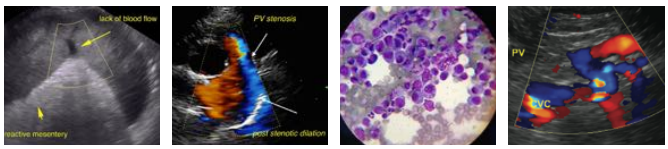
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was visualized obliquely and measured 0.6 cm.

Spleen



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The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and caudally with uniform parenchyma. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

Structurally normal liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history acute hepatic insult such as Leptospirosis should be considered. Hepatic FNA is recommended. Otherwise, the abdomen is structurally unremarkable.

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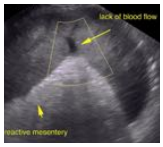
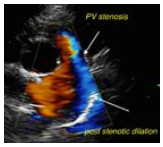
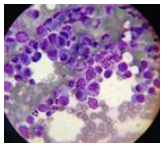
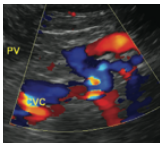

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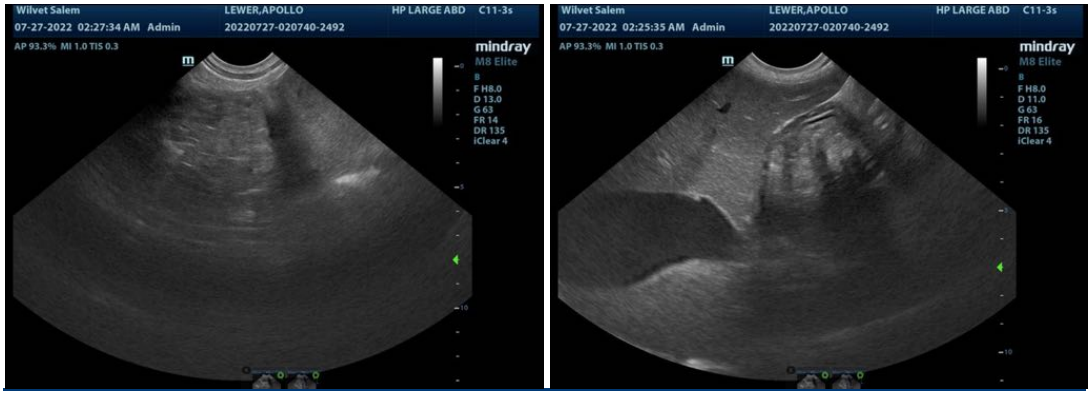

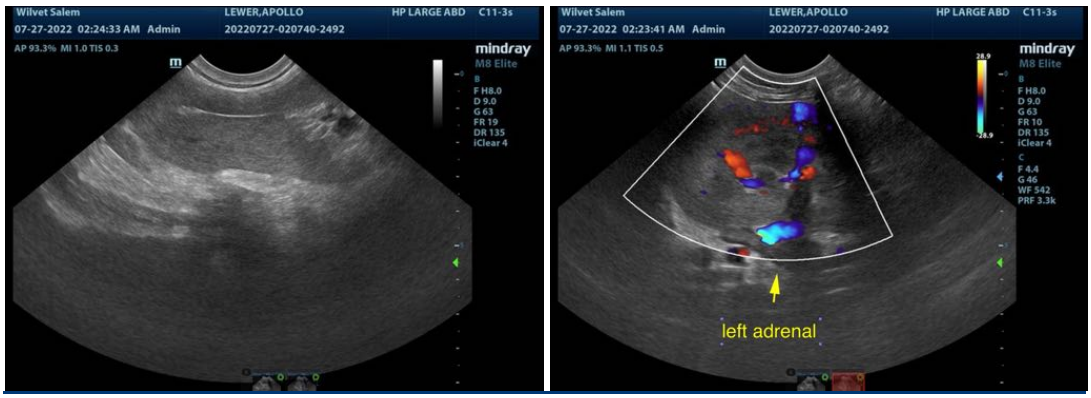

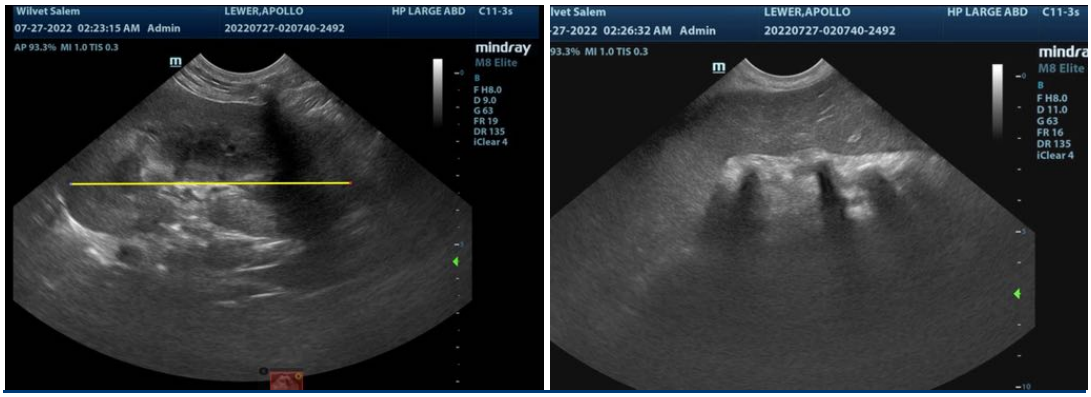

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com