



PATIENT PRESENTING CLINICAL SIGNS

Zoe Beazley
History: inappetence, weight loss unexplained, abnormal liver values; today the dog have pyrexia (40 C); looking in the history no Hx of a fever in the past; was placed on Denamarin between Jan and Feb bloods

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Jan blood: Chem increased Glob 48; ALT/ALP CBC: decreased lymph and low platelets (but possibly clotting; otherwise NSF Feb bloods: little change in Glob ; normal ALT; elevated ALP (little change); low Urea

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

Urinary System

SEX
Spayed female
The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

AGE

6 ½ years

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.44 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.65 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

16 kg

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.46 cm, caudal pole 0.54 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.48 cm at the caudal pole, cranial pole 0.55 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Trudeau

Spleen

HOSPITAL NAME

Petworks VH

The splenic is slightly heterogenous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

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Liver

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The liver had very prominent, portal markings. The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

DATE

2/16/23

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal Tract*

Zoe Beazley The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

SPECIES Canine The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

BREED Mix The section of colon are visualized with formed fecal material and gas shadowing distally.

SEX *Pancreas*

Spayed female The right pancreas had areas of irregular, hyperechoic changes that were centrally located within the pancreas. This is most consistent with fiber fatty change. There was no inflammation surrounding the pancreas.

AGE

6 ½ years

Peritoneum

WEIGHT Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The omentum is of normal uniform echogenicity. There is a medial iliac lymph node that was mildly prominent and measured 0.4 x 0.97 cm.

16 kg

INTERPRETED BY **ULTRASONOGRAPHIC FINDINGS**

Jessica Midence, DVM,
DACVIM (SAIM)

Primary Findings

Slightly, reactive abdomen.

IMAGING PERFORMED BY

Dr. Trudeau

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Petworks VH

The cause of the fever and inappetence were not sonographically apparent and the changes seen on the ultrasound today were all mild and considered likely reactive to systemic inflammation. Consider a fever of unknown origin. Work-up including ruling out infectious disease is common to the area. Consider work-up for immune mediated diseases such as immune mediated polyarthropathy with which a mild increase in ALKP phosphatase can be associated. Aspirates of the liver and spleen can be considered as part of the work-up to rule out round cell neoplasia as those changes can be sonographically subtle in the early course of disease.

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PATIENT

Zoe Beazley

SPECIES

Canine

BREED

Mix

SEX

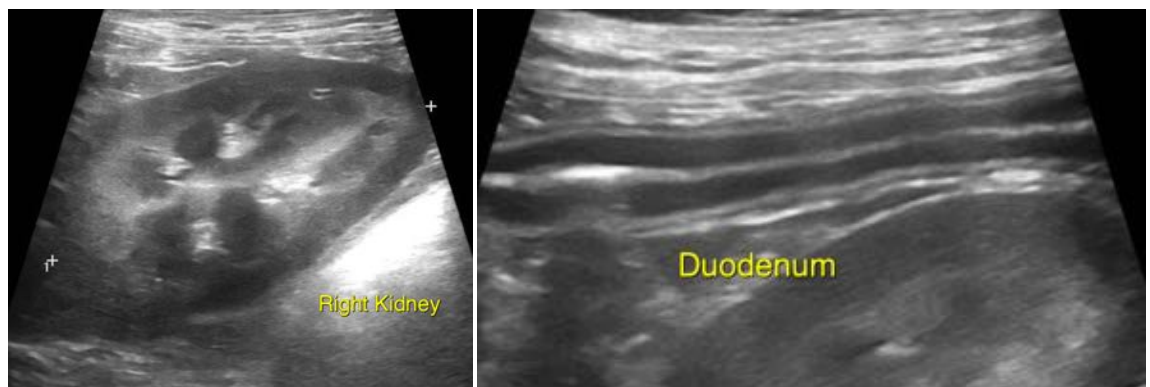
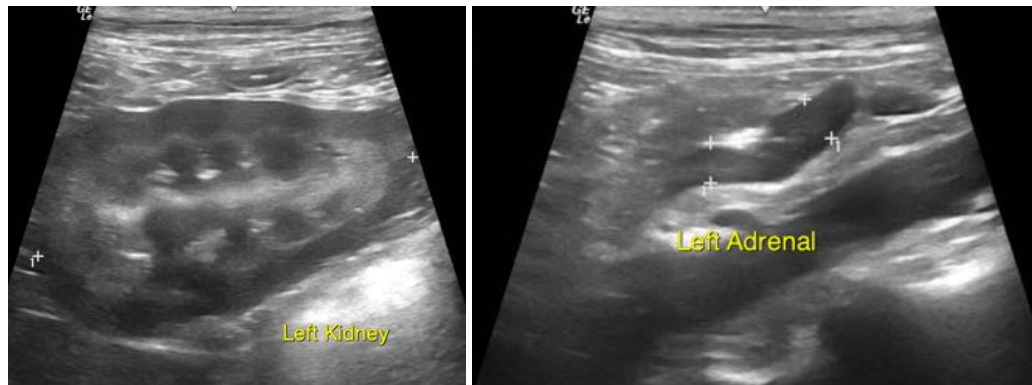
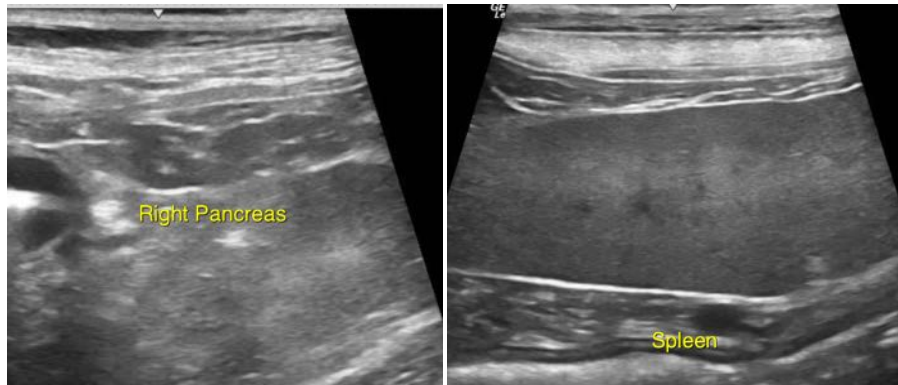
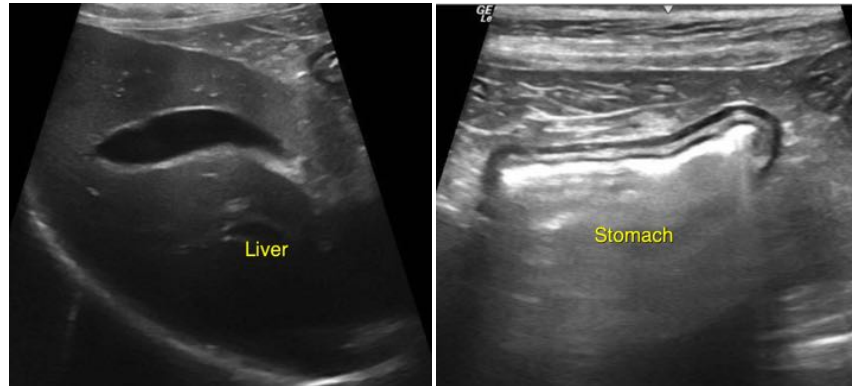
Spayed female

AGE

6 ½ years

WEIGHT

16 kg



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SPECIES

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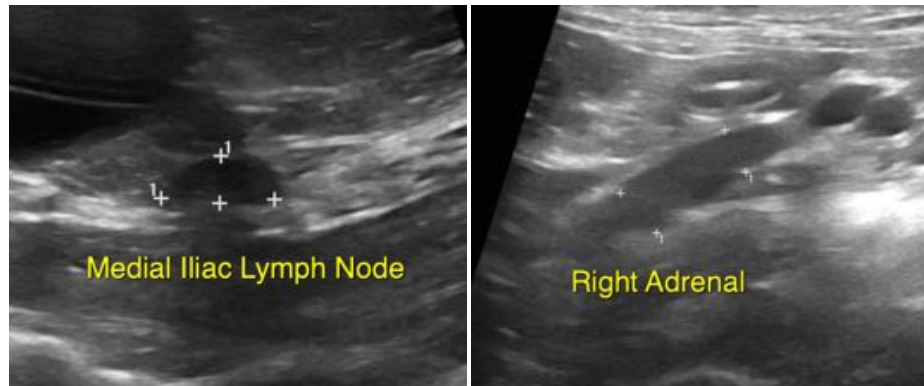
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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