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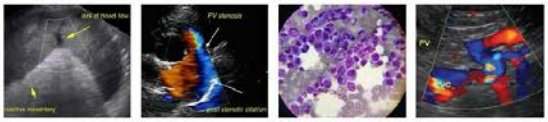

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Twyla Dingledine

SPECIES

Canine

BREED

Kelpi X

SEX

Female

AGE

12 Weeks

WEIGHT

10 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Sierra Oaks VS

REFERRING VET

Dr.

INVOICE

40355

DATE

8/10/22

PRESENTING CLINICAL SIGNS

7/21- S:Possible marijuana injestion, likely 60 min priorto arrival. O estimates likely amount of 1 "nugget" of dried flower. P has been dribbling urine, is lethargic and not wanting to eat. 8/2/2022 Recheck: Owner reports still not wanting to eat owner giving cerenia once daily none given today Examined vulva and vagina - evidence of vaginitis (very erythematous). Performed CBC/Chem - mild neutrophilia, elevated ALT, low albumin - suspect toxin vs portosystemic shunt; other abnormal values (elevated ALP, low Ca, low BUN) likely bc p is a puppy and also has low muscle mass. Discussed neutrophilia may be due to vaginitis/ Uncertain at this point whether p had marijuana ingestion. Shunt could make p a bit neurologic but does not explain leaking urine. Marijuana leaves found on p today.
Abnormal PE/Chem/CBC/UA Results: .Bile Acids 85.8 PRE BILE ACIDS - POST MEAL 83.4 ALT 452, ALP 832, ALB 2.0, TBIL 1.3, PHOS 7.1, BUN 6.0 ,NA 137, TP 5.0, WBC 19.58, NEU 14.92= APPEARED JAUNDICE TODAY IN EARS AND ABDOMEN BUT NOWHERE ELSE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.64 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are

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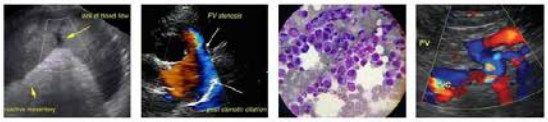

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diffuse hypoechoic lesions/nodules throughout the parenchyma. Examples of these nodules measure at 2.79 cm, 0.58, 0.84, 0.87 cm. They appear to be distributed diffusely.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasionasl prominent mesenteric lymph nodes. A gastric lymph node is visualized at 0.51 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline large, hyperechoic liver with diffuse hypoechoic lesions/nodules – The significance of these nodules is uncertain. This could represent foci of hyperplasia, inflammation, infection. Recommend sampling for cytology and culture.
- Mild mesenteric lymphadenopathy – This can be a common finding in young puppies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an unusual presentation for such a young dog. The lesion in the liver are less likely neoplastic lesions due to age. Consider inflammatory, infectious, etc. Recommend a fine needle aspirate of a nodule with cytology and aerobic and anaerobic culture if possible. Recommend screening for Leptospirosis and aggressive supportive therapy with continued monitoring of the liver values.

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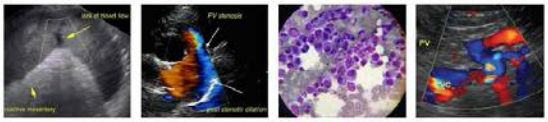

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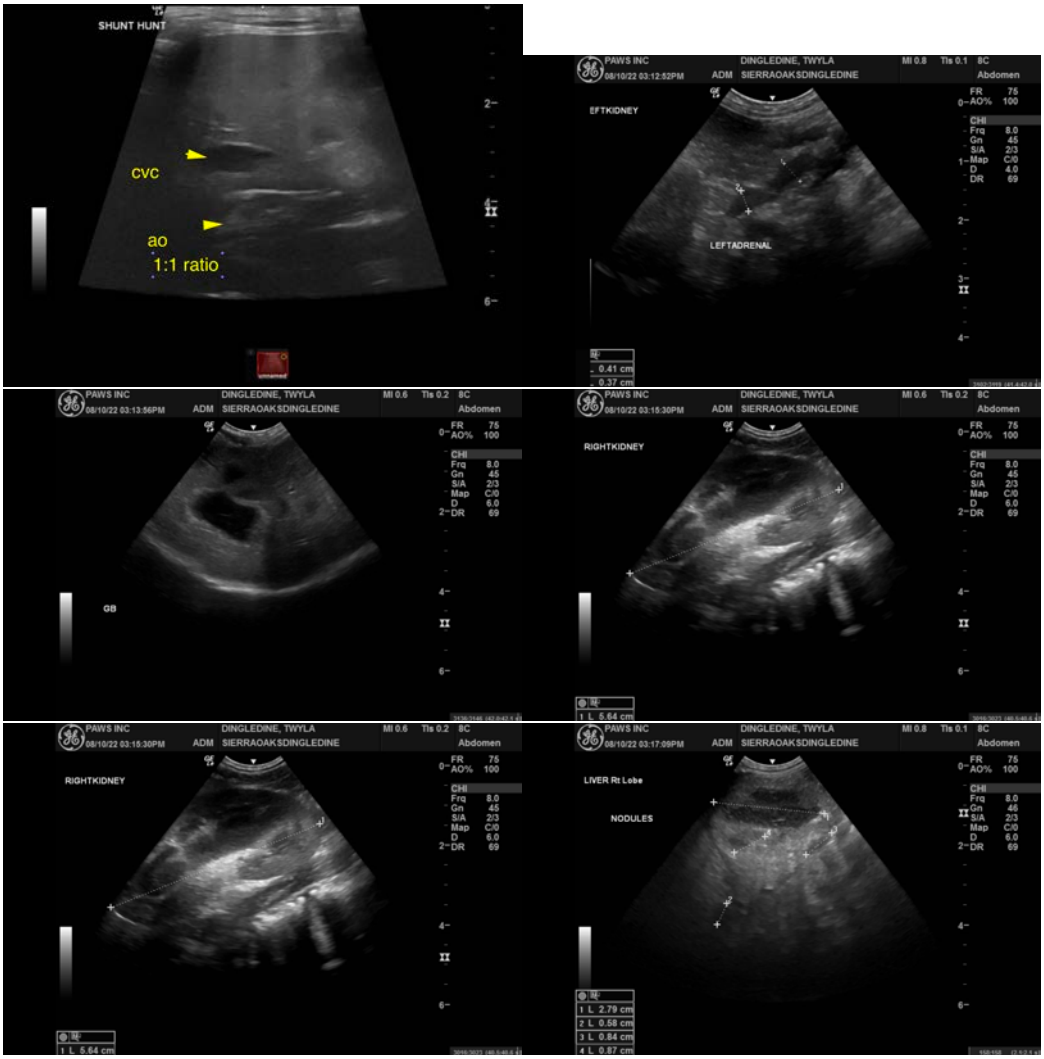
I have never heard of marijuana causing liver issues, and I think this is unlikely, but you could contact the national poison control center, and they have the most current data. If cytology is not helpful in this individual, and there is no response to symptomatic therapy, then a liver biopsy may be necessary. The findings on this scan are not support of a portosystemic shunt.



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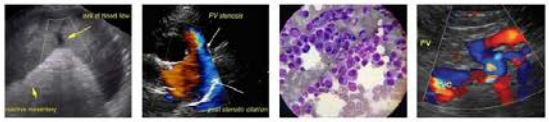

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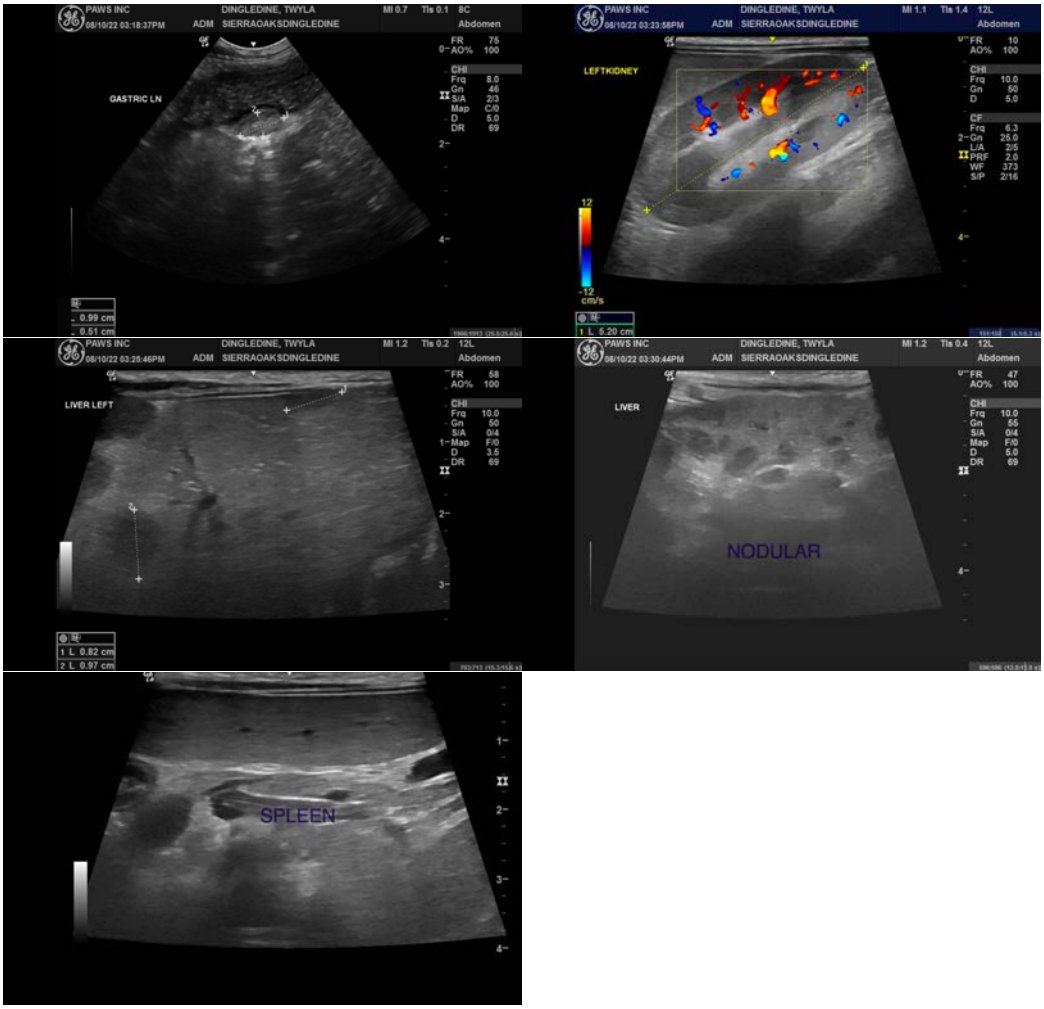

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com