

PATIENT PRESENTING CLINICAL SIGNS

Shasta Wild

Shasta has not been eating his usual amount per day, not interested in eating breakfast for the past week. Will hand feed home cooked food for breakfast. Shasta is very picky. Shasta is hungry later in day and will eat around 5pm. Jan 12--Vomited clear watery substance this am. He had a fried egg this morning after 11am. Health exam--bloated/full feeling on abdominal palpation, otherwise normal exam. Current Medications Tramadol 75mg BID, Cerenia injection given after ultrasound.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT(SGPT) 188 12-118 U/L HIGH (Nov 19, 25) Blood taken at time of ultrasound--will update report if needed.

BREED

G Retr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

12yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

76lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.76 cm width in the caudal pole. The right adrenal gland measured 0.89 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver exhibited generalized potentially variable hepatomegaly subjectively more prominent in the mid to right liver with the mid to right liver extending caudally past the level of the gastric axis. Primarily symmetrical hepatic capsule contour was maintained. The liver exhibited variable to generalized non homogenous parenchyma. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly thickened hypoechoic wall and primarily anechoic bile. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples AH

REFERRING VET

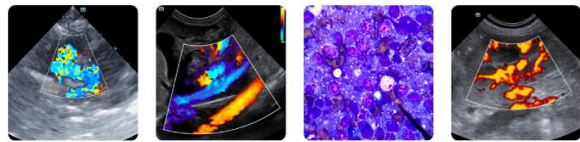
Kazienko

INVOICE

23513

DATE

1-12-26



PATIENT
Shasta Wild

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material.

The visualized segments of small intestine exhibited intact normal wall layer ratio and empty intestinal lumen.

SPECIES
Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED
G Retr

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant omental lymphadenopathy.

SEX
MN

Mild volume primarily perihepatic to intermittent peritoneal effusion.

AGE
12yr

Increased perihepatic omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary

- Variable non congested hepatomegaly exhibiting non-homogenous parenchyma.
- Non-distended gallbladder with mildly thickened hypoechoic wall.
- Normal empty visualized gastrointestinal tract.
- Mild volume perihepatic / peritoneal effusion.

Secondary

- Normal spleen
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the liver is non-specific with considerations including non-specific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis, neoplasia or other in conjunction with elevated ALT. Assuming normal clotting status further assessment may include hepatic FNA cytology and if possible, effusion analysis for further clarification.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Correlation with pending lab work is recommended. Pending additional diagnostics, gastrointestinal support is recommended.

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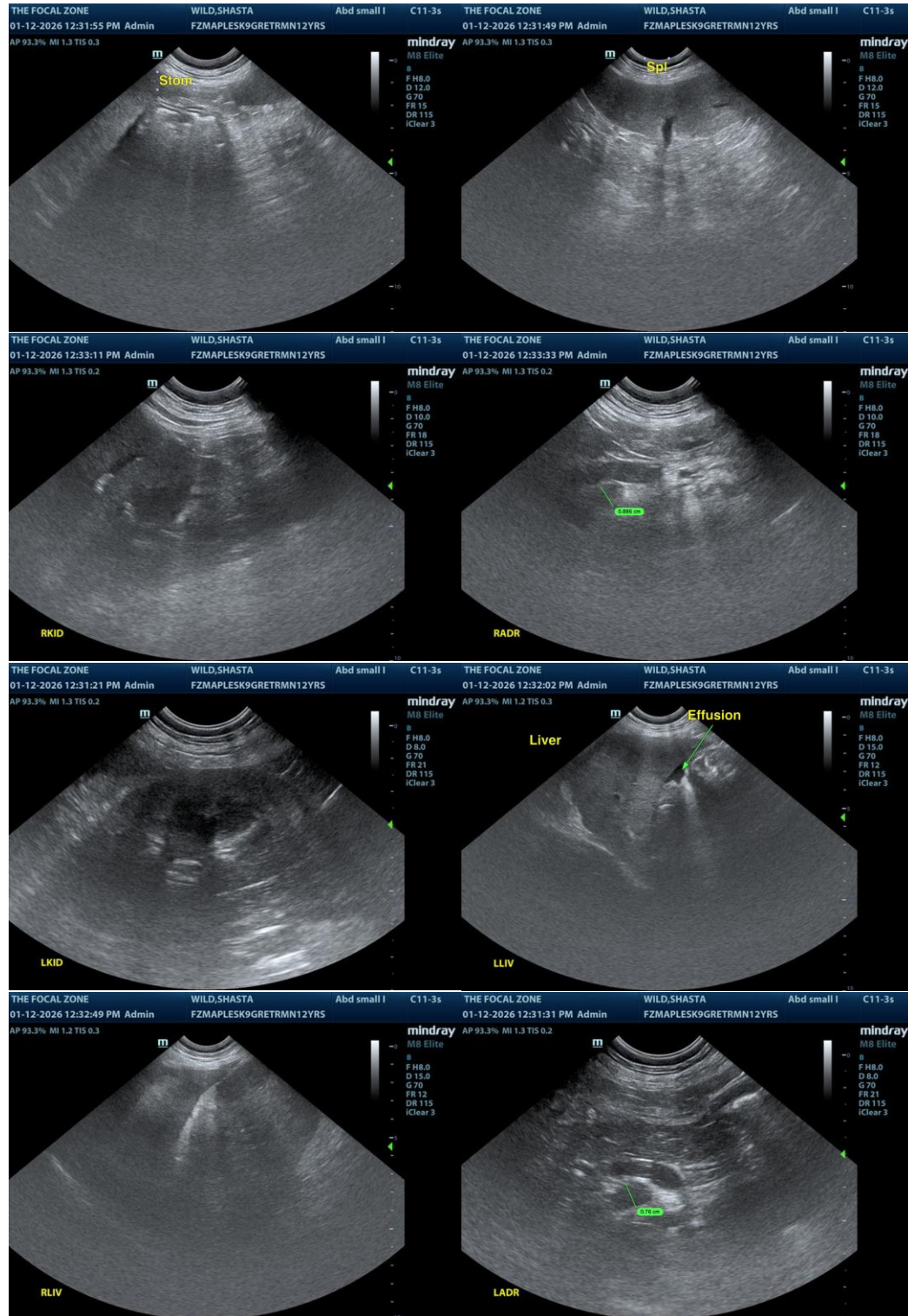
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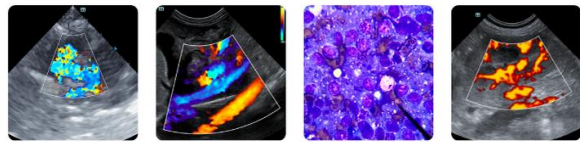
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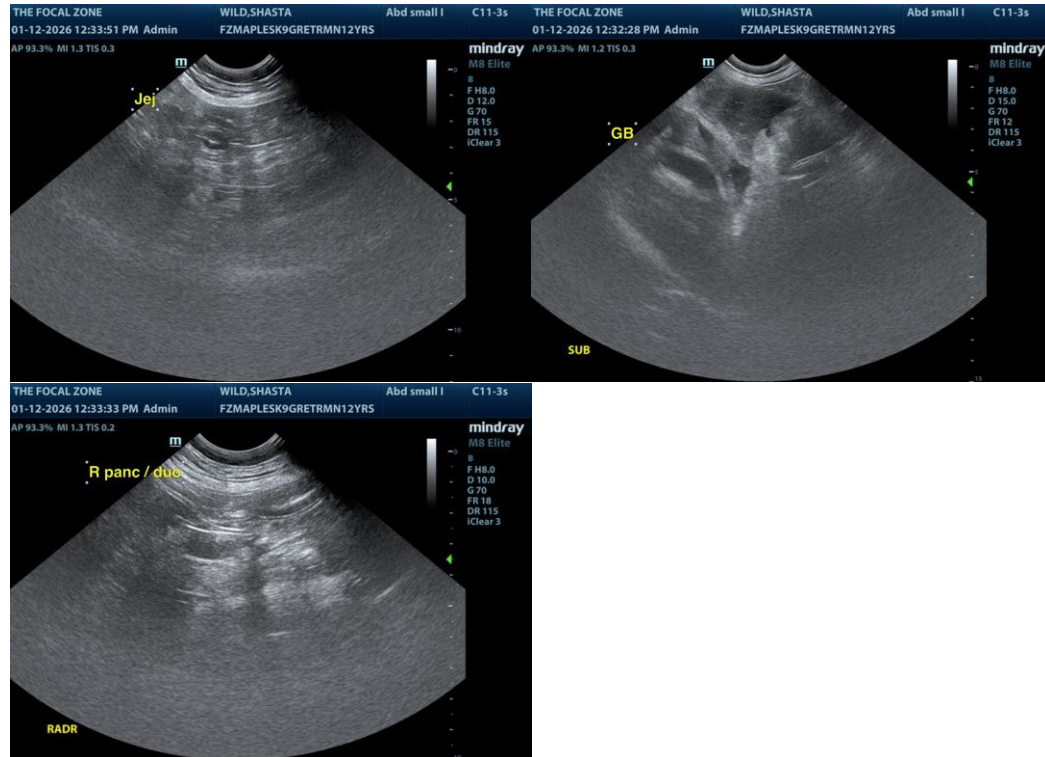
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WEIGHT

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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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