



PATIENT	PRESENTING CLINICAL SIGNS
Jax Berntsen	<p>History: spirits seem pretty good gums are yellowy not eating a ton but will eat drinking lots of water v/d- vomiting, just depends, not every day, usually the food that p will vomit back up, or if he drinks a bunch of water will vomit c/s- none l/b- none medications- not currently, was on an antibiotic for a few weeks, doesnt know how much it helped if it helped at all, vet said blood work looked better but was not where she wanted it to be travels-none concerns- none jk Thanksgiving started with lethargy after hunting. No improvement. Did Lepto testing and had been vaccinated. Negative results. Concern of kidney infection and started Abx. Started other Abx. Cerenia anti-nausea meds given. Energy has been better lately but still tires quickly. Nothing he got into, no meds prior. Had explored the option of getting into something while hunting. Went hard that day. Brother has a sibling and he is fine. This week the icterus worsened and can see his stomach expanded. Breathe is worse Appetite is hit/miss. Will eat hamburger and rice but then may vomit. Not eating dog foods well. Lost weight thru this. 47 pounds prior to illness. JME Physical Exam: General Appearance:BAR, active. BCS 5.9. 103.1 temp mm/CRT: <2s. Severely icteric skin, mm, conjunctiva, membranes Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: No exudate observed, no redness present Oral Cavity: Mild tarter/gingivitis; Grade 2 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL. Skin sensitive to clipping and more bleeding than expected with a small nick to the skin. Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal. neutered male Neurologic: No apparent abnormalities noted Assessment: Liver disease- open Tbil 10.1, ALP 1040, ALT 426, BUN 6, K+ 6.6 Fever Plan: Discussed Us as next noninvasive step and consideration for liver biopsy. Discussed risk of biopsy and recommend clotting times prior to surgery. Pending repeat bloodwork, US review. Clotting factors pending. JME</p>
SPECIES	
Canine	
BREED	
Brittany Spaniel	
SEX	
MN	
AGE	
5yr	
WEIGHT	
39.6	
INTERPRETED BY	Abnormal PE/Chem/CBC/UA Results: Tbil 10.1, ALP 1040, ALT 426, BUN 6, K+ 6.6; Neutrophils 12.02. NSF otherwise T 103.4 Severe icterus, QAR.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Dr. Evoniuk	Urinary System
HOSPITAL NAME	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
State Avenue Vet	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.
REFERRING VET	The area of the aortic trifurcation was free of pathology.
Dr. Evoniuk	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
INVOICE	The area of the residual prostate appeared normal and free of pathology.
12702ag	Adrenal Glands
DATE	
01-16-2023	



PATIENT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was indistinctly visualized. The right adrenal gland subjectively measured 0.77 cm width at the caudal pole.
Jax Berntsen	
SPECIES	Spleen
Canine	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.
BREED	Liver/Gallbladder
Brittany Spaniel	The liver exhibited moderate enlargement, symmetrical to swollen contour and generalized reduced parenchymal echogenicity with mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic mass/nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not definitely visualized without evidence of post hepatic obstructive criteria.
SEX	Gastrointestinal
MN	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material.
AGE	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
5yr	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	Pancreas
39.6	The right limb and base of the pancreas presented variably prominent in size with hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses or overt lymphadenopathy were present. Intermittent small pocket of scant peritoneal free fluid was present.
IMAGING PERFORMED BY	Mild generalized increased omental echogenicity was present.
Dr. Evoniuk	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
State Avenue Vet	<ul style="list-style-type: none"> • Hypoechoic to swollen liver-suggestive of acute hepatopathy-vacuolar/reactive hepatopathy, non-specific acute hepatitis (viral/bacterial/toxin etc.) non-cardiogenic hepatic congestion, occult neoplasia all potentials • Sonographically normal gallbladder and area of common bile duct-no overt post-hepatic obstruction • Mild pancreatitis pattern-possible pancreatic edema • Sonographically normal GI tract with gastric ingesta • Intermittent scant pocket of peritoneal free fluid
REFERRING VET	
Dr. Evoniuk	
INVOICE	
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PATIENT

Jax Berntsen

SPECIES

Canine

BREED

Brittany Spaniel

SEX

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AGE

5yr

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39.6

INTERPRETED BY

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

IMAGING PERFORMED BY

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DATE

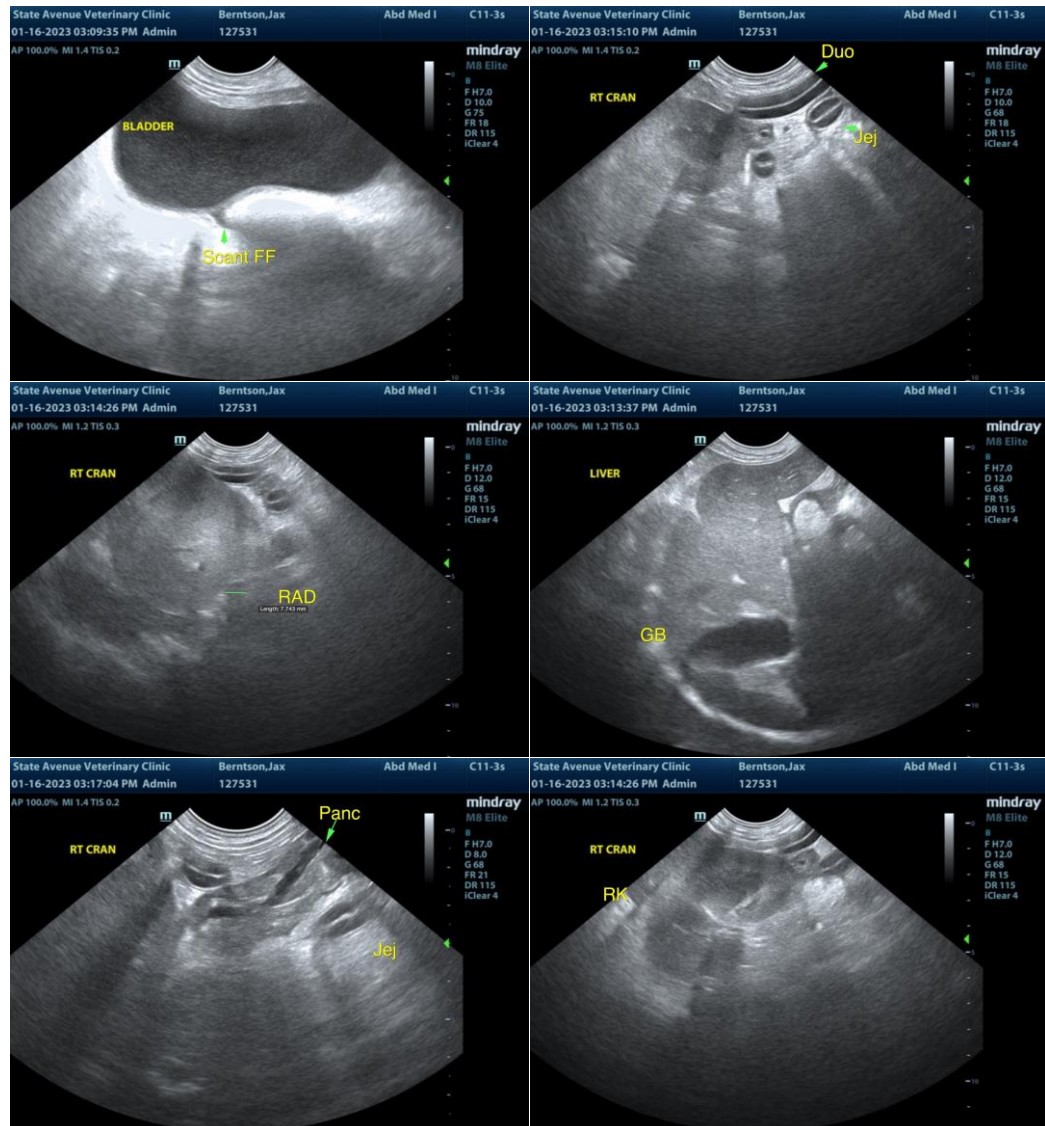
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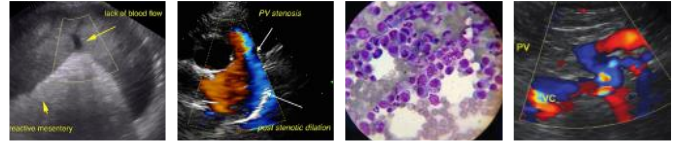
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Given normal gallbladder size and non-visualized CBD, non-obvious post-hepatic obstructive criteria is considered less likely. Recheck leptospirosis titer may be considered if endemic to the area or potential exposure.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as resting cortisol level despite overtly normal adrenal appearance. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirically hospitalization with hepatosupportive medications and empirical therapy for non-specific acute hepatitis with monitoring of hepatic and clinical response would be reasonable. Hepatic core surgical biopsy may be required for a definitive diagnosis.





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REFERRING VET

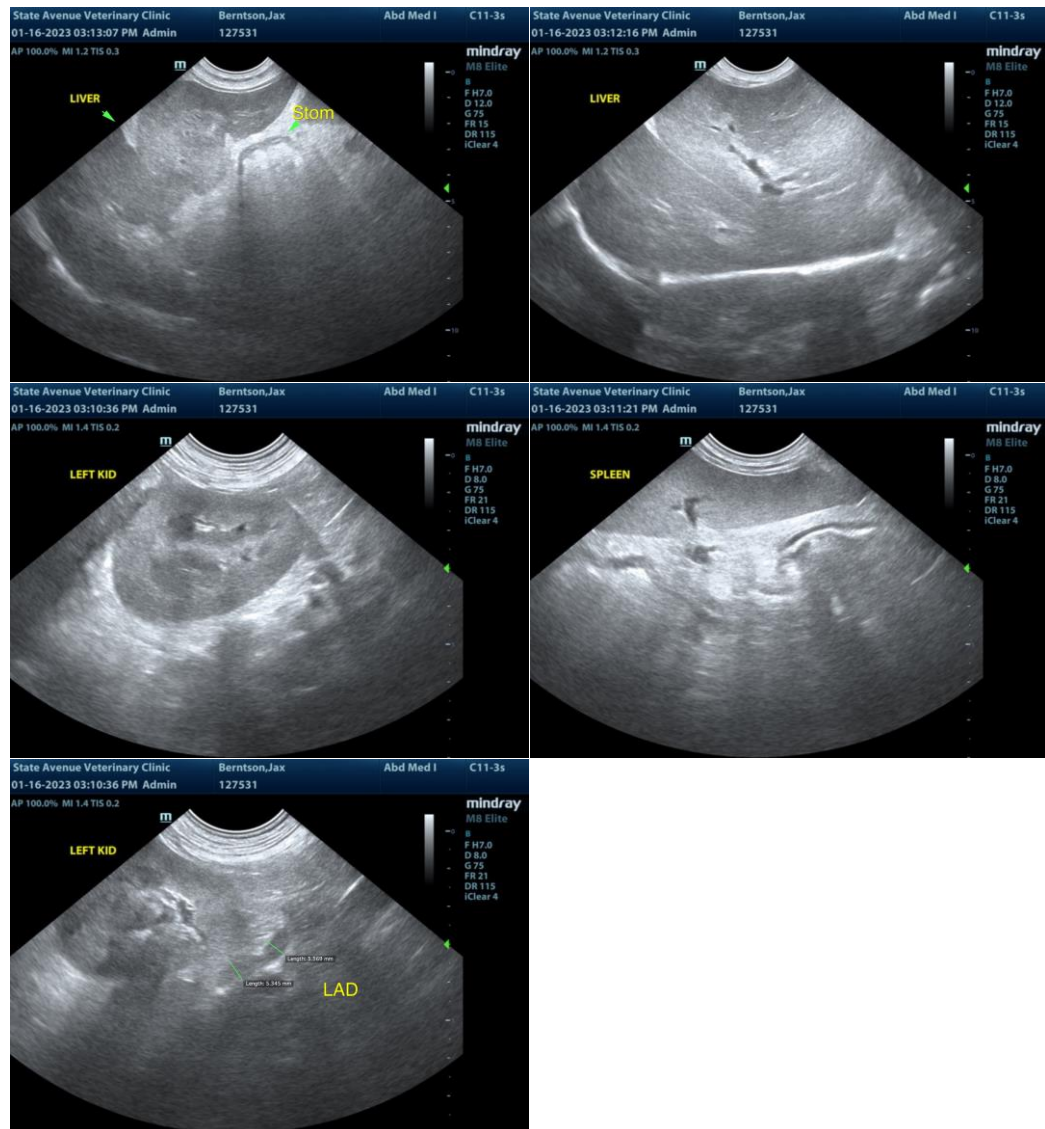
Dr. Evoniuk

INVOICE

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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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