



PATIENT PRESENTING CLINICAL SIGNS

Jasper Fallos Weight loss, UTI symptoms, intermittent vomiting, PD, LUQ discomfort.

SPECIES Medication: Ampicillin, Cerenia, Entyce

Canine HCT 59.7, WBC 15.9 with mild neutrophilia and monocytosis, BUN 12, Creatinine 1.2, ALT 3113, ALP 907, AST 713, GGT 12, TBil 5.7, Spec cPL- normal, Urine specific gravity- 1.005, negative protein

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, 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 The residual prostate was free of pathology.

2013 The area of the aortic trifurcation was free of pathology.

WEIGHT 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 8.1 cm in length. The right kidney measured 8.1 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.82 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.64 cm width at the caudal pole.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Spleen

HOSPITAL NAME

Easton AH

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.

REFERRING VET

Dr. Craig

Liver/ Gallbladder

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The liver was subjectively normal in size with potential for borderline hepatomegaly with symmetrical capsule contour. Decreased hepatic parenchyma echogenicity compared to the spleen and falciform fat exhibiting moderate coarse to mild nonhomogeneous parenchyma echotexture. Subtle increased yet indistinct prominence of the portal vascular borders was noted with overtly normal hepatic

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vascular volume. No visualized hepatic masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized, without evidence of overt post hepatic obstructive criteria.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild to possible moderate luminal gas. No evidence of obstruction or foreign material.

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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.

SEX

M/N

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

AGE

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

WEIGHT

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively acute, nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc.,) reactive hepatopathy, vacuolar hepatopathy and nonobstructive cholestasis, occult infiltrative neoplasia are all potentials
- Nondistended gallbladder containing mild nonorganized luminal sludge (non-mucocele)
- Overtly normal gastrointestinal tract / pancreas

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 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Easton AH

Assuming normal clotting status and using a 25-gauge needle, liver FNA cytology, as well as Leptospirosis titers / PCR are recommended.

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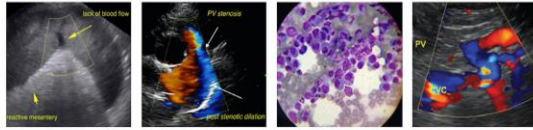
Further assessment of the weight loss may include a GI panel to include PLI/TLI/Cobalamin/Folate, resting cortisol level, as well as three-view chest radiographs to rule out occult disease as a contributing factor. Empirically, hospitalization with IV fluids, hepatosupportive medications, antibiotics to cover for nonspecific hepatitis, pending hepatic FNA cytology, if elected, and gastroprotectants are recommended with monitoring of clinical and hepatic response. Hepatic core surgical biopsy may be required for a definitive diagnosis.

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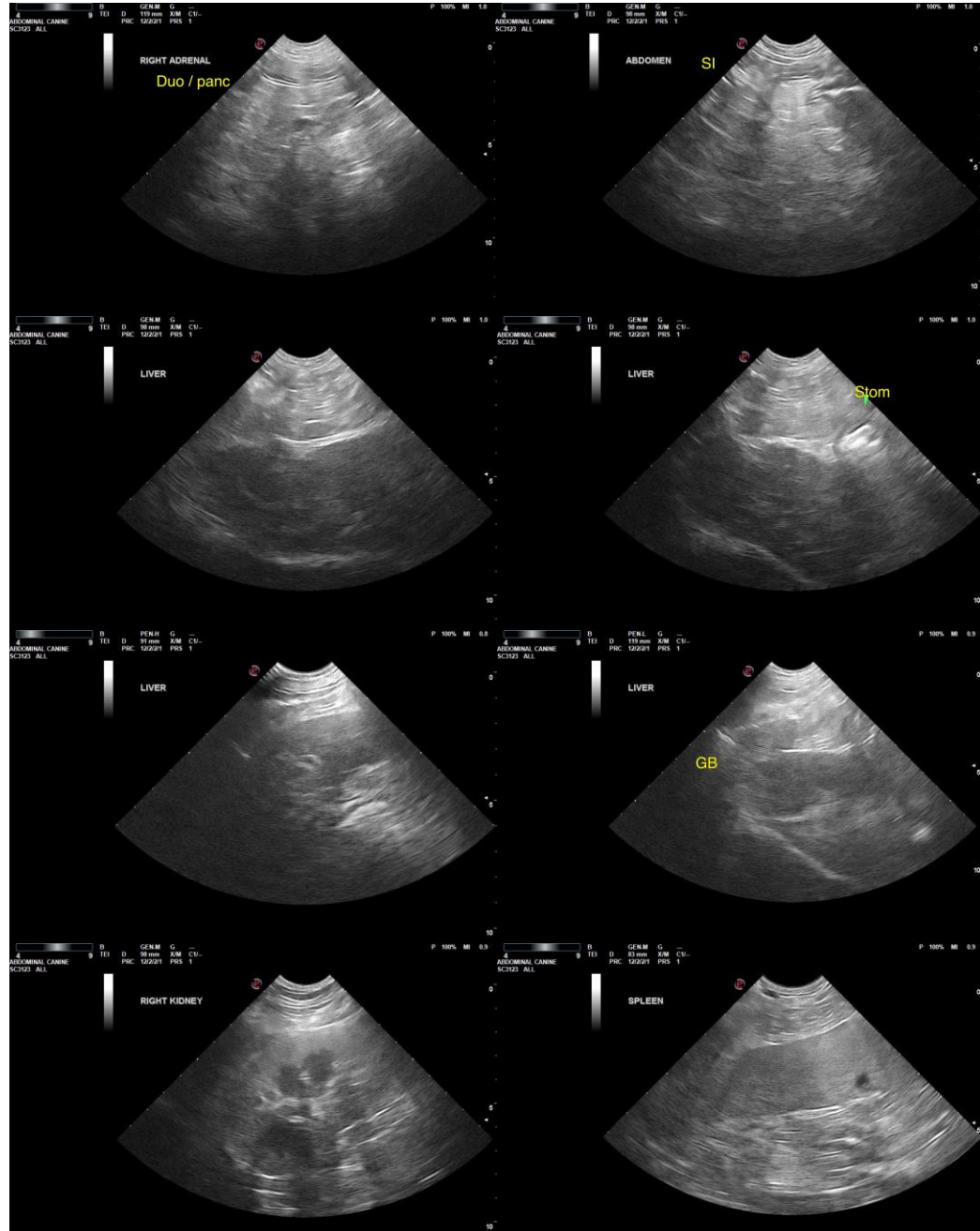
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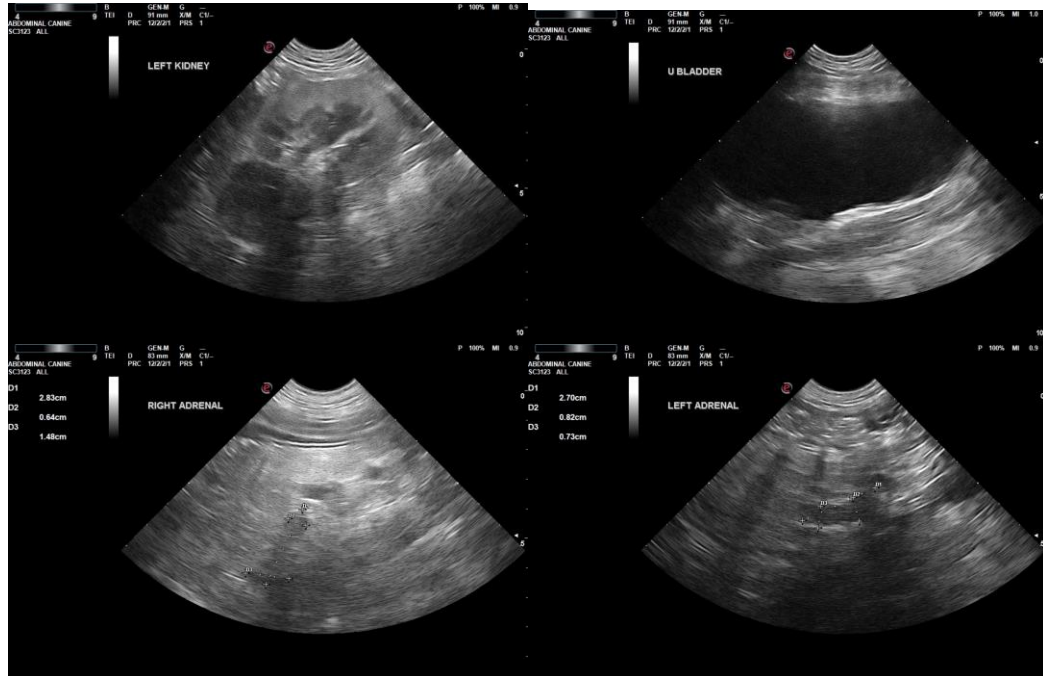
Lab Mix

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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.

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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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