

**PATIENT**

Clyde Klinge

SPECIES

Canine

BREED

Boston

SEX

NM

AGE

5 years

WEIGHT

28 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

13210

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Decreased appetite, increased water intake, sleeping more, belly more round and hard

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Chem: BUN 7, Ca 7.5, TP 4.3, Alb 1.6, ALT 545, AST 131, ALP 507, TBil 1.8, Bil Conj 1.2, Bil unconj 0.6, Creatine Kinase 288, T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the residual prostate was free of overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy adjacent to the iliac trifurcation was noted.

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 5.4 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.51 cm width at the cranial 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 was exhibited subnormal size with mild uniform echogenic parenchyma exhibiting moderate coarse echotexture. The liver exhibited symmetrical to regional asymmetrical hepatic contour. The gallbladder was non-distended in size containing anechoic content with mild to moderate particulate to hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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.

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

SPECIES***Pancreas***

Canine

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.

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Free Abdomen

No overt lymphadenopathy was present. Generalized reactive mesentery was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings*****AGE**

5 years

- Subnormal liver size exhibiting areas of asymmetrical contour and moderate coarse parenchyma echotexture
- Mild to moderate gallbladder debris (non-mucocele)
- Significant volume peritoneal free fluid and generalized reactive mesentery
- Normal bilateral kidneys
- Overtly normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated liver enzymes, hypoalbuminemia, decreased BUN in conjunction with microhepatica, acute on chronic to chronic hepatic failure is likely. Urinalysis to assess for evidence of proteinuria, as well as abdominal effusion analysis for further assessment in conjunction with highly suspected liver failure, is recommended.

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Subjectively, the appearance of the gastrointestinal tract was not overtly or sonographically suggestive of protein-losing enteropathy without reported gastro intestinal signs or weight loss. Fasting and post prandial bile acids may be considered for further assessment of hepatic functionality. Empirical therapy for chronic to acute on chronic hepatic failure may be considered with an assessment of clinical response. However, a very guarded long-term prognosis is indicated.

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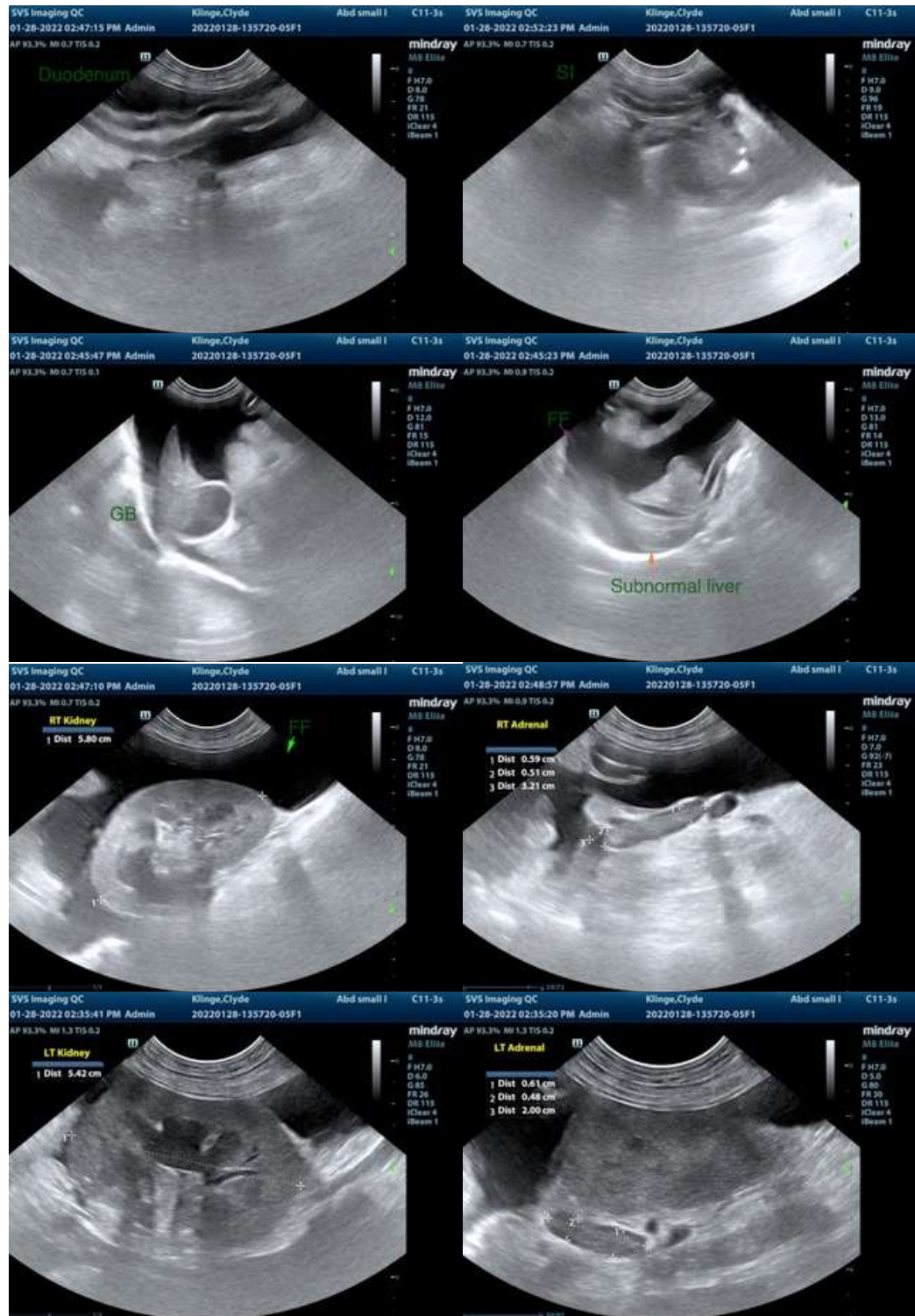
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology

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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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