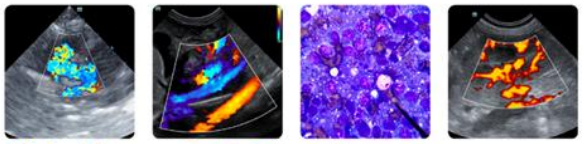

PATIENT

Blue Green

SPECIES

Canine

BREED

Bluetick Hound

SEX

MN

AGE

4yr

WEIGHT

36.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

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INVOICE
23455

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01/06/2025

PRESENTING CLINICAL SIGNS

History: Hx of eating eating things he's not supposed to. started around 5PM noticed around 5:30pm Pt was acting off. V+ 5-6 times and then twice on the way here. V+ looked sulfur like yellow. Acting lethargic, hx of epilepsy, didn't want treats when he was V+. Vomiting- FB vs gastroenteritis vs dietary indiscretion vs other Hepatopathy Discussed physical exam finding, clinical signs of acute vomiting, anxious behavior at the vet, recommended diagnostics and diagnostic results. Recommend sedation, blood work, radiographs w/ consult, and supportive care as indicated. Call to owner to discuss Blue's status and diagnostic results. Blue is stable and comfortable in-hospital. Radiograph findings were reviewed, which showed no signs of obstruction but did show gas distension and possible mild constipation. Blood work results were also reviewed, highlighting dehydration (HCT 54%) and a severely elevated ALT of 2,567 after a 1:3 dilution. Potential causes for the elevated ALT were discussed, including possible mushroom toxicity, severe vomiting, infectious disease, allergic reaction or underlying liver pathology. It was noted that Blue's Keppra is an unlikely cause. The recommended plan is to hospitalize Blue for 12-24 hours on IV fluids for supportive care. A complete diagnostic ultrasound with specialist review is recommended to investigate the liver, with a FASTCAN offered as a lesser alternative.

Abnormal PE/Chem/CBC/UA Results: CBC: Lymp 1.03, eos 0.04, platelets 111, MPV 14.4, all other Chem 10: ALT not read, all other wnl ALT with 1:3 dilution 2567 EPOC: lact 3.44, oh 7.334, HCT 46, all other wnl Moderate gas-distention of the stomach can be due to incidental aerophagia. There are no visible signs of dietary indiscretion or mechanical obstruction of the GI tract on the present study. There is mild increased distention of the ascending colon, which could reflect normal variation however, mild degree of constipation cannot be excluded.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

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 7.2 cm in length. The right kidney measured 7.2 cm in length.

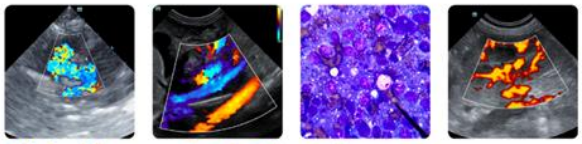
The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

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. The right adrenal gland was indistinctly visualized without overt pathology in the area of the right adrenal gland. The right adrenal gland subjectively measured 0.74 cm width at the caudal pole.

Spleen



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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 subjectively borderline to mild enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor cranial lumen gravity-dependent debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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

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 mechanical/metabolic ileus, obstruction or foreign material.

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

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute hepatopathy.
- Non-edematous gallbladder with mild bile debris (non-mucocele)
- Normal empty gastrointestinal tract
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. Considerations for the liver may include acute non-specific hepatitis, in conjunction with ALT elevation with occult hepatic neoplasia considered unlikely. Further assessment of the liver may include assuming normal clotting status, FNA cytology +/- leptospirosis titer / PCR.

Hepatogastrointestinal support with consideration for empirical therapy for non-specific hepatitis and gastroenteritis with clinical monitoring is recommended. Sonographic reassessment indicated if progressive hepatopathy or non-responsive gastrointestinal signs.

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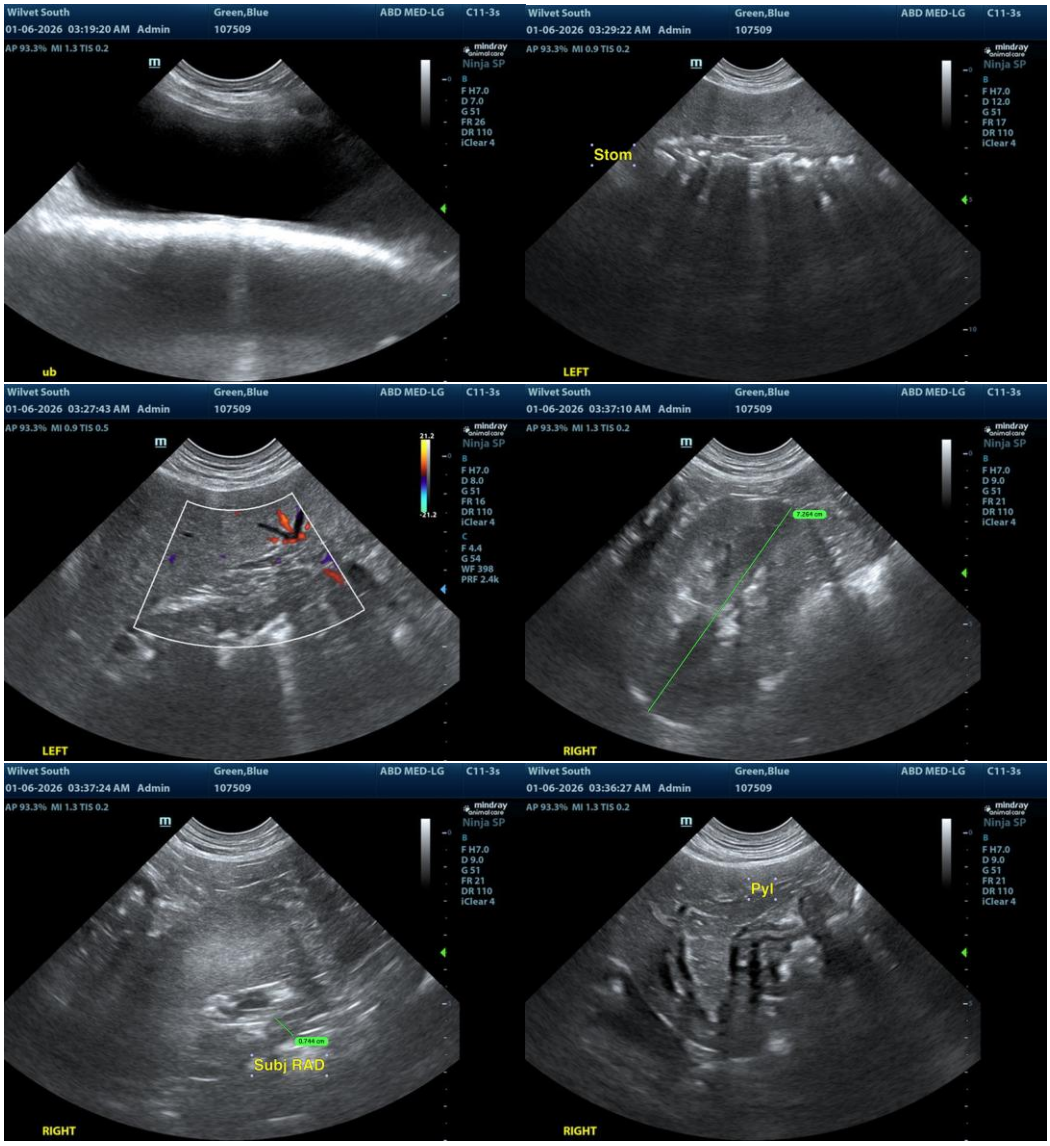

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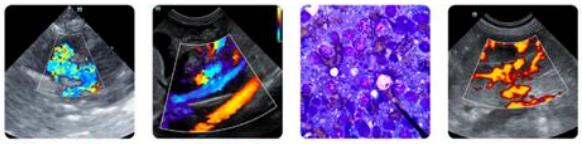

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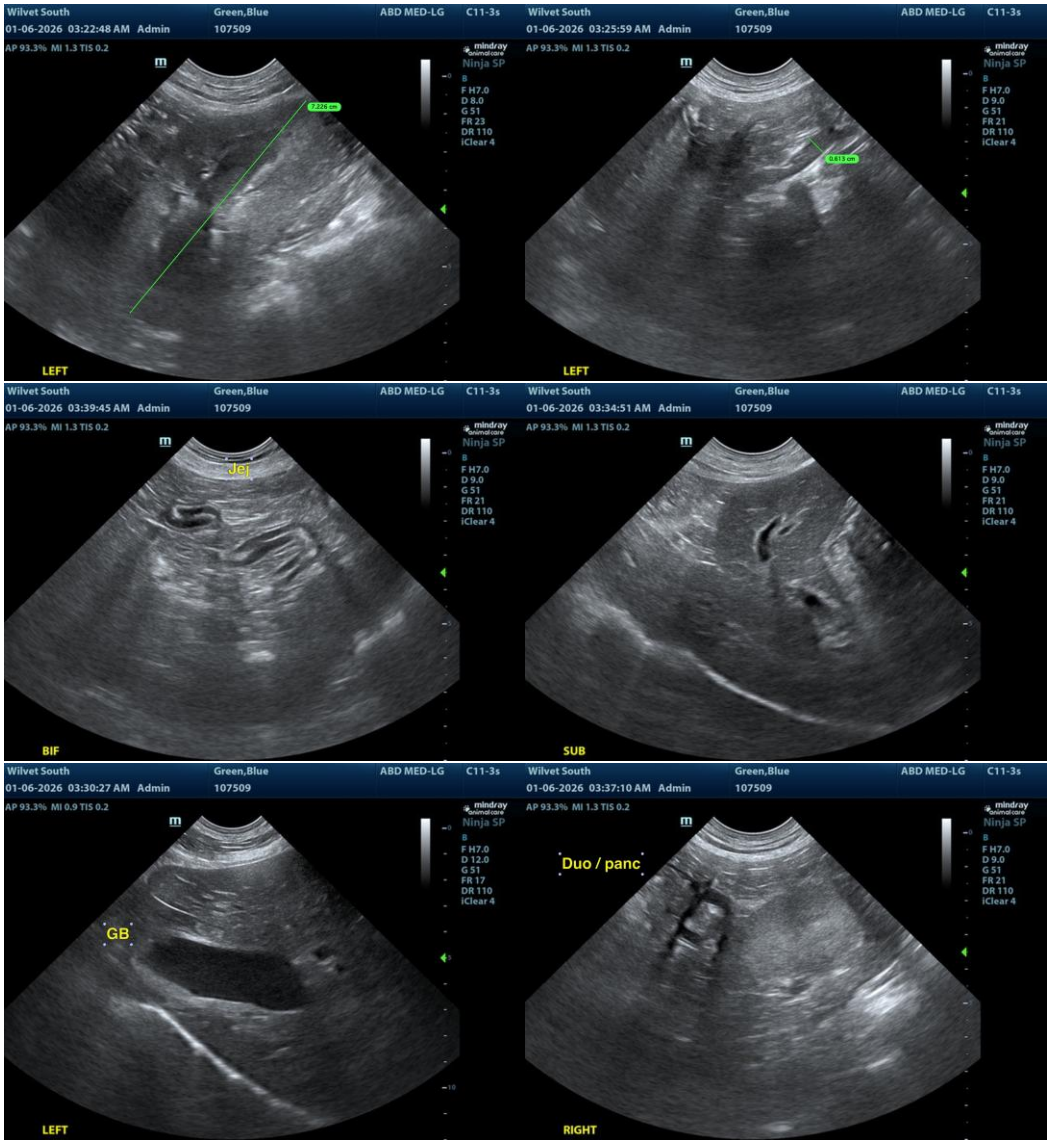

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com