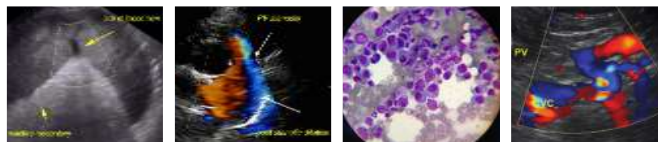




PATIENT	PRESENTING CLINICAL SIGNS
Lizzie Paradiso	Acute elevated liver values, vomiting, decreased appetite, lethargic. Hospitalized on IV fluids and B vitamins. Current meds: unasyn, baytril, convenia, pantoprazole
SPECIES	Abnormal PE/Chem/CBC/UA Results: CPL = abnormal, ALT 1965, AST 381, ALP 3510, GGT 24, Tbili 4.3, Bili unconj 2.6, cholesterol 473, Amylase 1929, Lipase 1453, CK 265 CBC = WNL
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Puggle	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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology.
9 years 8 months	
WEIGHT	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 4.8 cm in length. The right kidney measured 5.8 cm in length.
25.6 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.57 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 2.0 cm length x 0.58 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jessica Miller	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, nonexpansive, echogenic nodules were present throughout the medial cranial parenchyma, adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
HOSPITAL NAME	Liver/ Gallbladder
Bergen County VC	The liver presented enlarged in size with generalized mild hypoechoic parenchyma compared to the falciform fat and spleen. The liver parenchyma exhibited a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Lewis	
INVOICE	
12385	
DATE	
10/19/21	



PATIENT	<i>Gastrointestinal</i>
Lizzie Paradiso	The stomach presented intact yet subjective mild prominent wall layering with minor retained ingesta and chyme present in the pylorus lumen. The pylorus wall width measured 0.50 cm.
SPECIES	
Canine	The duodenum adjacent to the prominent to hypoechoic pancreas base and right pancreatic limb exhibited intact yet subjective mild prominent wall layering with subtle duodenal corrugation. The duodenum wall width measured 0.40 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable.
BREED	
Puggle	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Spayed Female	The pancreas exhibited generalized enlargement with asymmetrical to swollen contour and hypoechoic to nonhomogeneous parenchyma.
AGE	<i>Free Abdomen</i>
9 years 8 months	Regional peripancreatic echogenic mesentery was present without evidence of concurrent effusion.
WEIGHT	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
25.6 lbs.	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<i>Primary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Active pancreatitis with regional reactive peripancreatic mesentery - no overt concurrent peritonitis • Acute hepatopathy - subjectively benign, metabolic / reactive / vacuolar hepatopathy, concurrent inflammatory hepatopathy, or hepatobiliary disease, as well as nonobstructive cholestasis possible • Gastroduodenitis
IMAGING PERFORMED BY	<i>Secondary Findings</i>
Jessica Miller	<ul style="list-style-type: none"> • Benign splenic nodules - likely benign myelolipomas
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bergen County VC	A minor potential for pancreatic neoplasia which may present in a similar sonographic manner as active pancreatitis cannot be excluded, yet thought less likely.
REFERRING VET	
Dr. Lewis	Hospitalization with aggressive therapy for active pancreatitis and acute hepatopathy with as-needed gastrointestinal support is recommended. Recheck sonogram in 3-4 days pending clinical response to therapy to assess for evidence of progressive inflammatory hepatopancreatic or gastrointestinal changes is recommended if clinical signs continue.
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DATE	
10/19/21	



PATIENT

Lizzie Paradiso

SPECIES

Canine

BREED

Puggle

SEX

Spayed Female

AGE

9 years 8 months

WEIGHT

25.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Bergen County VC

REFERRING VET

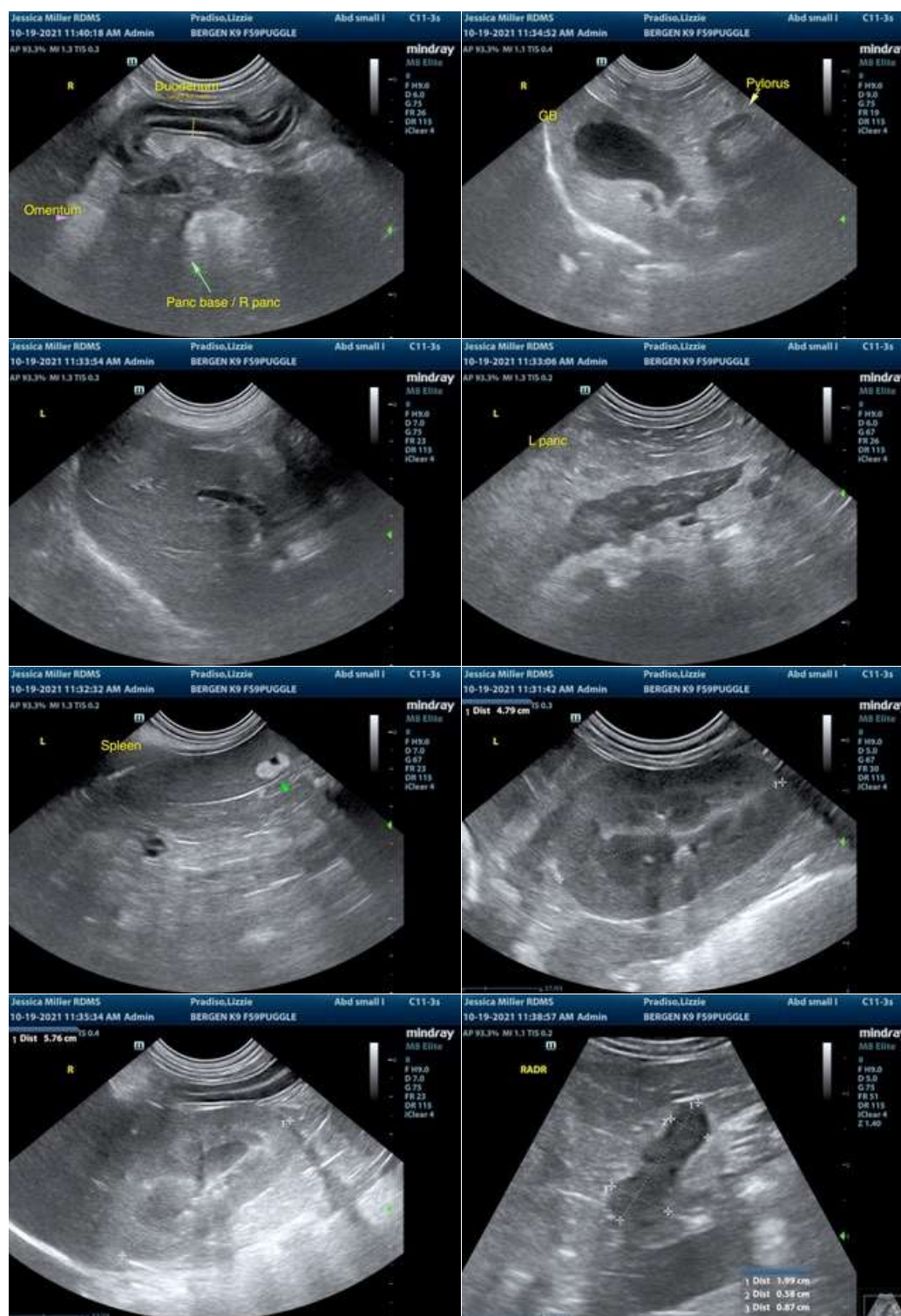
Dr. Lewis

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10/19/21





PATIENT

Lizzie Paradiso

SPECIES

Canine

BREED

Puggle

SEX

Spayed Female

AGE

9 years 8 months

WEIGHT

25.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Lewis

INVOICE

12385

DATE

10/19/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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