



**PATIENT PRESENTING CLINICAL SIGNS**

Gus Dietz open ... potential liver disease? renal disease? lethargic, not eating, trembling. no response to cerenia and metronidazole

**SPECIES**

Current Medications cerenia, cefazolin, metronidazole

Canine

Abnormal PE/Chem/CBC/UA Results: pcv 62.9%, bun 39, creat 1.9, Tp>12, alb 3.8 T. Bili 1.0, alt 376

**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 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 were noted.

MN

**AGE**

4yr

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 8.3 cm in length. The right kidney measured 8.0 cm in length.

**WEIGHT**

89

**INTERPRETED BY**

The area of the aortic trifurcation was free of pathology.

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

The area of the residual prostate appeared normal and free of pathology measuring 1.5 cm in diameter.

**Adrenal Glands**

**IMAGING PERFORMED BY**

The left adrenal gland exhibited subnormal size. The left adrenal gland measured 0.47 cm width at the caudal pole and 3.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 1.8 cm.

Jenna Walsh CVT

**Spleen**

**HOSPITAL NAME**

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.

Albany Animal Hospital

**REFERRING VET**

**Liver**

Dr. Flanagan

The liver presented normal in size. The hepatic parenchyma revealed diffuse mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Minor increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Subjective adequate to normal hepatic volume was present.

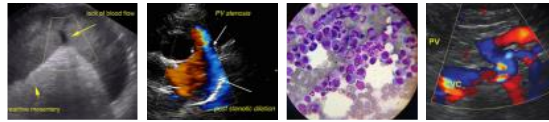
**INVOICE**

11933ag

**DATE**

10/19/2022

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT** *Gastrointestinal*

Gus Dietz The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.63 cm width. Mild gastric distension with primarily anechoic fluid was present.

**SPECIES**

Canine 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. The small intestinal wall measured 0.35 cm in width.

**BREED**

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

**SEX**

*Pancreas*

**MN**

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.

**AGE**

*Free Abdomen*

4yr

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

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

89

- Mild gastritis pattern, sonographically unremarkable small bowel
- Normal bilateral kidneys
- Hepatopathy exhibiting mild parenchyma hypoechogenicity
- Subnormal left adrenal gland-nonspecific

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the liver presentation was non-specific with considerations including mild yet acute hepatopathy such as acute hepatitis given the elevated ALT, reactive hepatopathy or other hepatopathy without overt neoplastic criteria.

**IMAGING PERFORMED BY**

Jenna Walsh CVT

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for potential identification of inflammatory cell type if present. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A resting cortisol level +/- ACTH stim test if level is <2.0 is warranted to rule out occult Addison's disease.

**HOSPITAL NAME**

Albany Animal Hospital

Baseline renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Flanagan

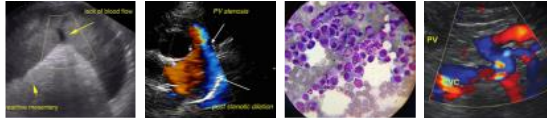
Empirically and pending additional diagnostics, as needed GI support and therapy for mild gastritis would be appropriate.

**INVOICE**

11933ag

**DATE**

10/19/2022



**PATIENT**

Gus Dietz

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

4yr

**WEIGHT**

89

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Albany Animal Hospital

**REFERRING VET**

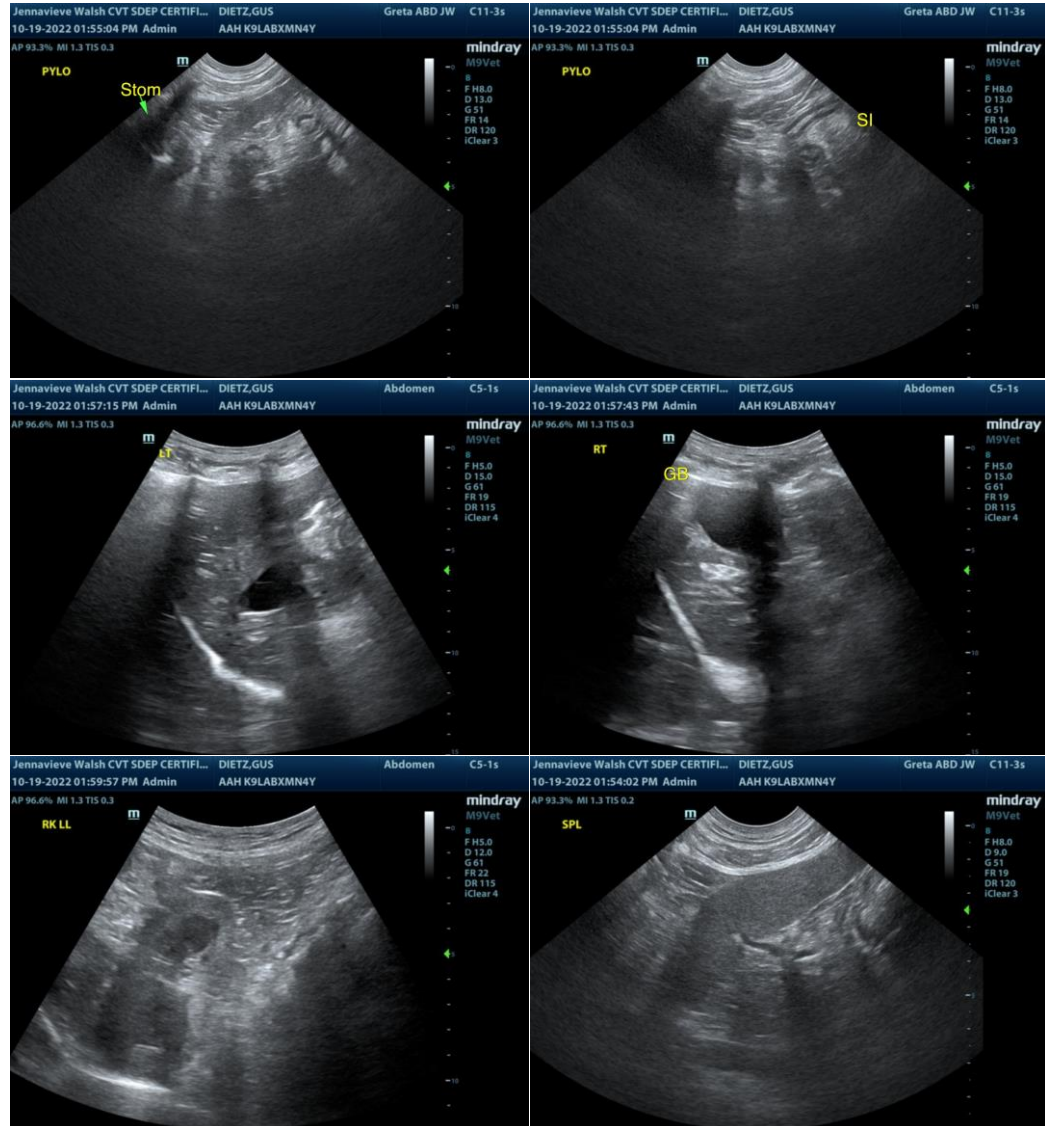
Dr. Flanagan

**INVOICE**

11933ag

**DATE**

10/19/2022





**PATIENT**

Gus Dietz

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

4yr

**WEIGHT**

89

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Albany Animal Hospital

**REFERRING VET**

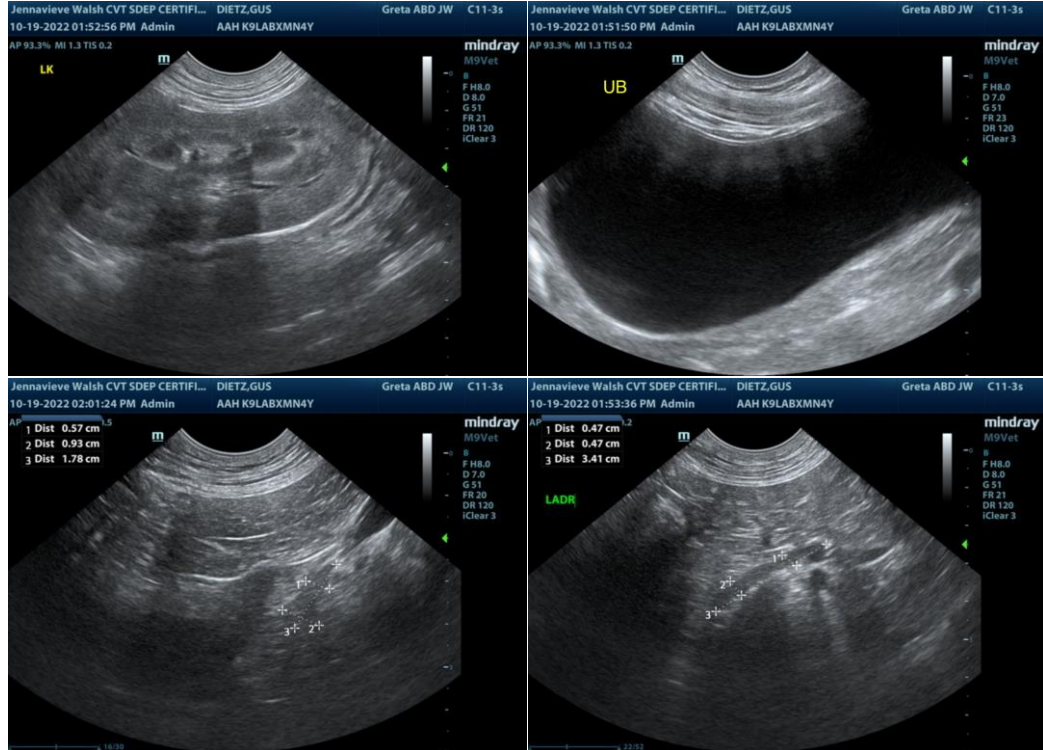
Dr. Flanagan

**INVOICE**

11933ag

**DATE**

10/19/2022



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