



PATIENT	PRESENTING CLINICAL SIGNS
Max Augustin	–vomiting, lethargy, diarrhea, markedly elevated liver and kidney values Abnormal PE/Chem/CBC/UA Results: please see attached BW, leptospirosis results pending.
SPECIES	ALP 809, ALT 84, GGT 9, Na/K ratio 28, BUN (>46.4), Creatinine not read, SDMA 61, Phosphorus (>5.2)
Canine	Urine specific gravity- 1.014
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Cavapoo	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
MI	The residual prostate exhibited expected presentation for an intact canine puppy.
AGE	The area of the aortic trifurcation was free of pathology.
12 weeks	The kidneys exhibited subjective mild enlargement compared to expected renal size, given the size of the patient. Both kidneys exhibited mild uniform increased cortex echogenicity yet maintained a 1:3 cortex/medulla ratio with discernable corticomedullary architecture and adequate corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.
WEIGHT	
2.74 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.28 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 1.9 cm length x 0.45 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Reshny, RVT	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.
HOSPITAL NAME	Liver/ Gallbladder
East Credit VH	The liver was mildly enlarged in size exhibiting mild generalized hypoechoic parenchyma. Mild increased portal vasculature borders were 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Webster	
INVOICE	
12433	
DATE	
10/25/21	



PATIENT	<i>Gastrointestinal</i>
Max Augustin	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid was present. The gastric body wall width measured 0.26 cm.
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 jejunum wall width measured 0.24 cm.
BREED	
Capapoo	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MI	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.
AGE	<i>Free Abdomen</i>
12 weeks	Subtle peritoneal and potential retroperitoneal free fluid were noted. No overt lymphadenopathy was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
2.74 kg	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Mild hepatomegaly with mild reduced parenchyma echogenicity • Acute nephropathy • Gastritis with mild gastric stasis • Sonographically unremarkable small bowel, suspect concurrent enteritis
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kelly Reshny, RVT	No evidence of subnormal liver size or renal dysplasia was noted. Overall, the presentation of the liver and kidneys is most suggestive of acute hepatorenal disease or insult which may include infectious disease, hepatorenal toxic insult, or other. Some contribution to the ALP elevation may be normal for a young puppy.
HOSPITAL NAME	
East Credit VH	
REFERRING VET	Consider exposure to Leptospirosis /infectious (Leptospirosis testing pending), grape/raisin toxicity, alcohol/bread dough/ethylene glycol ingestion, or other.
Dr. Webster	
INVOICE	Hospitalization with diuresis protocol with monitoring of urine output, body weight, and as needed supportive care are indicated. A resting cortisol level may be considered to rule out occult Addison's Disease, although thought less likely.
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Max Augustin

SPECIES

Canine

BREED

Cavapoo

SEX

MI

AGE

12 weeks

WEIGHT

2.74 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

East Credit VH

REFERRING VET

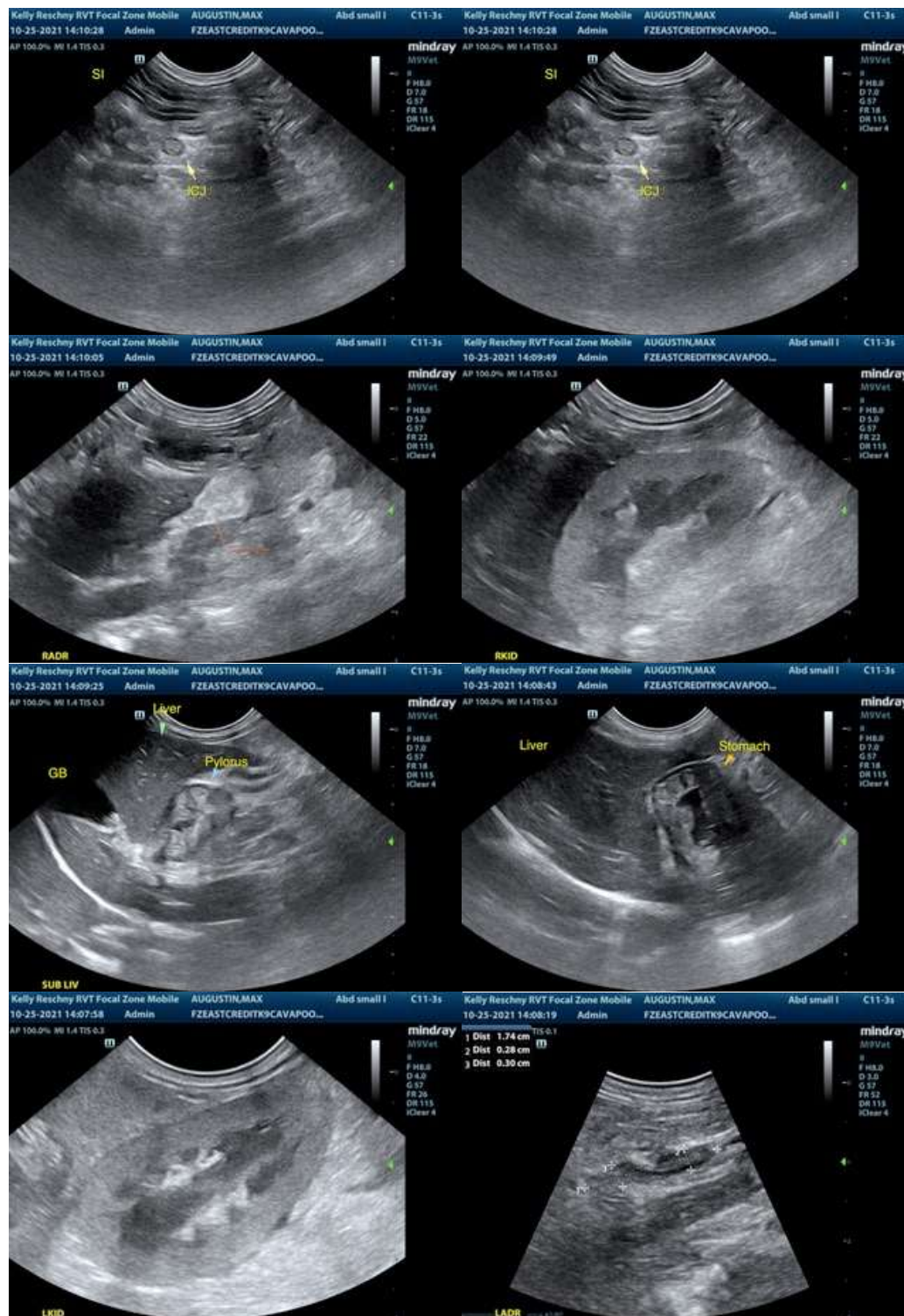
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PATIENT

Max Augustin

SPECIES

Canine

BREED

Cavapoo

SEX

MI

AGE

12 weeks

WEIGHT

2.74 kg



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

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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Kelly Reshny, RVT

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