



PATIENT PRESENTING CLINICAL SIGNS

Rhett Rescue History: Not eating or gaining weight, lethargy, bilateral cryptorchid
Medication: Clavamox

SPECIES
Canine Unremarkable liver enzymes, Tbili 0.6, BUN 18, Albumin 2.8, Creatinine 0.4, WBC 18.7 with neutrophilia and monocytosis, Fasting bile acids 66.8, Post prandial bile acids (>420)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mini Poodle **Urinary System**
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, 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.

SEX
Male The area of the prostate was free of overt pathology.

AGE
8 months The area of the aortic trifurcation was free of pathology.

WEIGHT
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 4.0 cm in length. The right kidney measured 4.0 cm in length. No evidence of renomegaly, increased corticomedullary echogenicity, or mineralization was noted.

INTERPRETED BY

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

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.34 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective assessment of the portal vein revealed no overt evidence of a portosystemic shunt with potential subjective subnormal portal vein size compared to the caudal vena cava. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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PATIENT

Gastrointestinal

Rhett Rescue

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.

SPECIES

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.

Canine

Normal visible colon wall layers were present with subjective soft feces in lumen.

BREED

Pancreas

Mini Poodle

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.

SEX

Male

Free Abdomen

AGE

8 months

Intermittent, mid to caudal abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

- Sonographically unremarkable gastrointestinal tract, subjective soft feces present in colon
- Sonographically unremarkable liver - no overt portosystemic shunt
- Intermittent subjectively benign mesenteric lymph nodes - mild reactive hyperplasia or immunologic immaturity likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

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ARDMS/RVT

Recommend recheck fasting and post prandial bile acids to correlation with most recent bile acid test. If persistently elevated bile acid testing, potential considerations may include primary hepatic parenchymal disease (nonspecific, given the lack of current liver enzyme elevations), portal hypoplasia / microvascular dysplasia, or small shunt not visualized in this study. If strong clinical concern for portosystemic shunt, Gold Standard CT with contrast would likely be ideal for further assessment. Core or surgical hepatic biopsy may be required for a definitive diagnosis.

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An obvious retained Intraabdominal testicle was not definitively evident, yet cannot be definitively excluded given the potential subnormal size of the retained testicle. A thorough evaluation of the inguinal regions is suggested.

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Given the patient's inability to gain weight, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening cortisol +/- ACTH Stimulation test if resting cortisol is <2.0 may be considered. Broad-spectrum deworming if not recently done is recommended.

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Rhett Rescue

SPECIES

Canine

BREED

Mini Poodle

SEX

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AGE

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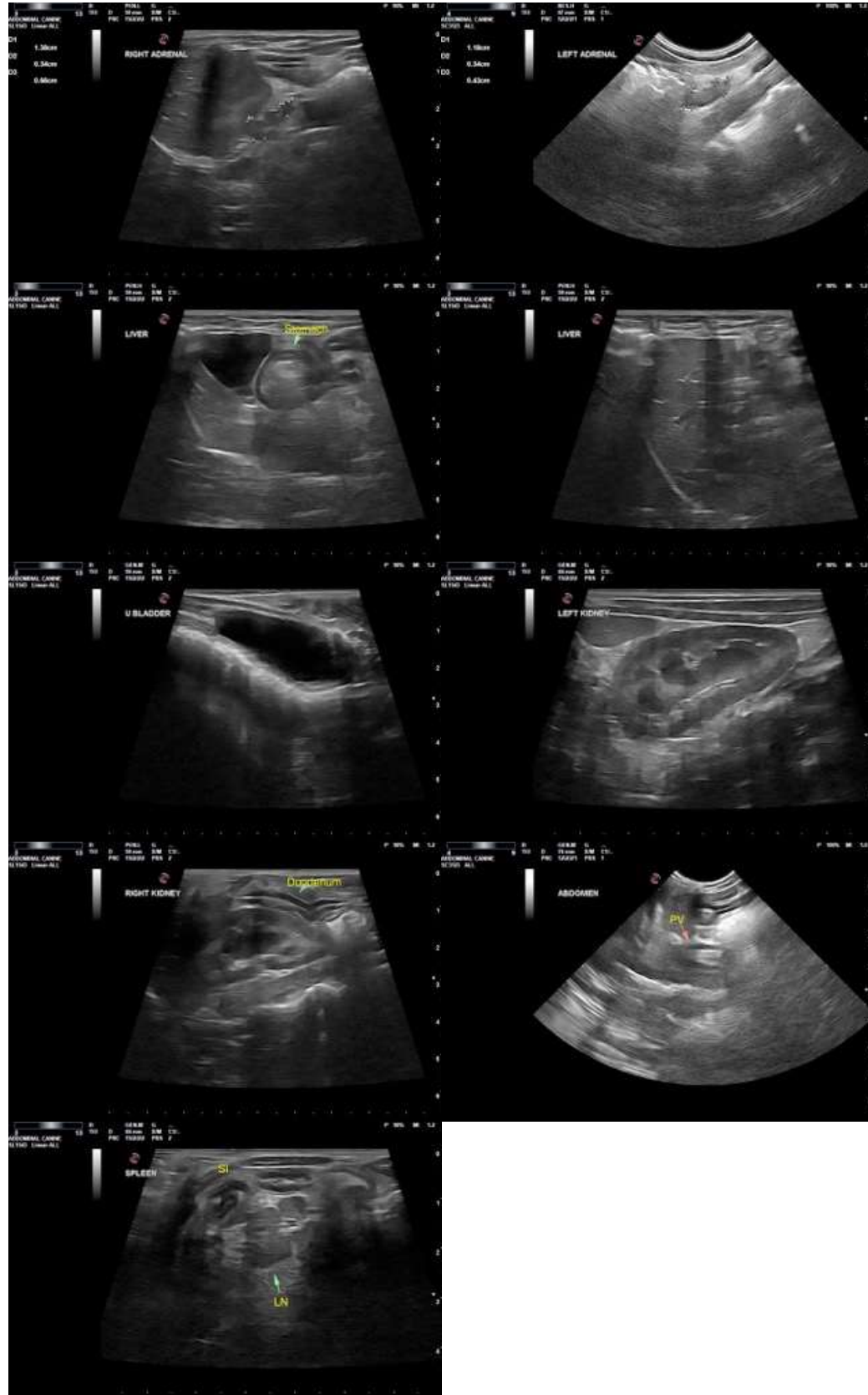
Dr. Bandekar

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PATIENT

Rhett Rescue

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.

SPECIES

Canine

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.

BREED

Mini Poodle

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

SEX

Male

AGE

8 months

WEIGHT

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