



PATIENT PRESENTING CLINICAL SIGNS

Bear Becker Not eating, vomiting, icteric.
 Medication: Amoxi, Metronidazole, Pred, Denamarin, Cerenia

SPECIES
 Canine
 ALT >1000, ALP >993, GGT 26, Tbili 10.0, Glucose 126

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix *Urinary System*

The urinary bladder was normal in size and tone. Anechoic urine was primarily present in the lumen with moderate, dependent, hyperechoic sand, along with nondependent particulate sediment. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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

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

2013 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 7.5 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT
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Adrenal Glands

The bilateral adrenal glands were mildly subnormal in size likely owing to suppression secondary to Prednisone therapy. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland measured 0.48 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
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HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

Liver/ Gallbladder

The liver presented normal in size. The parenchyma of the liver exhibited nonuniform increased echogenicity compared to the spleen and renal cortices with nonuniform irregular to patchy echotexture. Reduced distinction and visualization of the portal structures was present. The gallbladder was subnormal in size without evidence of gallbladder distention. Minimal anechoic content was present with generalized mild to moderate gallbladder wall edema. The gallbladder wall measured 0.36 cm width. The cystic biliary and common bile ducts were not definitively visualized without overt evidence of post hepatic obstructive criteria.

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PATIENT ***Gastrointestinal***

Bear Becker The lumen of the stomach contained moderate hyperechoic ingesta exhibiting subtle dirty to progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. No overt evidence of mechanical pyloric outflow obstruction was noted.

SPECIES

Canine The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with intermittent minor mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

BREED

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

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Pancreas

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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

Free Abdomen

2013

Mild volume subjective anechoic peritoneal free fluid was present. Generalized mild hyperechoic mesentery was noted. No overt lymphadenopathy or omental masses were visualized.

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ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous to irregular liver
- Subnormal gallbladder size with gallbladder wall edema
- Gastric ingesta with suspect generalized gastroenteritis pattern
- Mild volume primarily anechoic peritoneal free fluid and generalized mild hyperechoic mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific, yet sonographically most suggestive of chronic hepatopathy. Considerations may include chronic active hepatitis, cholangiohepatitis, fibrosis, cirrhosis, vacuolar hepatic changes, hyperplasia, hematopoiesis, or other hepatopathy, with infiltrative neoplasia considered less likely yet cannot be definitively excluded. Potential for end-stage progressive chronic hepatic disease is possible.

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The effusion in this case, although nonspecific, may be secondary to chronic severe hepatopathy and secondary portal hypertension. Further assessment may include hepatic FNA cytology, assuming normal clotting status +/- Leptospiriosis titers / PCR if potential exposure, as well as abdominal effusion analysis, cytopsin cytology +/- C/S if evidence of inflammatory cells. No evidence of post hepatic obstructive criteria was noted.

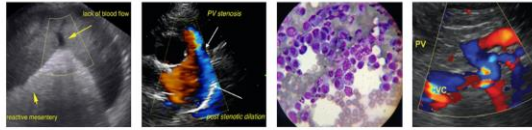
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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without

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evidence of foreign material. Monitoring for evidence of persistent gastric stasis or gastric emptying with as-needed GI support is recommended.

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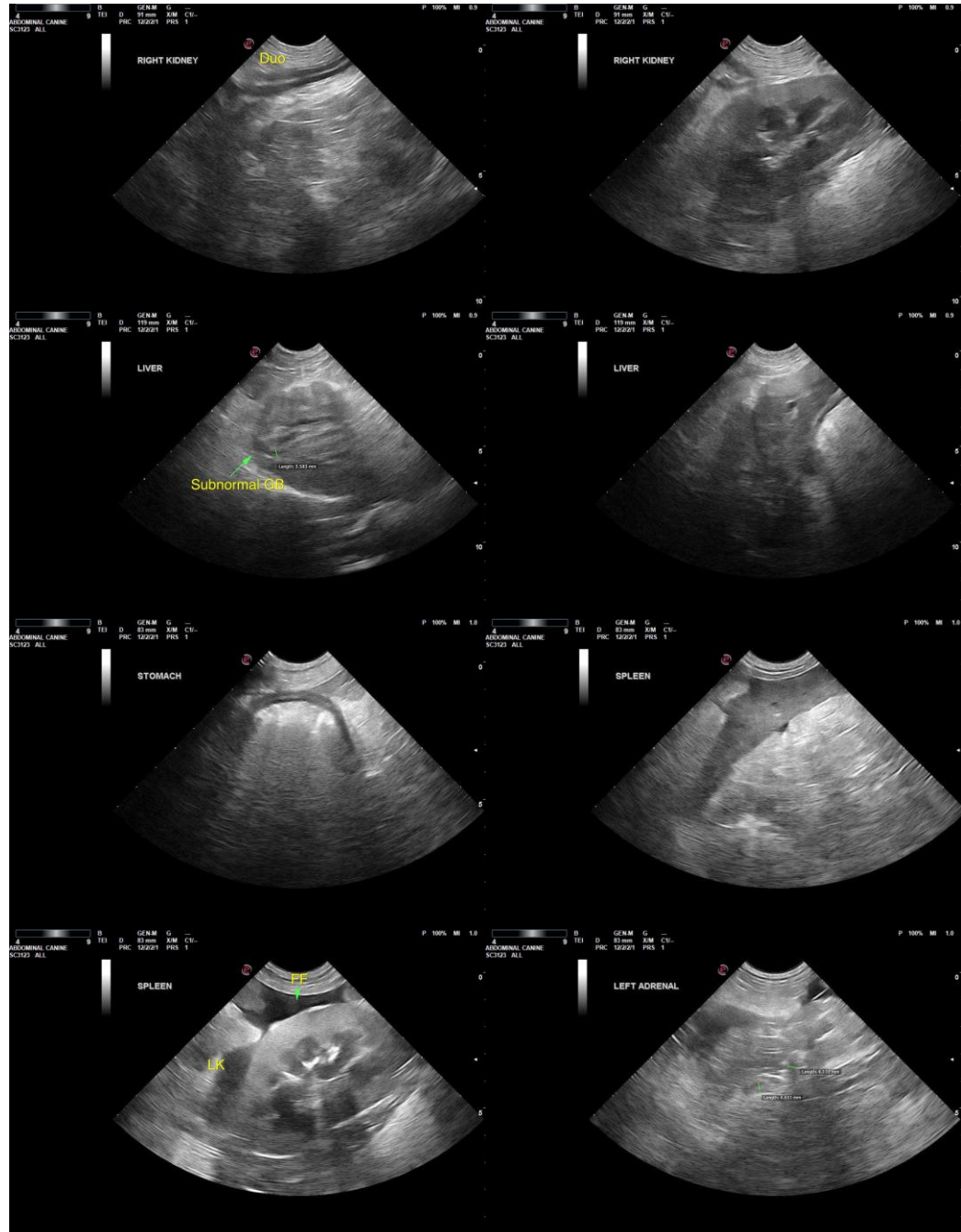
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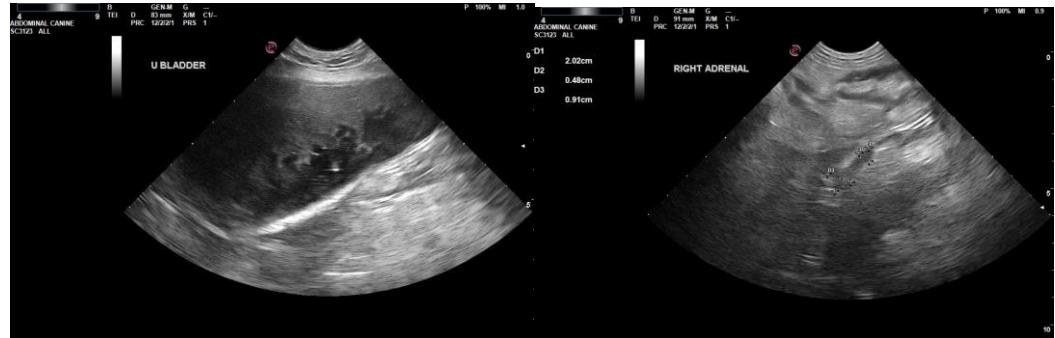
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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