



PATIENT

Maverick Reese

SPECIES

Canine

BREED

Pitbull

SEX

Male, Neutered

AGE

8 yrs

WEIGHT

43 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia Animal
Clinic

REFERRING VET

Dr. Laura Baker

INVOICE

15272

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History of sensitive stomach, both to food and medications. Currently on Purina EN to manage. History of atopic dermatitis with malassezia overgrowth. Vasculitis (pinnal margins) 7/2017 & 12/2018. The first was thought to be triggered by Apoquel. Has a history of Atopica & Pentoxifylline use for allergies & vasculitis, but not on either currently. Atopica caused vomiting and poor appetite, responded reasonably well to Cerenia, Metoclopramide and giving with food. Currently on Cytopoint injections. Has also had Fluconazole with mild increase in ALT (~254) following use. ALT elevation has not resolved since D/C Fluconazole and has increased slightly- currently 304. 4dx heartworm test negative January 2022, currently on Simparica Trio monthly. Has been treated with Adequan injections, but not within the past month. Owner titers for DAP vaccinations, but Maverick does still receive Lepto & Rabies vaccinations Exam on October 8th was normal except for 4 lb weight loss. Survey radiographs showed small liver, subjectively enlarged spleen & bridging spondylosis of T5-6.

Abnormal PE/Chem/CBC/UA Results: CBC was normal except for a very slight decrease in total white blood cells (4.41) & neutrophils (2.81). Chemistry normal except for ALT of 304. Baseline cortisol: 3.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 6.2 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.35 cm width at the cranial pole. 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 0.51 cm width at the cranial pole.

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.



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Liver/ Gallbladder

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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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy - benign
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although nonspecific, the appearance of the liver is consistent with benign hepatopathy with primary concern for low-grade inflammatory hepatopathy, given the elevated ALT. Further assessment may include screening hepatic FNA cytology to assess for inflammatory cells or possible evidence of anagenic stimulation. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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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 evidence of foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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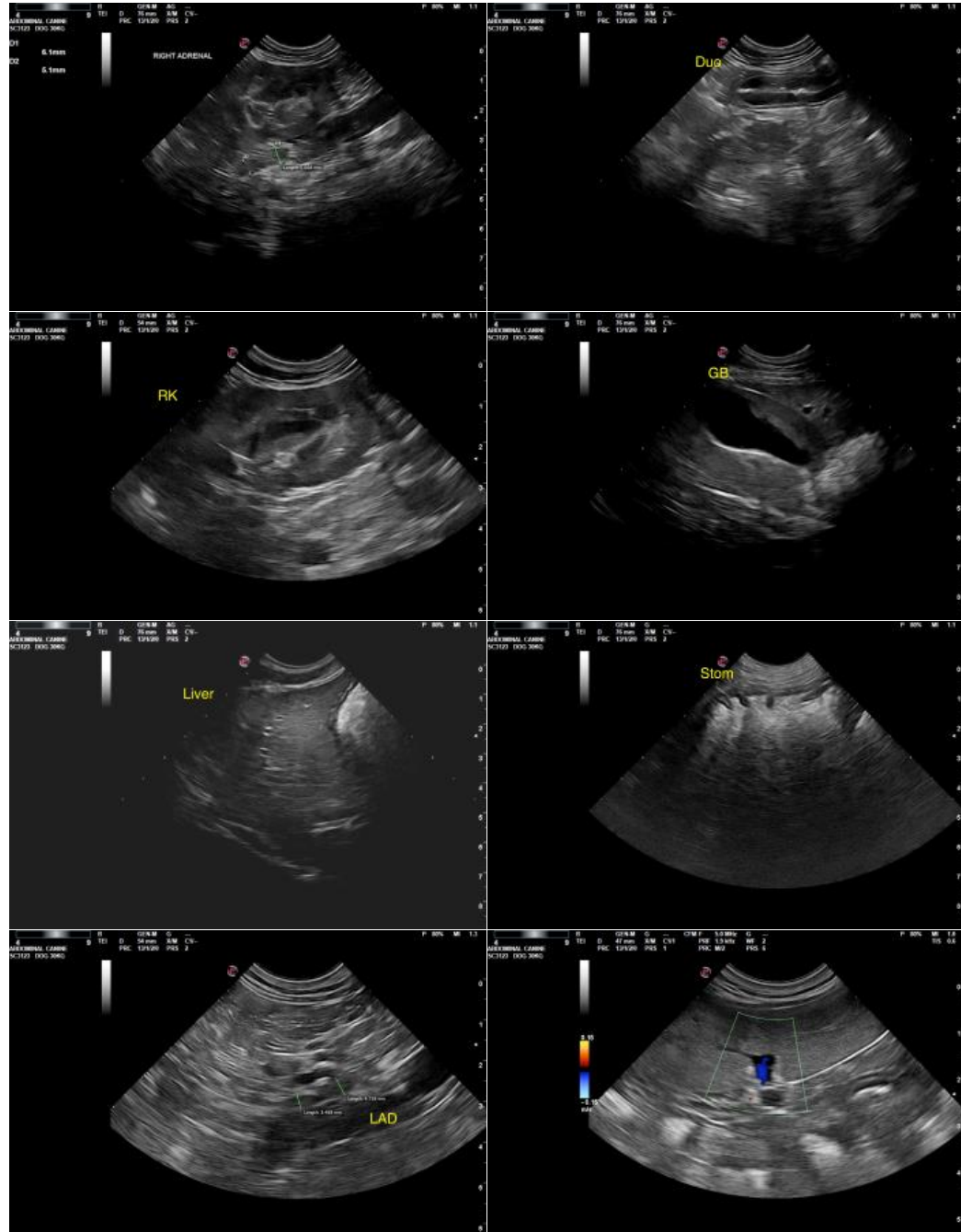
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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