



PATIENT PRESENTING CLINICAL SIGNS

Ruthie Santucci History: PU/PD, polyphagic, lethargic, distended abdomen, history of 5/6 murmur w/o heart failure/pulmonary edema

SPECIES Platelets 819, Glucose 131, ALT 276, ALP 3262, GGT 24, Phos 6.8

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Boston Terrier 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.

SEX FS The area of the aortic trifurcation was free of pathology.

AGE 12 years Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or overt pyelonephritis was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

WEIGHT 23.2 Pounds *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.51 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 2.4 cm length x 0.70 cm width at the caudal pole. No evidence of adrenal tumors was noted.

INTERPRETED BY

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

IMAGING *Spleen*

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello

INVOICE

12473

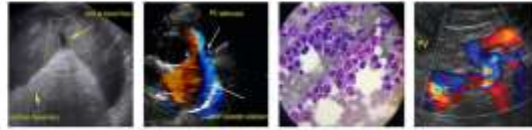
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Liver/ Gallbladder

The liver exhibited generalized enlargement with structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



PATIENT

Gastrointestinal

Ruthie Santucci

Moderate, echogenic to progressively shadowing ingesta was present in the stomach. The visualized gastric walls exhibited intact yet mild subjective prominent wall layering. The ventral gastric body wall width measured 0.48 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 duodenum wall width measured 0.48 cm.

BREED

Boston Terrier

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

SEX

FS

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.

AGE

12 years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

WEIGHT

23.2 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy - subjectively benign, metabolic, reactive, or vacuolar hepatopathy, hepatic inflammatory parenchymal or hepatobiliary process (infectious, immune-mediated, etc.), or other hepatopathy possible with no overt evidence of neoplastic criteria which is considered less likely
- Normal gallbladder
- Mild age-related kidneys
- Moderate gastric ingesta

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs and presence of thrombocytosis, full adrenal workup including LDDST is warranted. Leptospirosis titer/ PCR and full urinary workup including urine C/S and baseline UPC on a sterile urine sample may be considered. Empirically, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Pending additional diagnostics, hepatic sampling may be required for further clarification.

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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. The sonographic presentation of the ingesta was most suggestive of food with subjective less likely potential for foreign material. If documented NPO, monitoring for normal gastric emptying is recommended.

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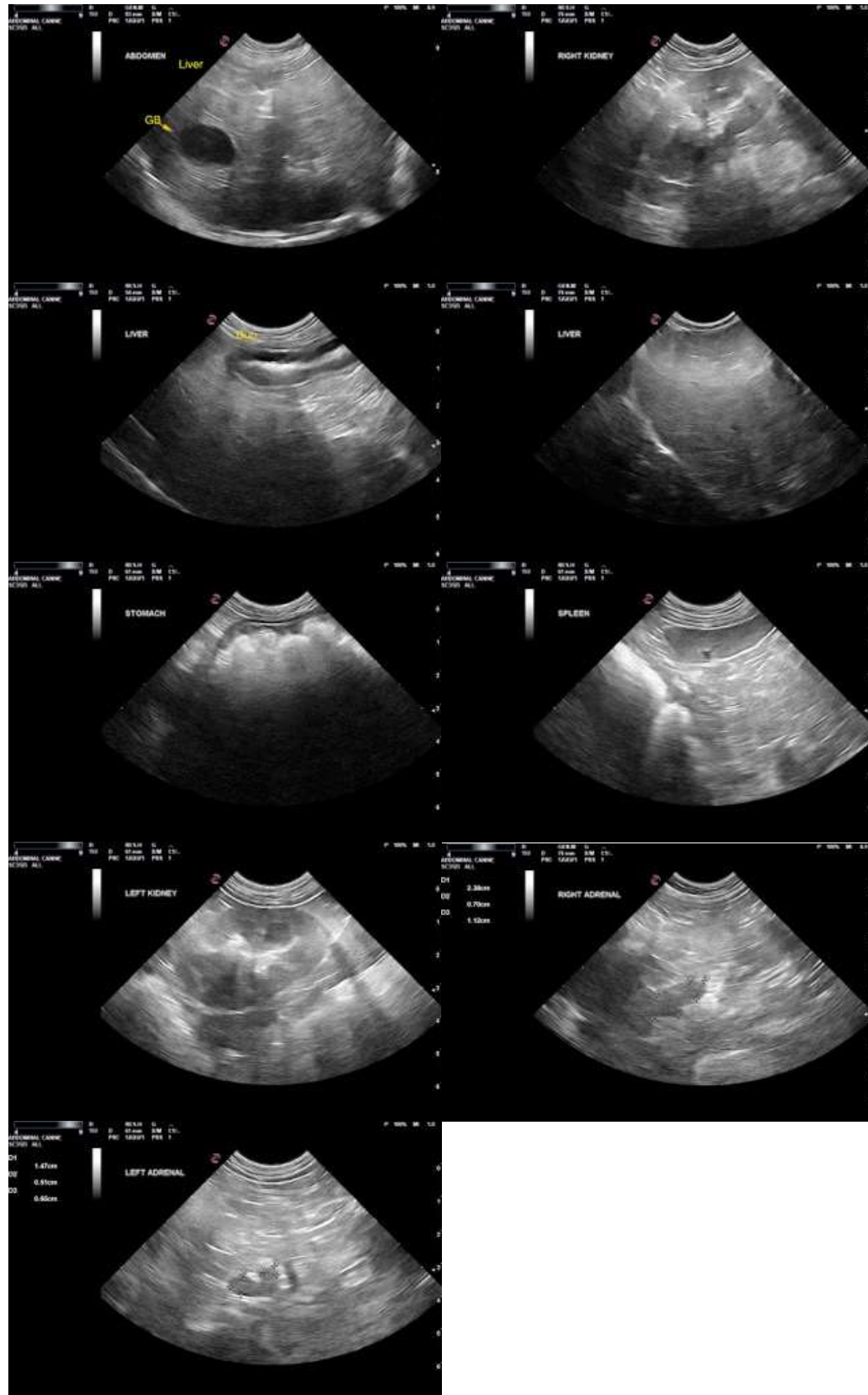
Dr. DiNello

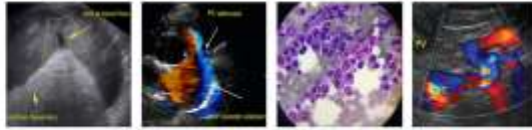
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PATIENT

Ruthie Santucci

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

Boston Terrier

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

FS

AGE

12 years

WEIGHT

23.2 Pounds

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