



PATIENT PRESENTING CLINICAL SIGNS

Elsa Weida 2 week duration decreased appetite, occasional vomiting, history of epilepsy.

Medication: Pepcid, Cerenia, Fortiflora, Phenobarbital

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 392, ALT 202, spec cPL wnl, WBC 19.9 w/mild neutrophilia, HCT 50.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Siberian Husky

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

FS

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 5.9 cm in length. The right kidney measured 6.3 cm in length.

AGE

2016

WEIGHT

62.9

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was not definitively visualized. No obvious pathology was present in the area of the right adrenal gland.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH Allen

Liver

The liver was mildly enlarged in size with normal 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Meyer

Gastrointestinal

INVOICE

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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.

DATE

10/28/2022



PATIENT

Elsa Weida

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.

SPECIES

Canine

Pancreas

The left limb of the pancreas exhibited subtle prominent size with mild capsule asymmetry and non-homogeneous discretely nodular parenchyma. The right pancreatic limb was indistinctly visualized yet exhibited subjective mild mixed echogenic parenchyma and discrete nodules. Evidence of mild regional peripancreatic reactive mesentery was noted.

BREED

Siberian Husky

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

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ULTRASONOGRAPHIC FINDINGS

AGE

2016

- Prominent non-homogenous to discretely nodular pancreas-evidence of mild peripancreatic reactive mesentery
- Sonographically unremarkable GI tract
- Benign hepatopathy-vacuolar hepatopathy, inflammatory hepatopathy with some contribution of hepatic enzyme elevation from phenobarbital possible, no evidence of neoplastic criteria
-

WEIGHT

62.9

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the spec cPL was normal, the sonographic presentation of the pancreas is suggestive of mild potentially mixed pattern chronic to chronic active pancreatitis. No overt evidence of pancreatic neoplastic criteria was observed. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Continued monitoring of hepatic enzymes for evidence of progressive elevation (ALT-which may suggest phenobarbital toxicity) is recommended. Empirically as needed GI support and low-grade to chronic pancreatitis protocol would be reasonable. Sonographic reassessment of the liver, pancreas and GI tract is suggested if persistent/progressive GI signs despite supportive care, increasing hepatic enzyme elevations or weight loss. Resting cortisol level is suggested to assess for atypical Addison's Disease.

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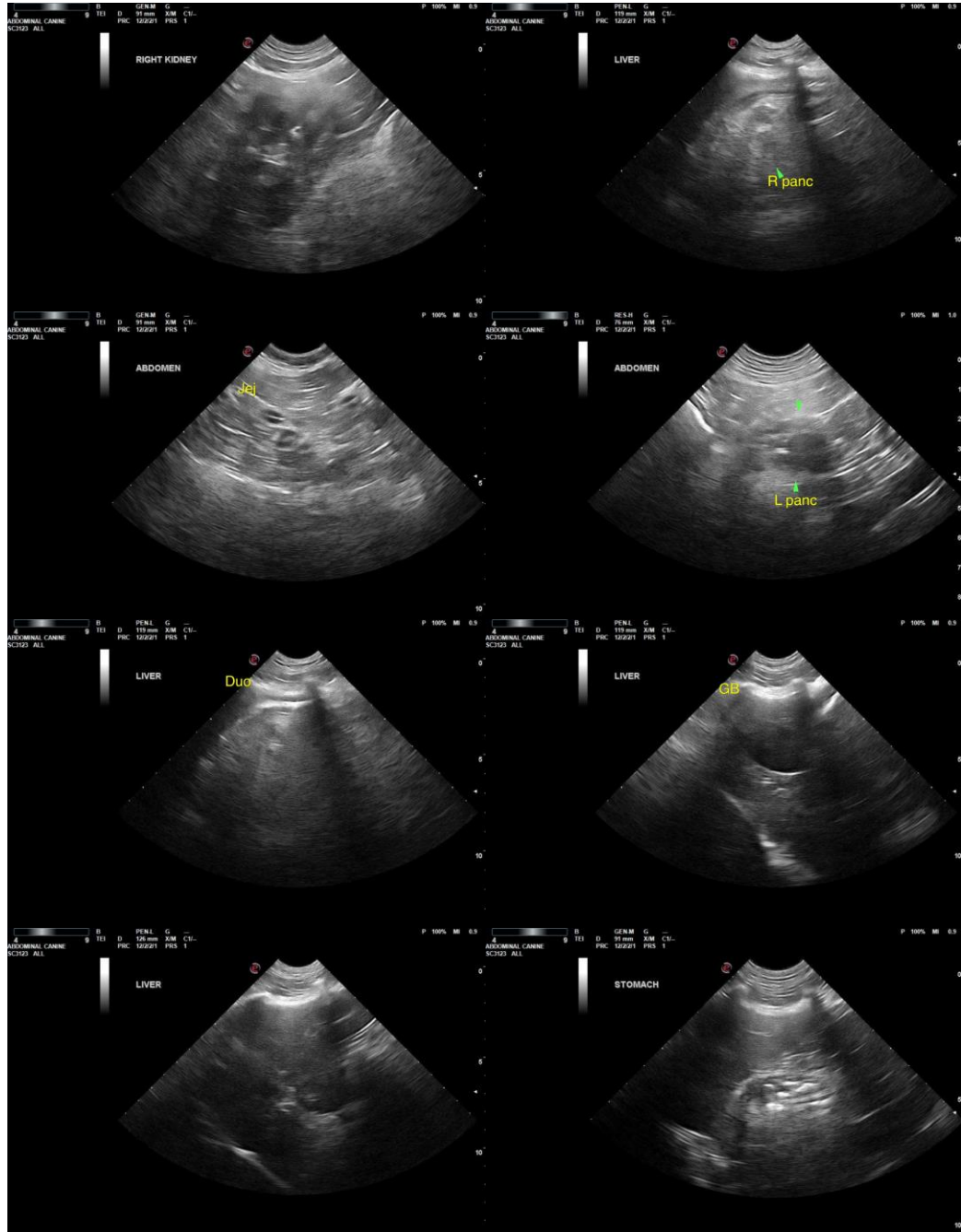
Dr. Meyer

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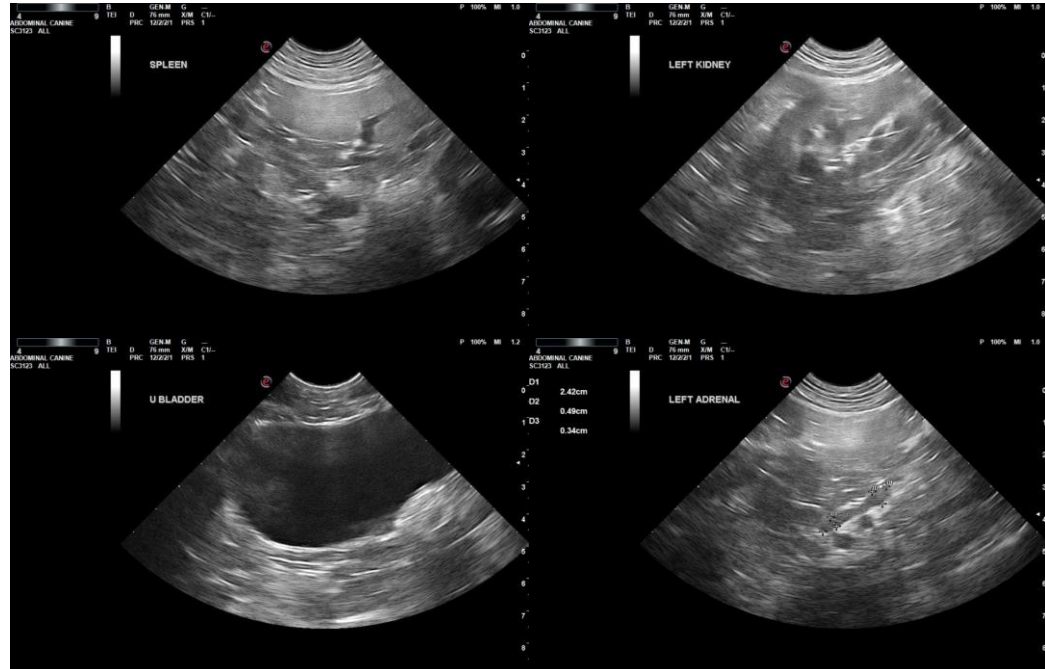
Siberian Husky

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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.

INTERPRETED BY

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

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

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