



PATIENT

Jasper Kaur

SPECIES

Canine

BREED

Toy Poodle

SEX

MN

AGE

18mo

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Sanctuary Vet
Hospital

REFERRING VET

Dr. Thusari

INVOICE

12074ag

DATE

10/31/2022

PRESENTING CLINICAL SIGNS

Presented to another clinic for lethargy, some vomiting, in appearance. Labs at that time NSF. Presented to rDVM with continued clinical signs. Lab work repeated with abnormalities. Clinical signs developed after a walk with owner.

Abnormal PE/Chem/CBC/UA Results: Mild elevations in ALT, AST, ALP. Marked elevations in amylase and lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 4.6 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 0.28 cm width at the caudal pole and 0.23 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 0.38 cm width at the caudal pole and 0.56 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.

Liver

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 with thin walls and primarily anechoic luminal content with mild non-dependent non-organized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.40 cm in width.



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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

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Pancreas

The pancreas base and right pancreatic limb exhibited mild prominent size with mild capsule asymmetry and heterogeneous parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Focally enlarged mesenteric lymph nodes were present in the mid abdomen and adjacent to the right limb of the pancreas. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.7 cm.

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ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy-benign
- Prominent to heterogeneous pancreas base and right pancreatic limb
- Mild gastroenteritis pattern with mild retained gastric ingesta
- Intermittent mesenteric lymphadenopathy-not overtly consistent with neoplastic criteria
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas is recommended. A spec cPL to correlate with the elevations in AMYL/LIPASE is recommended. Primary or secondary metabolic/reactive/vacuolar or inflammatory hepatopathy are all potentials. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment if clinically indicated or progressive hepatic enzyme elevations. Empirically as needed GI support, therapy for pancreatitis and hepatosupportive medications with assessment of response would be reasonable.

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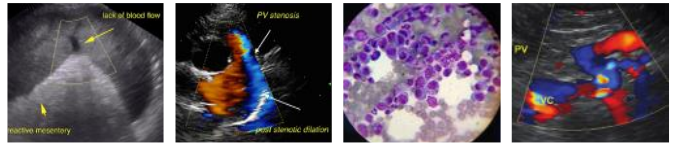
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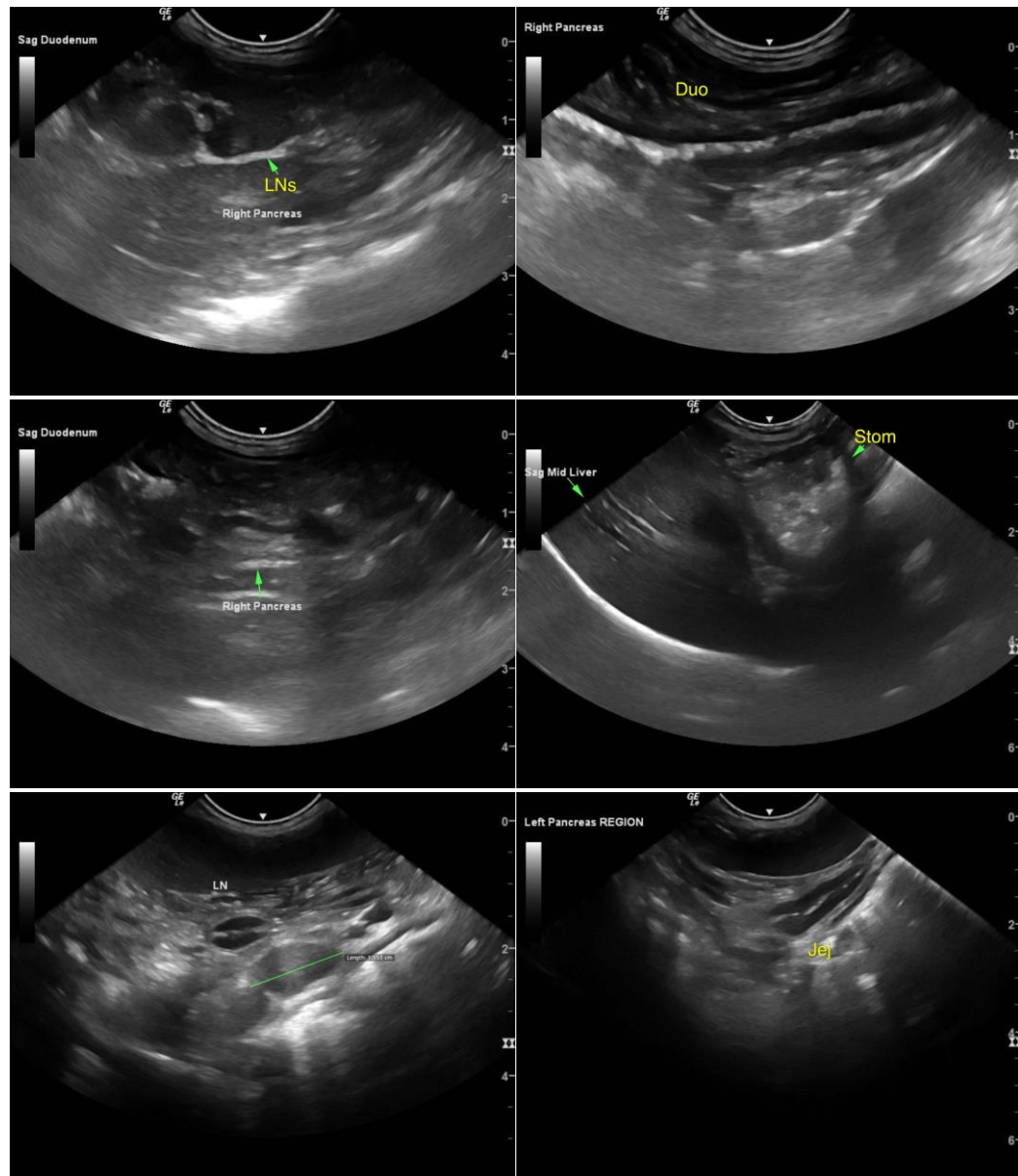
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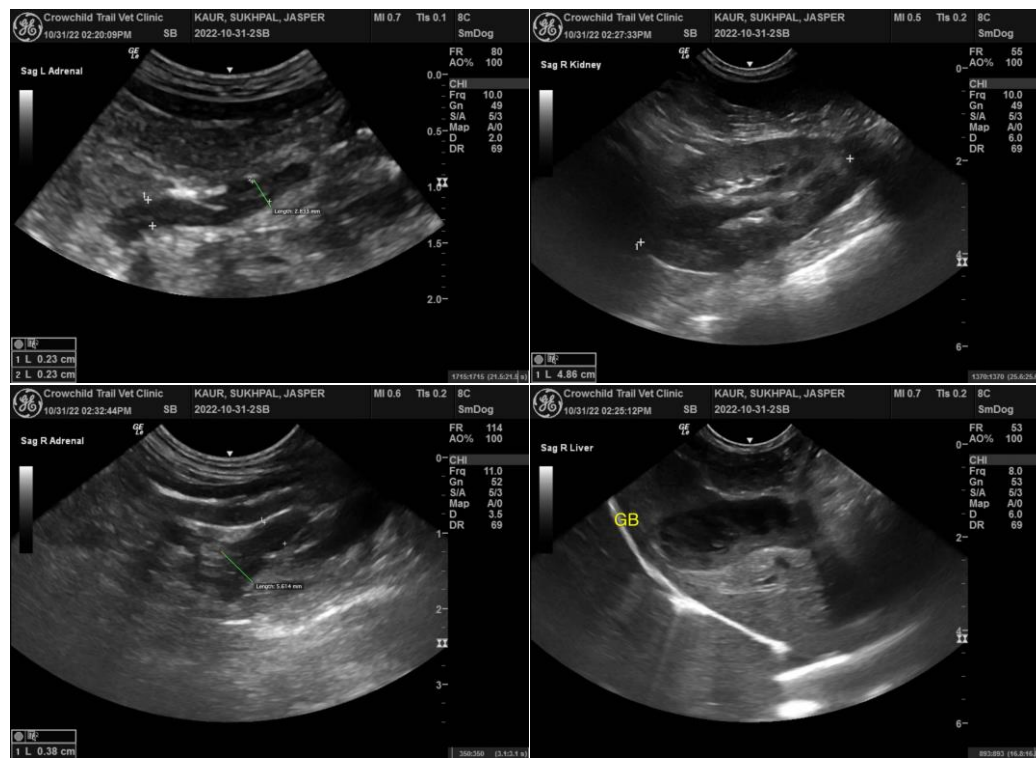
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com