



PATIENT

Pearl LaJeunesse

SPECIES

Canine

BREED

Bull Terrier

SEX

FS

AGE

12

WEIGHT

54.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury Veterinary
Hospital

REFERRING VET

Dr. Fritz

INVOICE

11810ag

DATE

10/04/2022

PRESENTING CLINICAL SIGNS

Pearl was diagnosed with pemphigus foliaceus earlier this year. She was started on prednisone and gradually switched to cyclosporin. However, she did not tolerate the cyclosporin and her skin relapsed so she was placed back on prednisone. She has significant dental disease and is scheduled for a COHAT but due to some labwork abnormalities, her age, and her distended abdomen we wanted to check chest x-rays and an abdominal ultrasound prior to anesthesia. Medications: Fish oil daily, Tramadol 50 mg-1 tab SID, Fluoxetine 10 mg- 1 BID, Proin 25 mg-1 tab BID, Prednisone 20 mg-1/2 tab SID, UT Strength, Multivitamin

Abnormal PE/Chem/CBC/UA Results: PE - mod distended abdomen and very tense on palpation. Significant periodontal disease, gingival hyperplasia, paw pad hyperkeratosis CBC - mild normocytic, normochromic non-regenerative anemia (38%), Chem - mild ALP and ALT elevation, elevated cholesterol, no azotemia T4 - 1.4 ug/dL (normal) UA - USG 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Subjective minor decreased proximal urethral tone to a depth of 2 cm which may correlate with history of incontinence. 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 was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate pyelectasia present in the left kidney. A solitary thinly walled cyst containing anechoic fluid was present in the mid right kidney measuring ~ 1.7 cm in diameter. The left kidney measured 7.3 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to peri-adrenal artifact and suspected suppression due to prednisone therapy.

Spleen

The spleen exhibited normal size and areas of thickened to hyperechoic medial capsule. Generalized mild parenchyma heterogeneity with discrete areas of hyperechoic medial parenchyma were present suggestive of myelolipomas or potential previous infarcts.

Liver

The liver was mildly enlarged in size, 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 mild to moderate dependent mildly hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Pearl LaJeunesse

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.

SPECIES

The ventral gastric body wall measured _ cm in width.

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.

BREED

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

Bull Terrier

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Age related spleen with suspect areas of medial capsule fibrosis, discrete benign myelolipomas or potential previous infarcts-no evidence of neoplastic criteria
- Benign hepatopathy-metabolic/reactive/vacuolar hepatopathy with some contribution to the ALP elevation secondary to prednisone therapy, low grade inflammatory/immune mediated disease, hyperplasia, hematopoiesis are all potentials-no evidence of neoplastic criteria
- Mild to moderate gallbladder debris (non-mucocele)
- Bilateral moderate chronic renal changes with left kidney pyelectasia and right kidney cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Hepatosupportive medications such as Denamarin +/- Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels.

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No overt anesthetic contraindications given normal BUN and elevated CHOL, while assuming normal ALB and GLU which indicate normal hepatic function.

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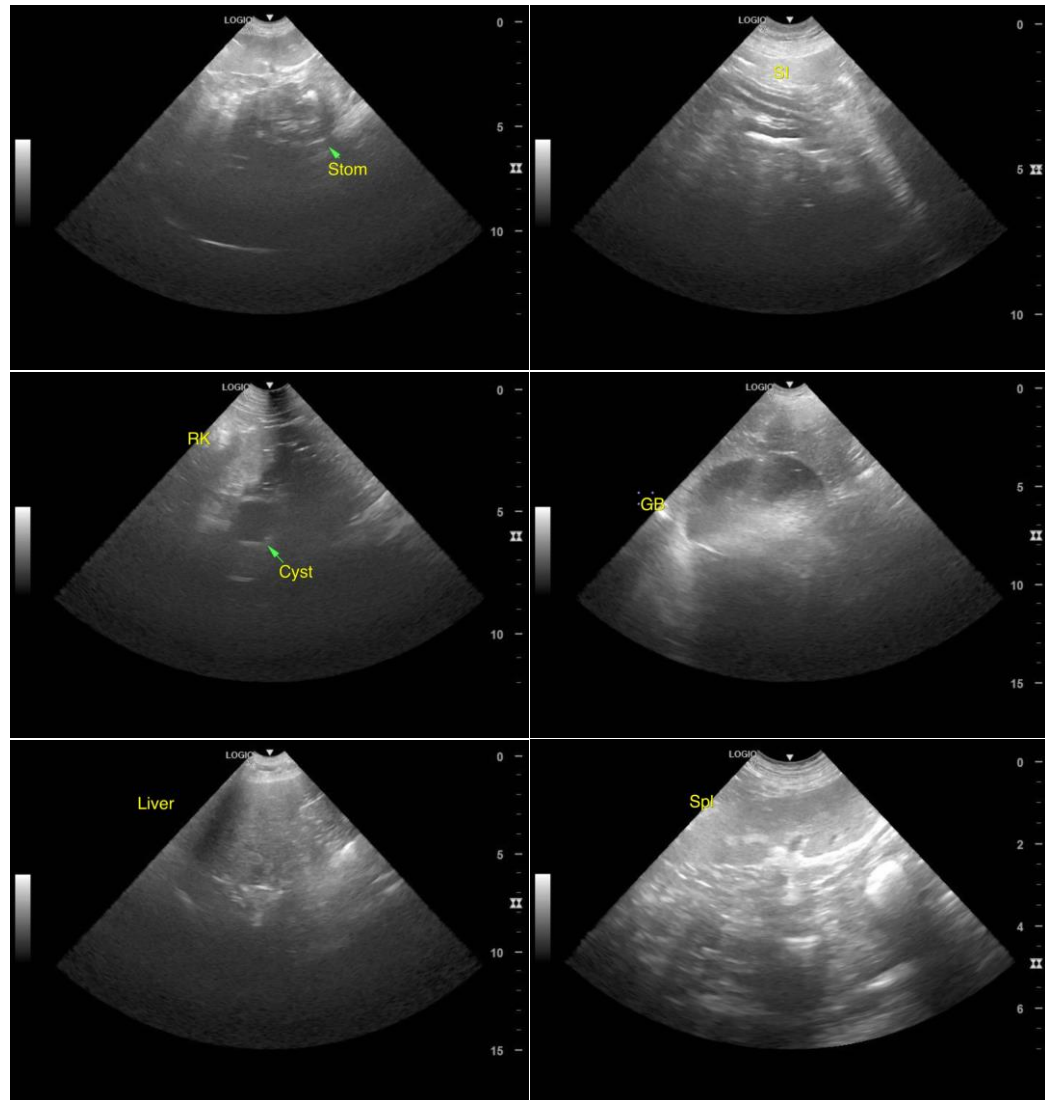
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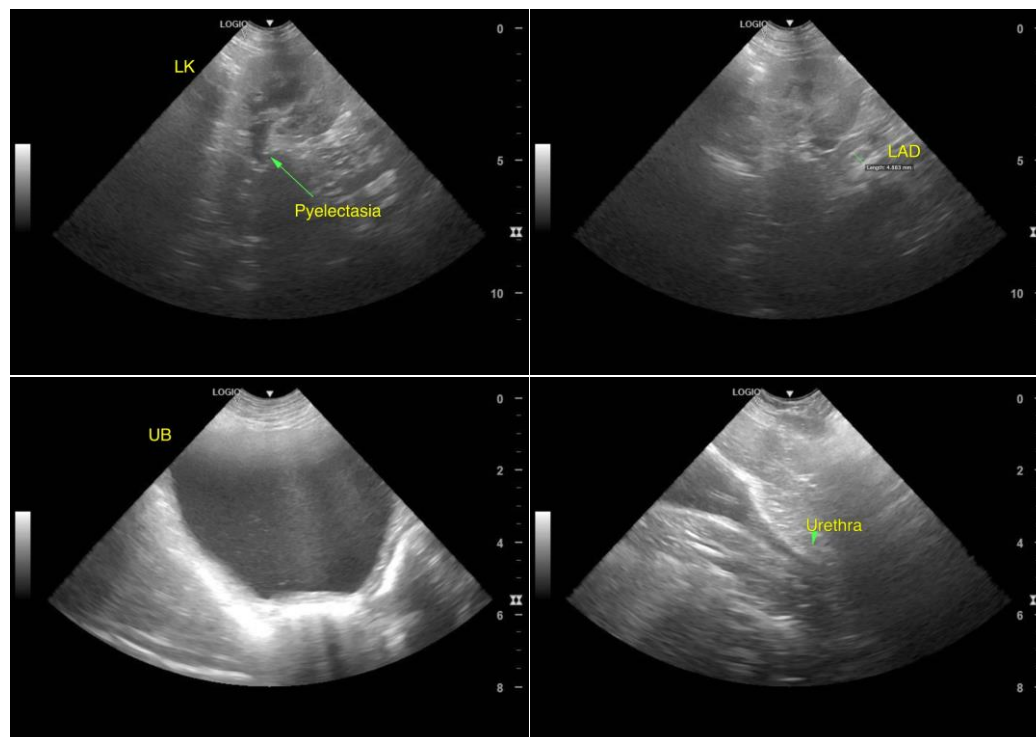
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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