



PATIENT

Kira Dubos

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

64.4 lbs.

PRESENTING CLINICAL SIGNS

vomiting + diarrhea x 3 days, lethargic Current meds: phenobarbital
Abnormal PE/Chem/CBC/UA Results: ALT 155, ALKP 255, HGB 18.7

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 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 6.4 cm in length. The right kidney measured 6.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

Both adrenal glands were indistinctly visualized, potentially owing to isoechoic echogenicity compared to adjacent omentum. The left adrenal gland subjectively measured 0.57 cm width at the caudal pole. The right adrenal gland subjectively measured 0.38 cm width at the caudal pole.

IMAGING PERFORMED BY

Jessica Miller

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.

HOSPITAL NAME

AH of Roxbury

Liver/ Gallbladder

REFERRING VET

Dr. Elia

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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.

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Gastrointestinal

The stomach presented mild wall thickening secondary to mild mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic pyloric fluid was present. The pylorus wall width measured 0.42 cm.



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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. The small intestinal wall width measured 0.34 cm.

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

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Mix

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

64.4 lbs.

- Hepatopathy - subjectively benign
- Gastritis / gastroenteritis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic, vacuolar, reactive, or low-grade Inflammatory hepatopathy is possible with some contribution of hepatic enzyme induction owing to phenobarbital. Hepatosupportive medications may prove beneficial.

IMAGING PERFORMED BY

Jessica Miller

Continued gastrointestinal support, which may include dietary therapy, empirical antibiotics, and a high colony count probiotic is suggested. If consistent gastrointestinal signs are noted, fresh fecal analysis to assess for parasitic ova / Giardia, as well as a GI panel to assess serum cobalamin/folate levels may be considered.

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Adrenal screening with resting cortisol to rule out occult Addison's Disease is warranted.

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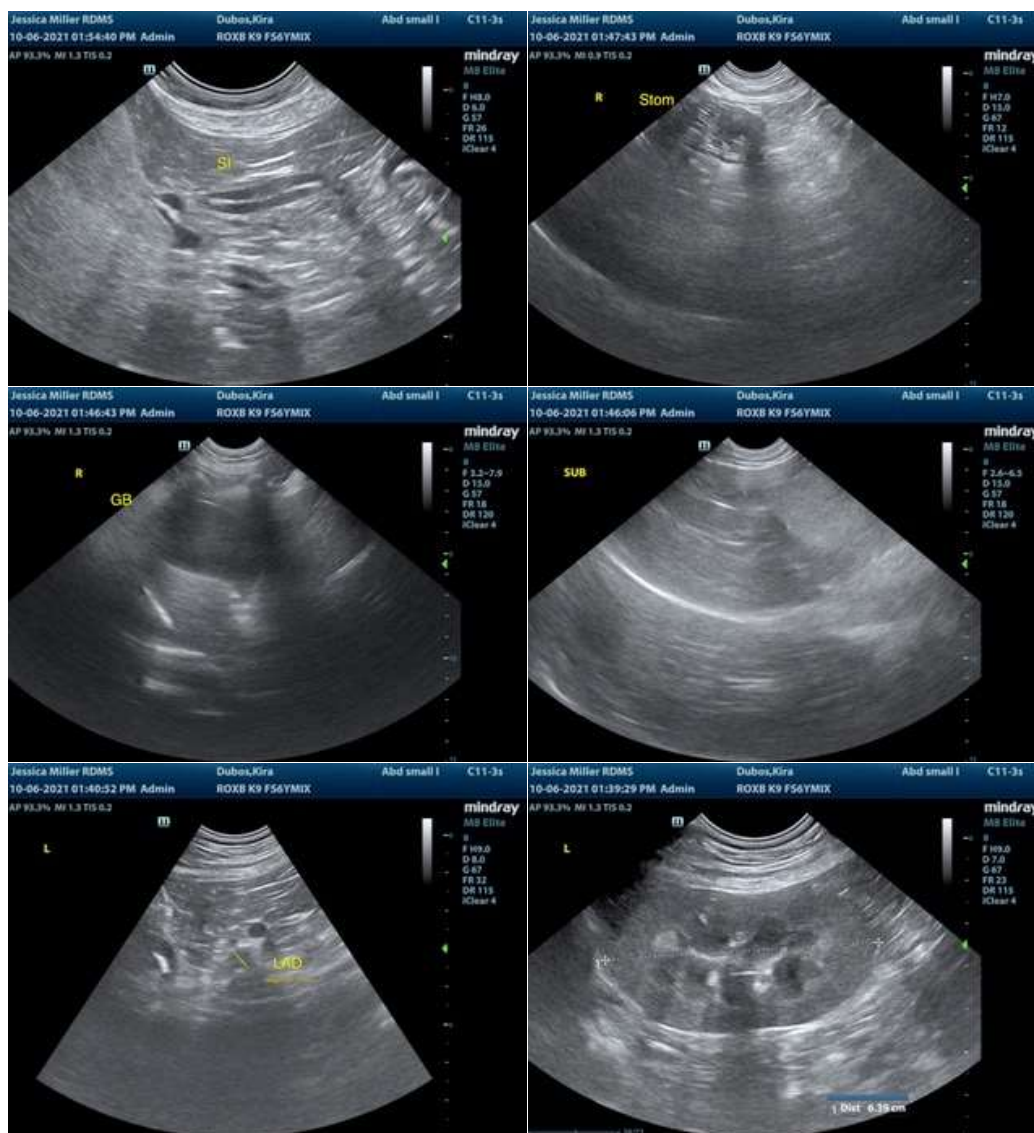
Dr. Elia

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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.

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