

**PATIENT**

Raven Bees

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

65 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Olson

**INVOICE**

12378

**DATE**

10/6/21

**PRESENTING CLINICAL SIGNS**

Lethargic, not eating

Abnormal PE/Chem/CBC/UA Results: CPL-Abnormal, CREA off charts, BUN 121, Phos11.9, ALT199, ALKP651, elevated WBC 17.83, PLT low 74, PCT 0.12%, UA Specific Gravity 1.015, protein 500mg/dl Blood50 Ery/ul, Bil6mg/dl, Lepto panel negative, patient increasing jaundice. Administering IV Fluid and inject baytril

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 7.6 cm in length. The right kidney measured 7.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland measured 2.2 cm length x 0.98 cm width at the caudal 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/ Gallbladder**

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was nondilated. The common bile duct was not overtly visualized, yet was without overt evidence of common bile duct dilation or post hepatic obstruction.

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***Gastrointestinal***

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.54 cm width. Mild gastric distension with mild retained anechoic fluid was present.

The upper duodenum exhibited mild luminal fluid with intact wall layering. The upper duodenum wall width measured 0.54 cm. The jejunum and ileum were sonographically unremarkable.

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

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Acute hepatopathy
- Mild gallbladder debris - no overt evidence of post hepatic obstruction
- Sonographically unremarkable bilateral kidneys - suggestive of acute nephropathy
- Gastroduodenitis
- Sonographically unremarkable pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys did not reveal significant or overt chronic changes suggestive of acute nephropathy. Considerations for the liver may include acute nonspecific hepatitis, reactive hepatopathy, mild hepatic congestion, or less likely occult hepatic neoplasia. Consideration for potential acute hepatorenal insult may be indicated.

Even though Leptospirosis testing was negative, coverage for acute Leptospirosis is suggested. Additional broad-spectrum antibiotics, IV fluids, with assessment of renal response and urine C/S +/- baseline urine protein: creatinine ratio given the presence of proteinuria, is recommended with as-needed gastrointestinal support.

The potential for low-grade pancreatic inflammation may be possible yet ultrasonographically normal. However, no evidence of significant pancreatitis as a potential driver of the lab work abnormalities was evident. A guarded prognosis pending renal response given the degree of azotemia is warranted.

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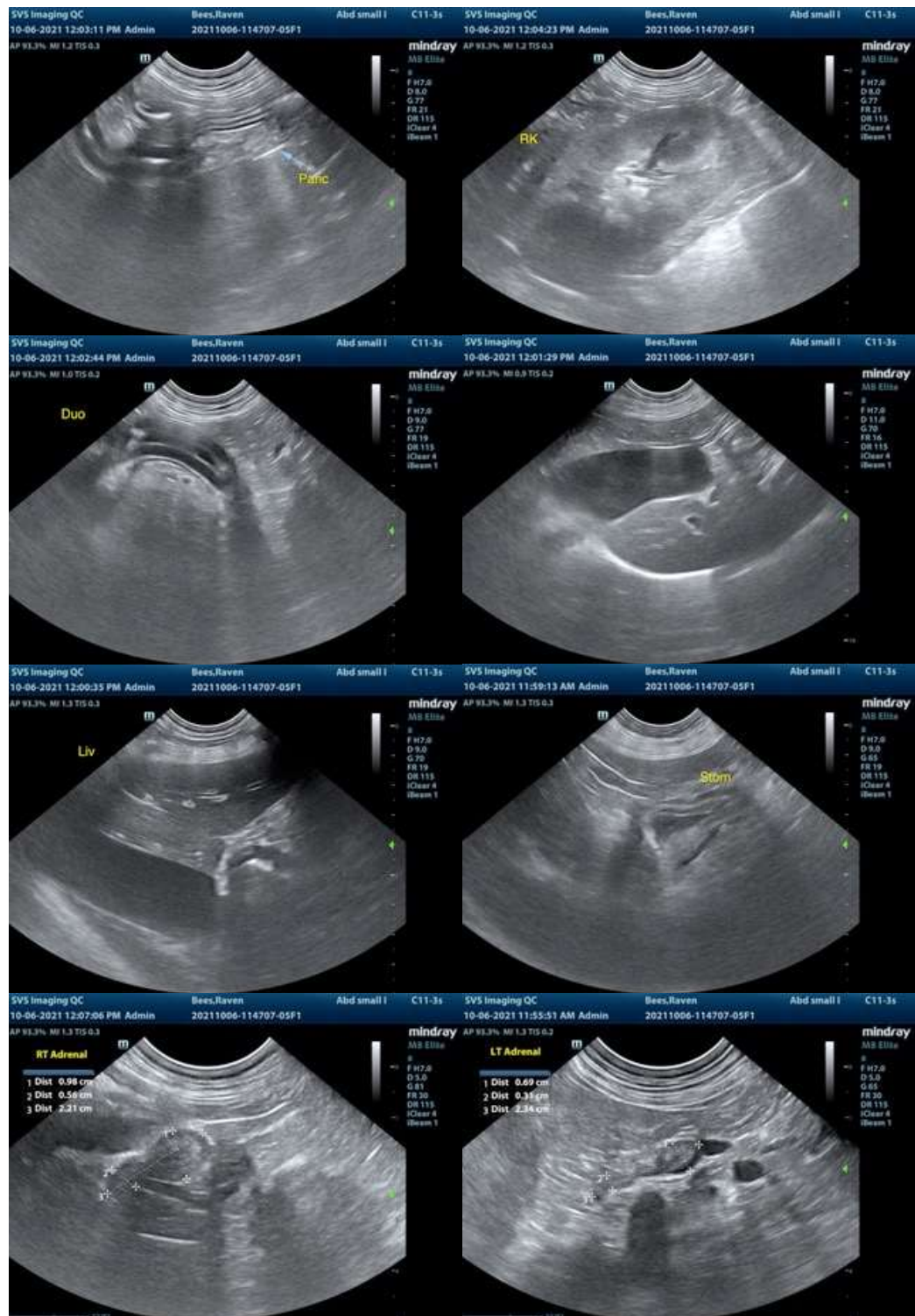
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**