



**PATIENT**

Mya Laskowski

**SPECIES**

Canine

**BREED**

American  
Staffordshire

**SEX**

FS

**AGE**

7 years

**WEIGHT**

19.3

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Wendy Turner

**HOSPITAL NAME**

Pennsauken AH &  
Urgent Care

**REFERRING VET**

Dr. Wendy Turner

**INVOICE**

15481

**DATE**

11/16/22

**PRESENTING CLINICAL SIGNS**

Vomiting 1 month with recent lethargy, hyporexia, and diarrhea progressing to explosive diarrhea with hematochezia. Stole and ate cheeseburger 2 days ago with significantly worsening clinical signs over the following 24 hours. Occasionally regurgitating small amount clear fluid.

Abnormal PE/Chem/CBC/UA Results: Est 10% dehydrated with abdominal pain. Injected mm's and throwing VPC's during sedation. AXR offers slightly distended stomach with colonic gas. cPL abnormal. ALT 156 U/L yesterday, 801 U/L today. Hct 65% to 75% yesterday with TP 5.1 mg/dl. VPC's improved with 5ml/kg/min IV fluid bolus x 2.

**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 6.7 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.59 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 mildly distended in size with primarily anechoic content with mild to moderate, non-dependent, nonorganized hyperechoic luminal debris. The gallbladder exhibited non-thickened yet regionally mild hyperechoic gallbladder walls. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact overtly normal wall layering. The stomach contained a mild amount of retained echogenic fluid and chyme. No overt evidence of mechanical pyloric outflow obstruction was noted.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The visualized colon exhibited intact and mildly prominent wall layering with an empty distal colon lumen at the level of the urinary bladder.

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present. No omental masses were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic liver - suggestive of acute to progressive hepatopathy
- Mild to moderate nondependent gallbladder debris (non-mucocele) - possible mild cholecystitis
- Gastroenteritis pattern - potentially subacute to chronic
- Mild heterogeneous pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, the hepatic presentation is suggestive of nonspecific acute hepatitis, given the progressive ALT elevation (viral, bacterial, Leptospirosis, toxin, etc.) with potential for nonobstructive cholestasis given the presence of concurrent gallbladder debris. Dietary indiscretion, infectious gastroenterocolitis, enterotoxic insult, occult inflammatory bowel, or infiltrative intestinal neoplasia are all potentials.

Sonographically, the appearance of the pancreas was not overtly consistent with significant or active pancreatitis as a primary clinical player, although some degree of low-grade concurrent pancreatitis is suspected.

Further assessment of the liver may include, assuming normal clotting status, screening FNA cytology as well as Leptospirosis titers / PCR. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with empirical therapy for acute hepatitis, hemorrhagic gastroenteritis and pancreatitis with an assessment of clinical response is recommended. Potential recheck sonogram may be considered pending clinical response to therapy.



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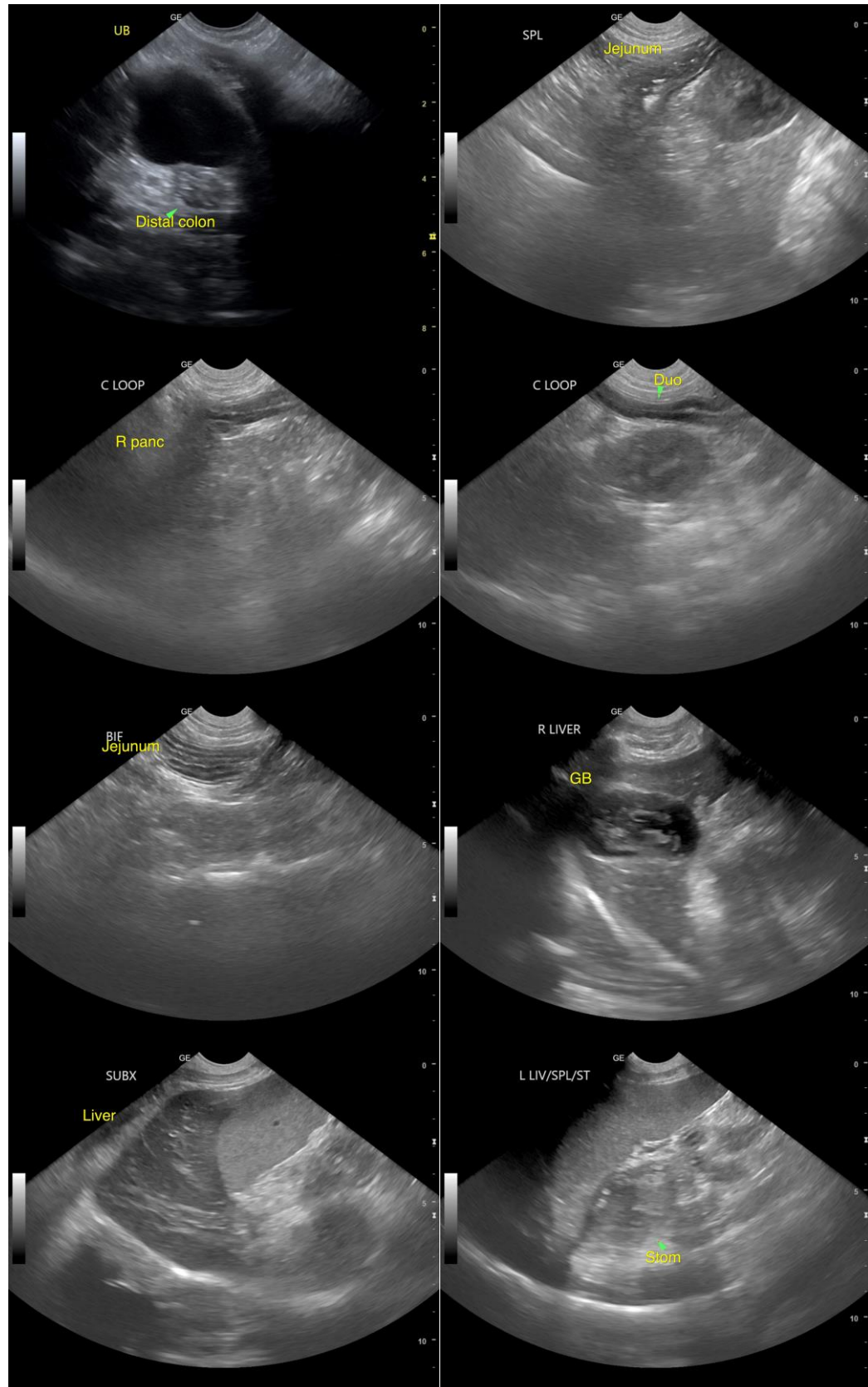
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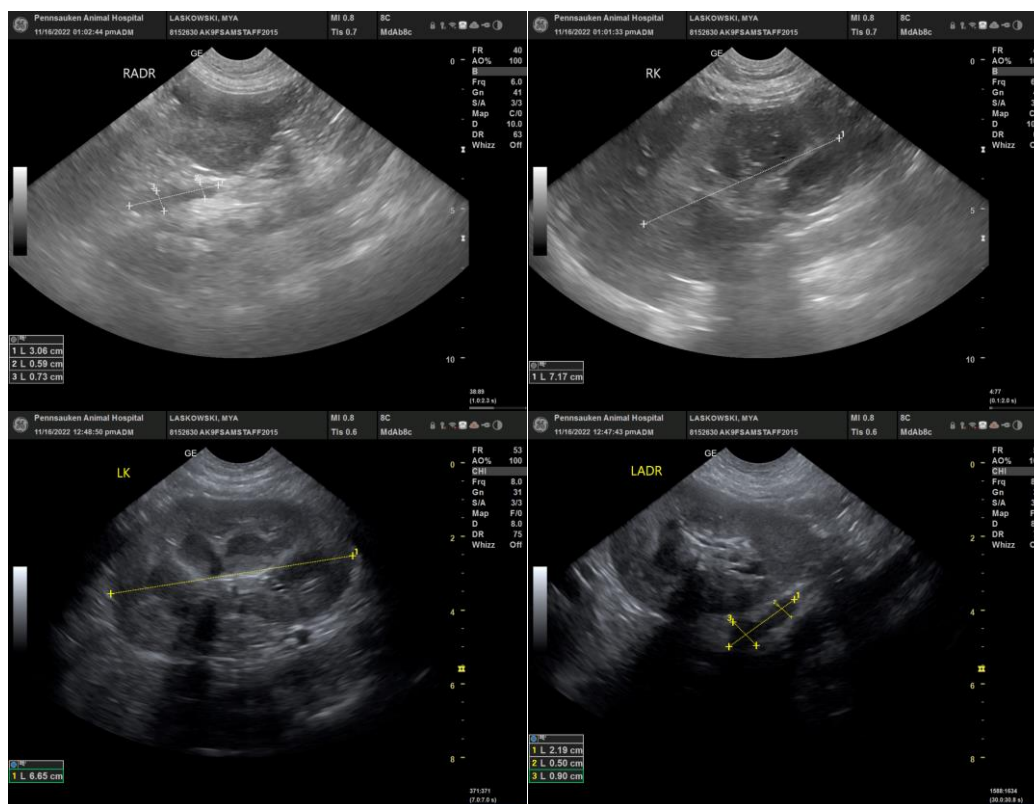
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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