



PATIENT

Kona Mabee-Mays

SPECIES

Canine

BREED

Springer Spaniel

SEX

Intact Female

AGE

10 Years

WEIGHT

56 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate Vet Clinic

REFERRING VET

Dr. Josiah Moses

INVOICE

26763

DATE

11/2/21

PRESENTING CLINICAL SIGNS

Presented ~1 week ago for mild lethargy, hyporexia, urinary accidents. Pt declining on symptomatic care/Clavamox/Carprofen. On exam today, hyporexia has worsened and pt is icteric. Noted that wrong Rx was sent home with o - received 4.4mg/kg Carprofen BID for 5 days
Abnormal PE/Chem/CBC/UA Results: AST, ALT elevation Rods in urine (free catch)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic multifocal, dependent, primarily small echogenicities with distal acoustic shadowing were present. Example of calculus measured 0.5 cm in width. Urinary bladder wall measured up to 0.5-0.6 cm in width. The urethra was normal to a depth of 3.0 cm.

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 6.6 cm. The right kidney measured 6.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt pathology. The left adrenal gland subjectively measured 0.59 cm in width. The right adrenal gland subjectively measured 0.49 cm in width.

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 presented 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. No evidence of parenchymal nodules or masses. 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.

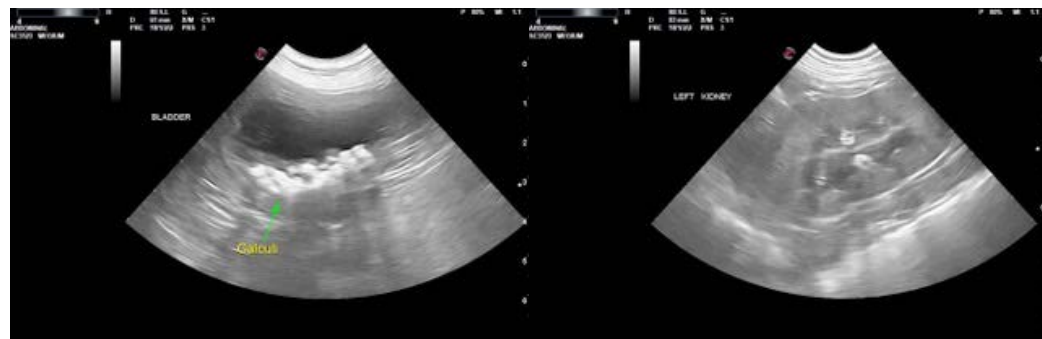
Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of gas. Potential for minor retained ingesta possible, although not definitive. Gastric body wall measured 0.43 cm.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-obstructive mild jejunal ileus was present. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.32 cm.
Kona Mabee-Mays	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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 was evident.
Springer Spaniel	Free Abdomen
SEX	No omental masses, lymphadenopathy or peritoneal effusion. No overt pathology in the area of the uterus or bilateral ovaries.
Intact Female	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Cystic calculi with concurrent cystitis • Mild chronic renal changes, no overt pyelonephritis • Hepatopathy – non-specific hepatitis (infectious, immune mediated), hepatotoxicosis given the elevated ALT/AST combination or other hepatopathy possible. • Mild transdiaphragmatic comet tail artifact – non-specific • Segmental jejunitis
10 Years	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
56 Pounds	No overt evidence of hepatic neoplastic criteria or overt evidence of extrahepatic/intrahepatic shunt (which are considered less likely differential diagnoses). Further assessment may include hepatic FNA (assuming normal clotting status for screening cytology and potential identification of inflammatory cell type) if possible, Leptospirosis titers/PCR (if the hepatic enzyme elevation is relatively acute).
INTERPRETED BY	Subjectively the liver did not appear to be end stage, yet potential for acute hepatic failure cannot be definitively excluded. Empirically, hospitalization with hepatic and gastrointestinal support +/- appropriate antibiotic therapy and assessment of clinical response may be considered. 3-view chest radiographs are suggested to rule out occult thoracic pathology. Urine culture and sensitivity on sterile urine sample recomng.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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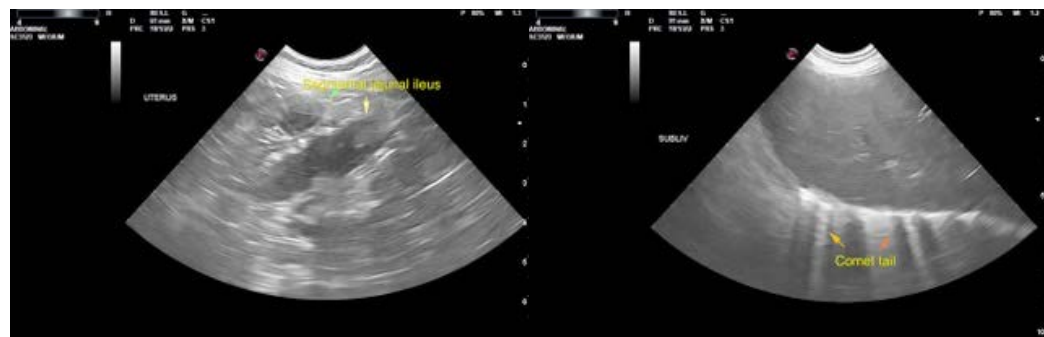
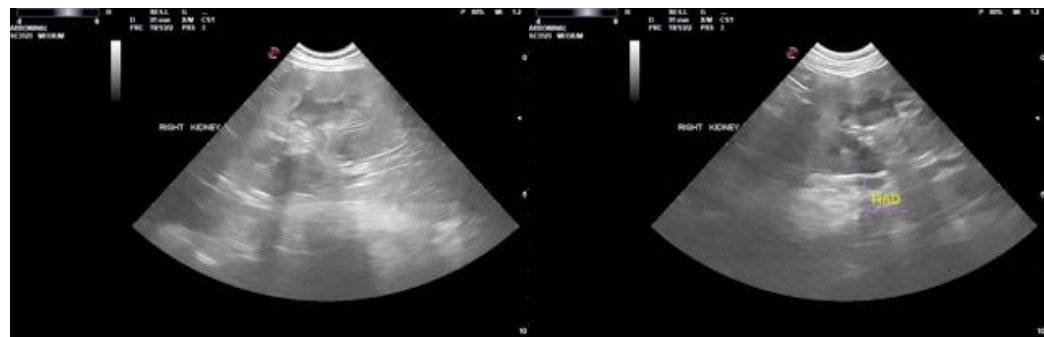
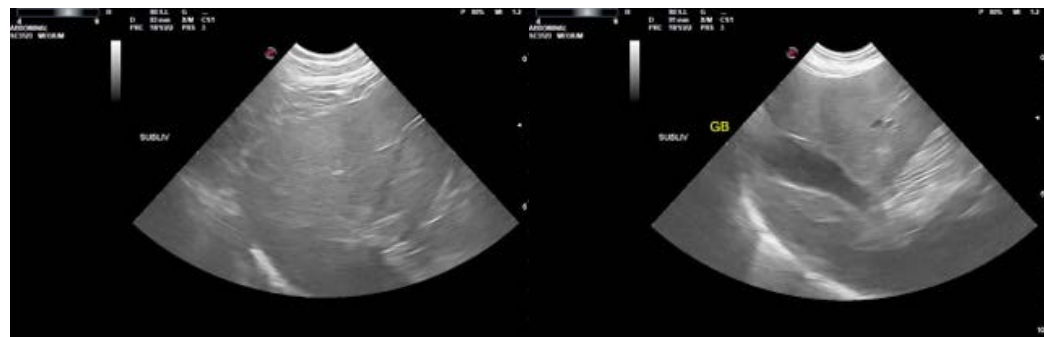
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

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info@SonoPath.com

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