



PATIENT

Kenya Mygil

PRESENTING CLINICAL SIGNS

Patient presented for routine care, but had previously been seen for thrombocytopenia and elevated liver chems six months ago and owner did not return for follow up after initial treatment.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia persists and liver chems are significantly more elevated now than previously. Additionally, pt is slightly icteric. CBC WBC 7.2 PLT 33 Chem ALT 867 AST 209 ALP 495 GGT 19 TBIL 0.8 ALB 2.6 GLU 76 BUN 18 CHOL 148

BREED

Basenji

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.4 cm in length

AGE

11yr

WEIGHT

26

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was not definitively visualized without overt pathology.

INTERPRETED BY

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(Canine and Feline)

Spleen

The spleen exhibited mild enlargement with subtle generalized parenchyma heterogeneity. 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. No splenic masses or nodules were noted.

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Trae Cutchin

Liver

The liver was mildly subnormal in size with symmetrical capsule contour and normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and mild increased yet indistinctly prominent porto vascular borders. No overt hepatic masses. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content with mild nondependent nonorganized echogenic luminal debris primarily in the causal lumen and gallbladder neck. The common bile duct was not definitively visualized.

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Gastrointestinal

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.

DATE

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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.



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

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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 was evident.

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Free Abdomen

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

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- Hepatopathy-subjectively benign, consistent with chronic hepatopathy given the patient history, suspect non-specific chronic hepatitis/cholangiohepatitis given the elevated ALT/AST with potential for primary or concurrent vacuolar hepatopathy and non-obstructive cholestasis given the ALP/GGT/ TBIL elevation, no overt evidence of overt hepatobiliary neoplastic criteria or post hepatic obstruction
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidney changes
- Mild splenomegaly-suspect probable persistent to incident hyperplasia, hematopoiesis, splenitis or similar, neoplastic criteria considered less likely

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on clotting status, PLT level and hepatic accessibility a screening hepatosplenic FNA cytology using a 25g needle is recommended for further assessment. Hepatic core surgical biopsy is likely required for a definitive diagnosis yet is dependent on PLT value stabilization. A leptospiriosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area as well as a CBC path review and infectious disease serology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol +/- antibiotic trial appropriate for cholangiohepatitis and assessment of hepatic response would be reasonable.

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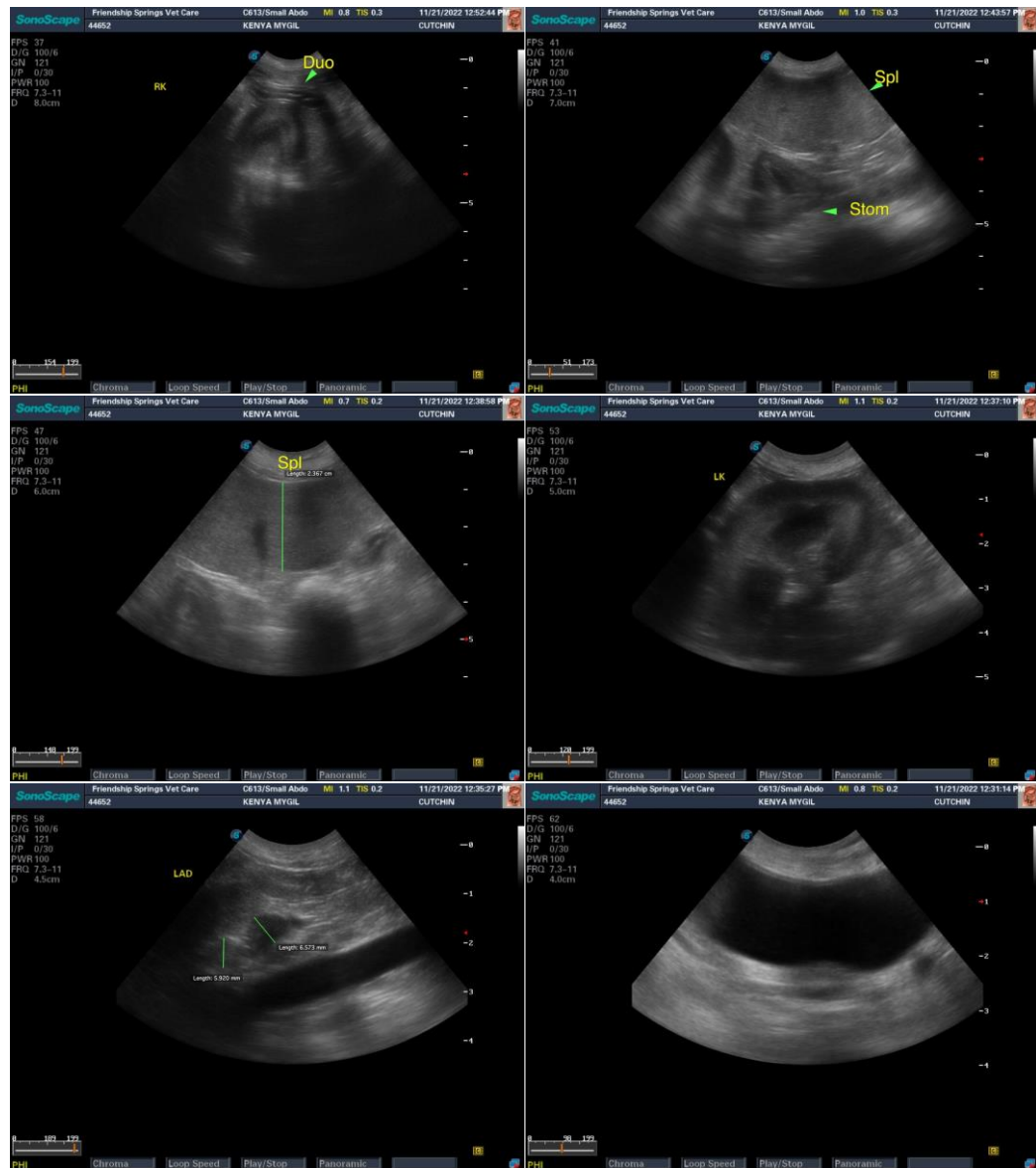
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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