



PATIENT	PRESENTING CLINICAL SIGNS
Rose Brown	Acute vomiting and diarrhea and not eating since 11/18
SPECIES	Abnormal PE/Chem/CBC/UA Results: Chem Screen: CREA- 2.2 BUN- 30 ALT- too high to read even after dilution ALKP-1177 TBIL- 5.8 CHOL- 345 K- 3.2 UA: Protein 500 Glucose 100
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Pitbull	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
SEX	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 or retroperitoneal inflammation. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 cm in length.
FS	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
5yr	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.64 cm width at the cranial pole.
WEIGHT	Spleen
62lb	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, structure, and contour. Decreased parenchyma echogenicity with a moderate coarse echotexture was present. Mildly increased indistinct portal vascular borders were observed. No masses or nodules noted. Normal hepatic vascular volume.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Mack	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Northside Veterinary Clinic	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
REFERRING VET	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.
Dr. Mack	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
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DATE	
11/21/2022	



PATIENT

Pancreas

Rose Brown

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.

SPECIES

Canine

Free Abdomen

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

BREED

Pitbull

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Unremarkable gallbladder
- Non-specific nephropathy
- Mild gastritis pattern, unremarkable small bowel/colon

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5yr

The hepatic appearance is suggestive of acute hepatopathy with hepatitis (viral, bacterial, leptospirosis, toxin etc.) suspected given the elevated ALT with potential concurrent vacuolar hepatic changes and non-obstructive cholestasis given the ALP, TBIL elevation. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR is recommended.

WEIGHT

62lb

A baseline UPC is suggested given evidence of proteinuria. Pending additional diagnostics, hepatosupportive medication, empirical antibiotic therapy with coverage for leptospirosis for 2 weeks with as needed GI support and assessment of clinical and hepatic response would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

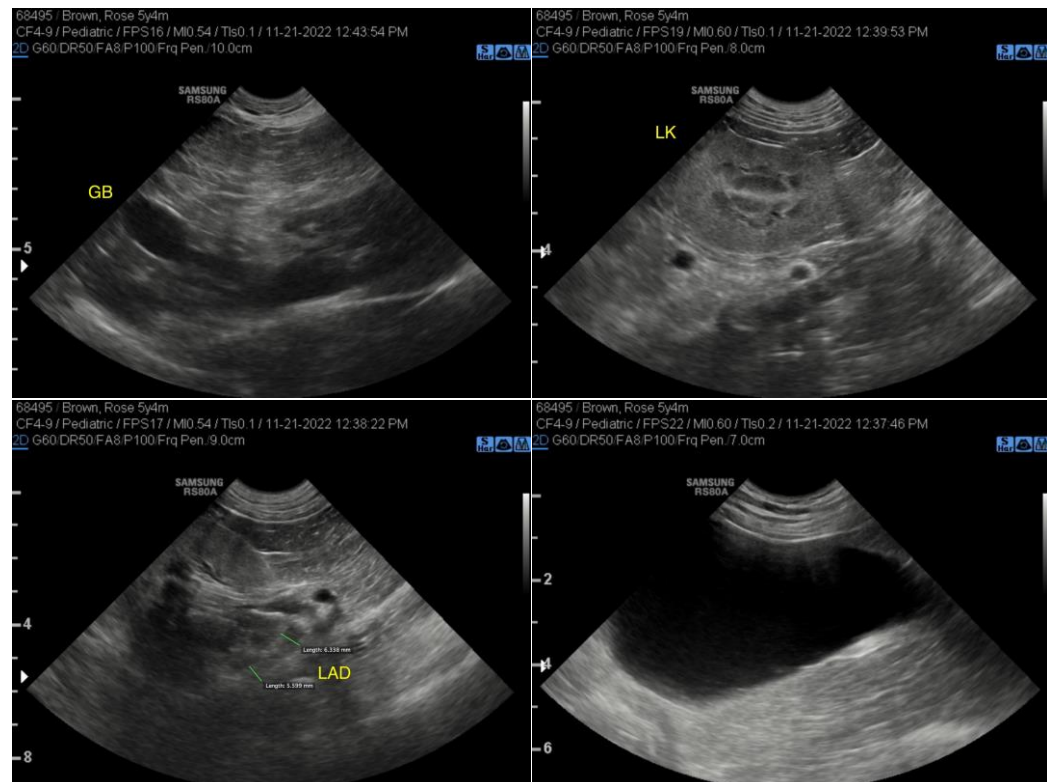
Dr. Mack

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PATIENT

Rose Brown

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

5yr

WEIGHT

62lb

INTERPRETED BY

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HOSPITAL NAME

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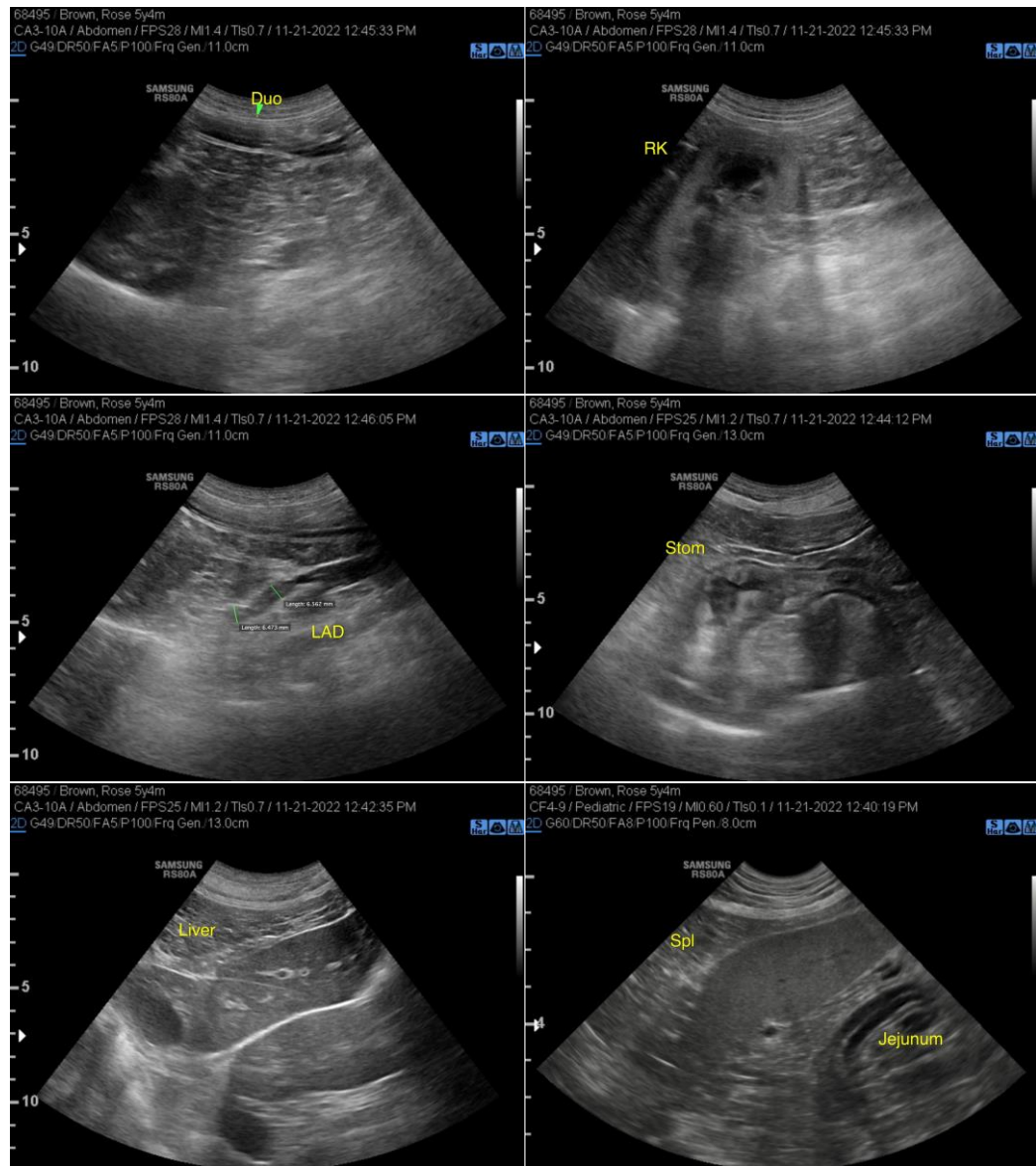
Dr. Mack

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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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