



PATIENT

Cyrus Gill

SPECIES

Canine

BREED

Basenji Mix

SEX

FS

AGE

5yr6mo

WEIGHT

45.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathleen Whitcraft
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Sarah Jansen DVM

INVOICE 23052

DATE 11-24-25

PRESENTING CLINICAL SIGNS

Acute vomiting started 11 PM on 11/20 - patient vomited all of her food up and proceeded to vomit 3 times overnight. 11/21 patient did not vomit but was not interested in food and lethargic. 11/22 patient vomited several times/not eating- brought into vet where x-rays performed and unremarkable. P given cerenia injection and prescribed omeprazole, proviable, metronidazole, and entyce. No vomiting 11/23 but still not eating/lethargic. Today 11/24 vomited several times and lethargic. No travel history or history of getting into toxin/new foods.

Abnormal PE/Chem/CBC/UA Results: PE - icteric sclera, painful abdomen, tacky mm CBC- NSF Chem - ALT too high to read, ALP >993, TBIL 16, GGT 142, Chol>450, BUN (8.6), glu 145, k+ 3.5, cl 97 PT 19.5 (9-17) aPTT 117.8 (12-115) cPLI - abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 5.9 cm in length. The right kidney measured 5.9 cm in length.

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 0.51 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 0.51 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 was subjectively mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. Mild indistinct portal vascular borders. The gallbladder was non-distended in size with thin walls and mild non-dependent non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was



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present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

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The stomach exhibited normal intact visible wall and non-distended in size. The stomach contained lumen gas and a subjective mild amount of shadowing lumen content.

Canine

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 mechanical/metabolic ileus, obstruction or foreign material to the level of the colon.

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

Pancreas

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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

5yr6mo

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary

45.5lb

- Hepatopathy- non-specific hepatitis (viral, bacterial, leptospirosis, toxin) in conjunction with significant elevated ALT, reactive vacuolar or metabolic hepatopathy, hepatotoxicosis, i.e. copper, non-obstructive cholestasis, occult neoplasia thought less likely
- Non-distended gallbladder with mild non-organized debris (non-mucocele)
- Non-distended stomach with lumen gas and subjective mild retained shadowing content
- Sonographically normal empty small intestine
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Cathleen Whitcraft
DVM

Further assessment of the liver may include ideally FNA cytology to assess for inflammatory cell type, yet hepatic sampling may be dependent upon further monitoring of clotting status and leptospirosis titer/ PCR warranted if potential exposure.

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Given patient history and assuming NPO, the mild shadowing retained gastric content may indicate retained ingesta or a small amount of non-obstructive foreign material somewhat obscured by gas artifact. Hepatogastrointestinal support, empirical therapy for suspect nonspecific hepatitis, additional documented NPO and sonographic reassessment of the stomach is recommended.

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If available, gastric endoscopy is recommended for further clarification of the gastric content.

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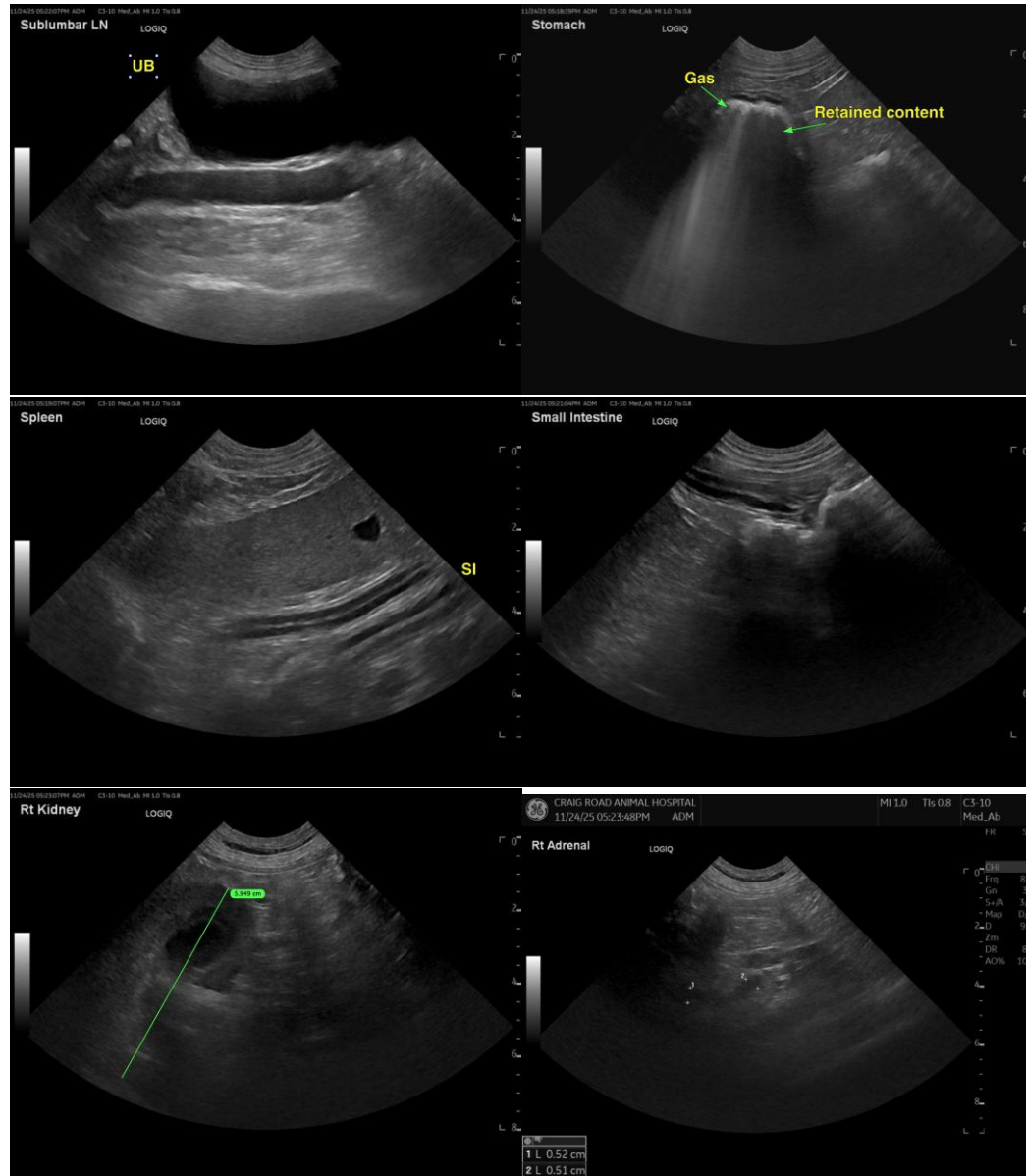
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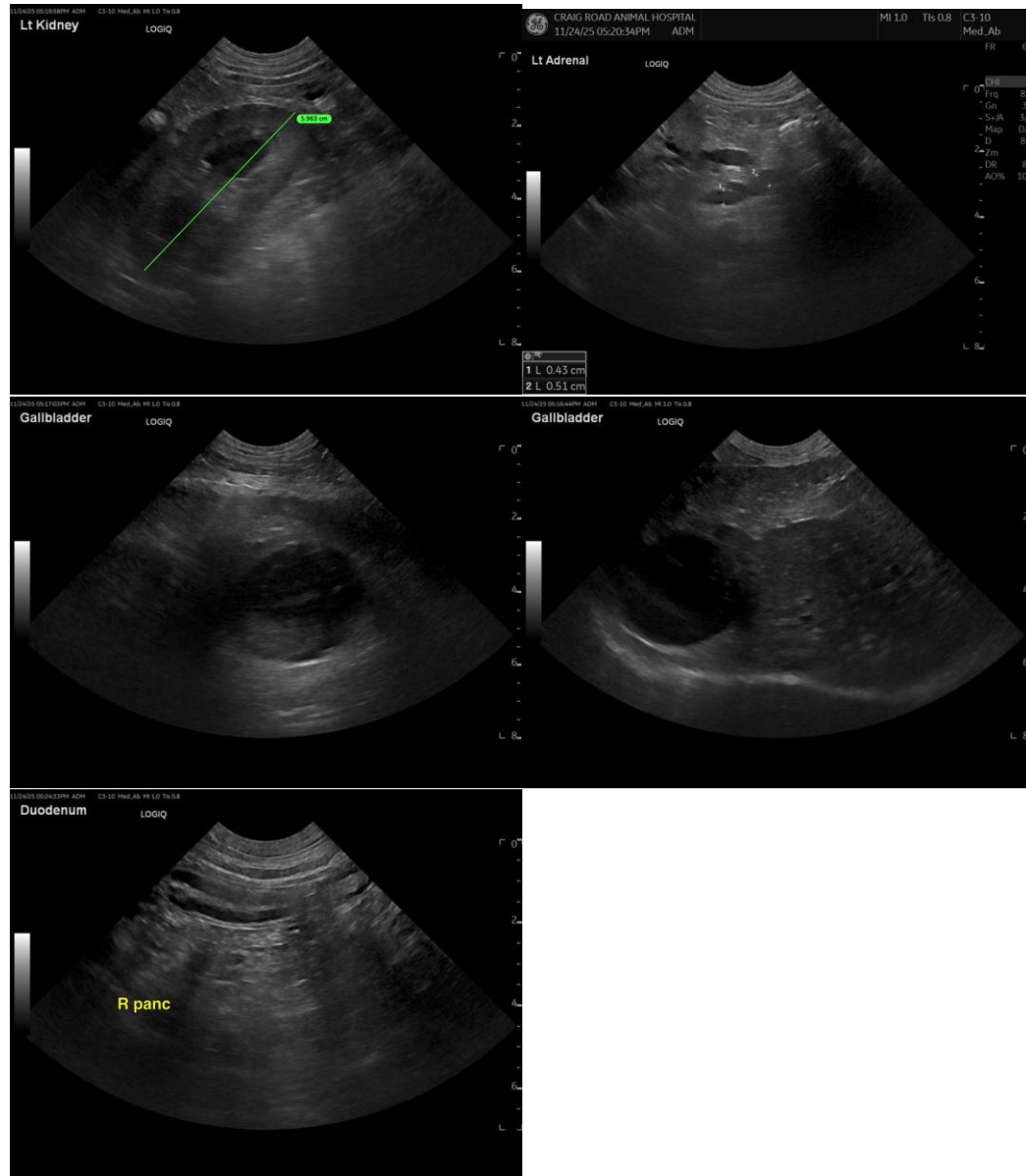
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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