

PATIENT PRESENTING CLINICAL SIGNS

Chloe Slasky History: Vomiting, tarry diarrhea

Medication: Cerenia, Pepcid, Metronidazole, Amoxicillin

SPECIES

Canine

CBC- HCT 34.7, Reticulocytes 14.6, WBC 11.9 with monocytosis

Chemistry Panel- BUN 9, ALP 1860, ALT 641, GGT 25, Amylase 337

BREED

Bichon Frise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 was noted.

AGE

5 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

9 Pounds

Normal size and margination were present in the kidneys. Mild loss of corticomedullary border demarcation, primarily owing to nonspecific increased renal parenchymal echogenicity, was present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.49 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 0.32 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Maple Hills VH

Liver/ Gallbladder

REFERRING VET

Dr. Banzhof

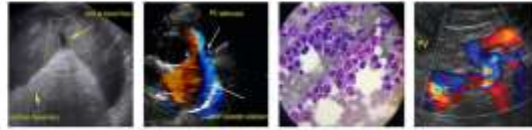
The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited mildly prominent to echogenic walls, mild gallbladder distention containing nondependent, mildly congealed, moderate echogenic luminal debris. Subtle evidence of peripheral inflammation was noted around the gallbladder, as well as around the pylorus.

INVOICE

12546

DATE

11.5.2021



PATIENT

Gastrointestinal

Chloe Slasky

The stomach presented intact wall layering with subjective mildly thickened pylorus walls. The pylorus wall width measured 0.55 cm. The stomach was empty with luminal gas and without overt evidence of retained ingesta, fluid, or foreign material.

SPECIES

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 ileus, obstruction, or foreign material. The jejunum wall width measured 0.24 cm.

BREED

Bichon Frise

The colon exhibited sonographically unremarkable walls with generalized mild to moderate distention containing variably echogenic fecal matter.

SEX

FS

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 were evident.

AGE

5 years

Free Abdomen

No evidence of peritoneal free fluid or significant lymphadenopathy was noted.

WEIGHT

9 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate generalized colonic distention with variably echogenic fecal matter
- Nonspecific increased renal medullary echogenicity
- Hepatopathy - subjectively acute
- Cholecystitis with moderate nondependent to emerging congealed luminal debris
- Mildly thickened pylorus - suspect gastroenteritis
- Regional pericholecystic and perigastric reactive mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include vacuolar hepatopathy, acute hepatitis / cholangiohepatitis (infectious, immune-mediated), hepatotoxic Insult with concurrent cholecystitis and cholestasis. Further assessment may include ultrasound-guided hepatic FNA for screening cytology and leptospirosis titer/PCR if clinically indicated.

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Subjectively, the overall gallbladder was not consistent with an obvious mucocele. However, potential serial sonographic monitoring may be indicated. Potential cholecystectomy may be indicated in this patient with concurrent hepatic biopsies pending clinical response to conservative therapy. A coagulation panel is warranted.

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Overt evidence of gastrointestinal ulceration was not definitively evident and in light of the normal BUN levels, is considered less likely yet potential for microulceration cannot be definitively excluded.



PATIENT

Chloe Slasky

Empirically, as-needed gastrointestinal support, broad spectrum antibiotic (Enrofloxacin / Metronidazole combination), hepatosupportive medications including Ursodiol with continued monitoring of hepatic enzyme levels or for increasing cholestasis, as well as cranial abdominal or subxiphoid discomfort, are warranted. Immediate recheck sonogram if these clinical signs are progressive is suggested.

SPECIES

Canine

BREED

Bichon Frise

SEX

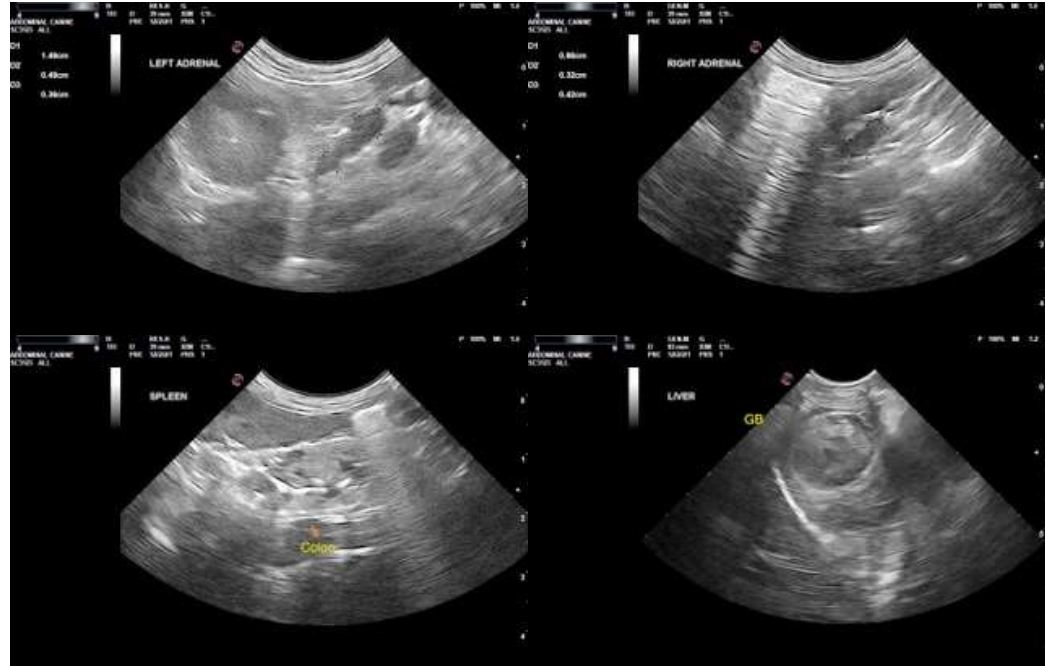
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AGE

5 years

WEIGHT

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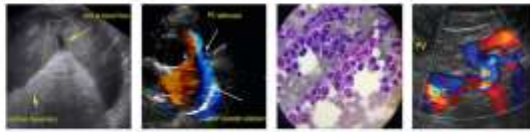
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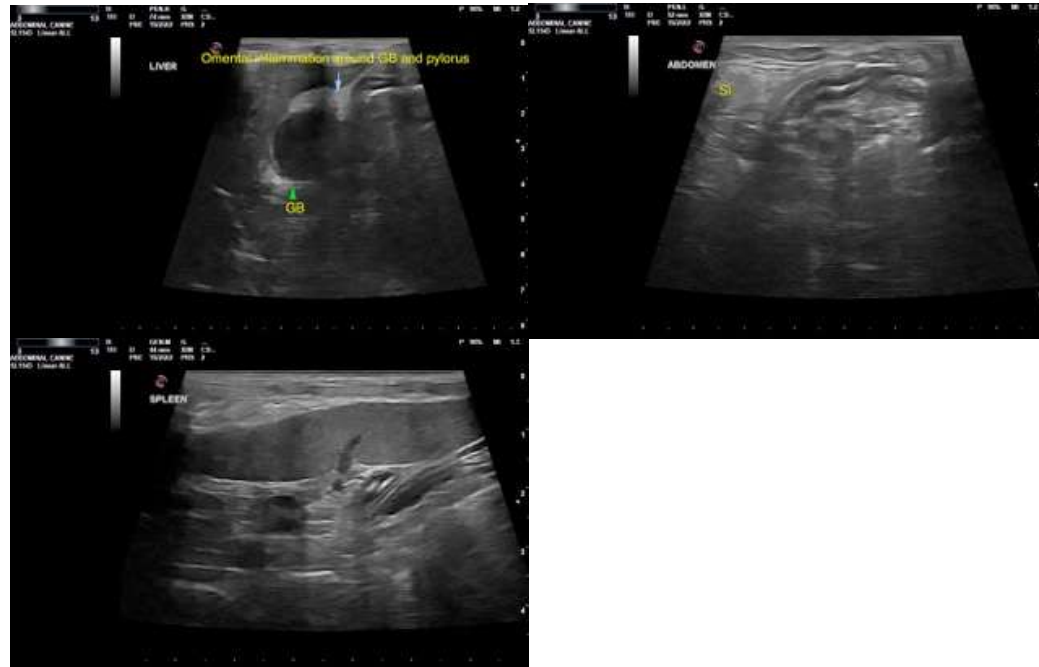
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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