



PATIENT

Oakley Lyon

SPECIES

Canine

BREED

Wolfhound X

SEX

Neutered Male

AGE

9 Years

WEIGHT

61.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island Vet
Emergency Hospital

INVOICE

42592

DATE

11/7/22

PRESENTING CLINICAL SIGNS

Presented on 11/6/22 to emergency for dyspnea and green nasal discharge post two days of vomiting. Previous history of masticatory muscle myositis, currently treated with 5 mg prednisone SID and controlled. T was 39.2. HR was 140, and RR=panting on admission. Abnormal PE findings included green nasal discharge, expiratory wheezing, and muffled heart sounds. Radiographs showed pneumonia. Bloodwork showed mild anemia and increased ALT, amylase, and lipase. Oakley has a nasal O2 canula. IV therapy includes: IV fluids Cerenia, 1 mg/kg SID Pantoprazole, 1 mg/kg SID Ampicillin, 22 mg/kg TID Enrofloxacin, 5 mg/kg BID Methadone, 0.2 mg/kg QID Prednisone is continued in hospital.

Abnormal PE/Chem/CBC/UA Results: 11/6/22: 36 % (37-62) ALT=560 (23-212) Amylase=2263 (500-1500) Lipase=2892 (200-1800)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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.

No overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 9.0 cm. The right kidney measured 8.8 cm.

Adrenal Glands

The left adrenal gland was mildly subnormal in size, given expected adrenal size in light of body weight. This is likely secondary to Prednisone therapy. The left adrenal gland measured 3.5 cm length x 0.44 cm at the caudal pole.

The right adrenal gland was not definitively visualized, likely owing to suppression from Prednisone therapy as well as patient size/conformation.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A focal, discrete, hyperechoic nodule was noted, likely consistent with small benign myelolipoma. No splenic masses or nodules noted. 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild non-dependent, mildly congealed yet non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.



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Transdiaphragmatic view revealed mild focal 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.

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Gastrointestinal

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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. Gastric body wall measured 0.52 cm.

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. Minor upper duodenal corrugation noted.

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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.

WEIGHT

61.7 kg

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Low-grade hepatopathy, benign
- Mild congealed gallbladder debris (non-mucocele)
- Focal minor transdiaphragmatic comet tail artifact
- Sonographically unremarkable visualized gastrointestinal tract, possible mild duodenitis
- Normal pancreas
- Mild age related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of significant intraabdominal visceral pathology. Metabolic, reactive, vacuolar, or mild inflammatory hepatopathy possible. Screening spec cPL could be considered for further clarification of the pancreas. As-needed gastrointestinal support and therapy for potential low-grade pancreatitis or minor gastroduodenitis would be reasonable. Hepatosupportive medications including Denamarin and Ursodiol may be considered if persistent/progressive ALT elevation or evidence of progressive cholestasis.

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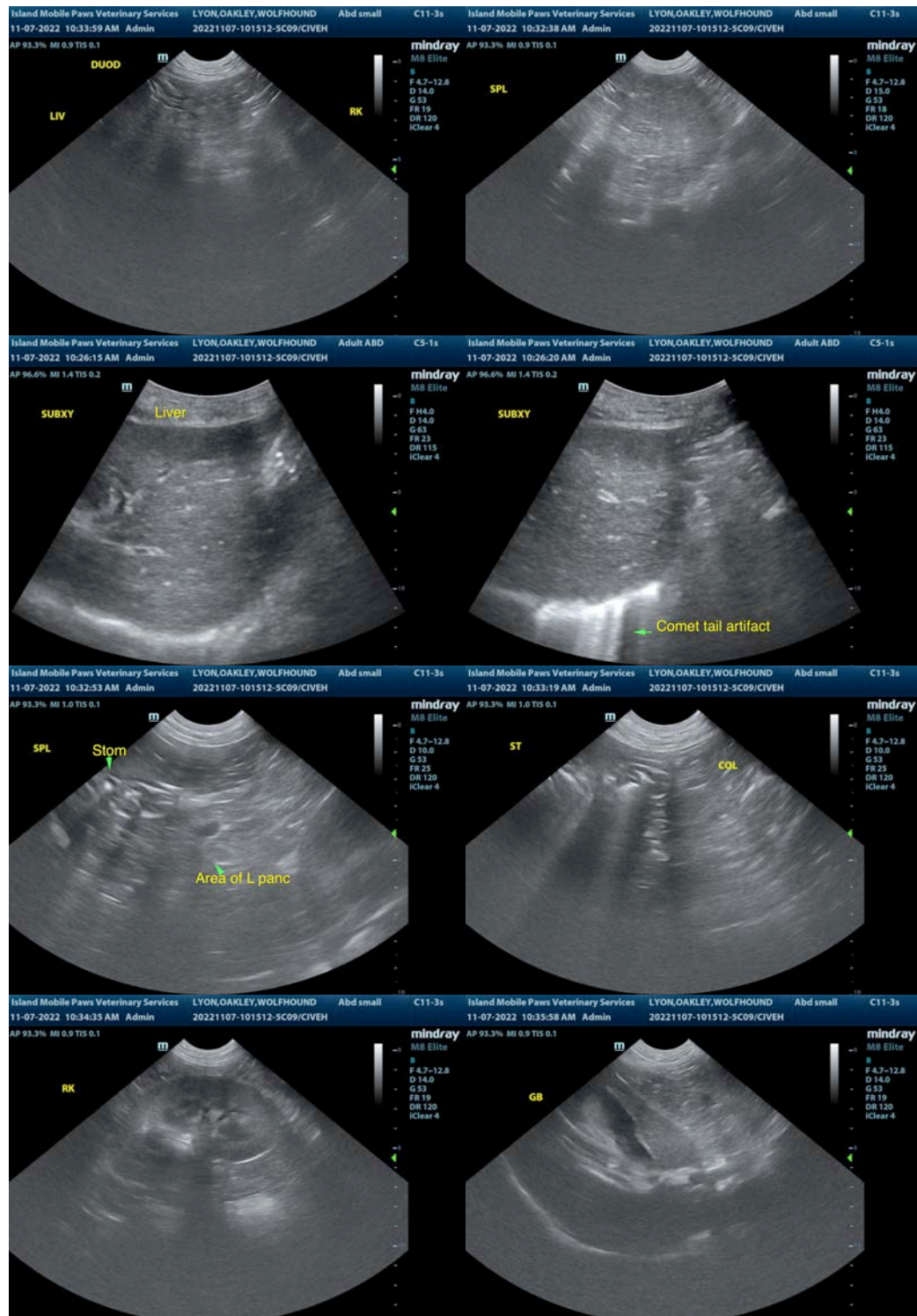
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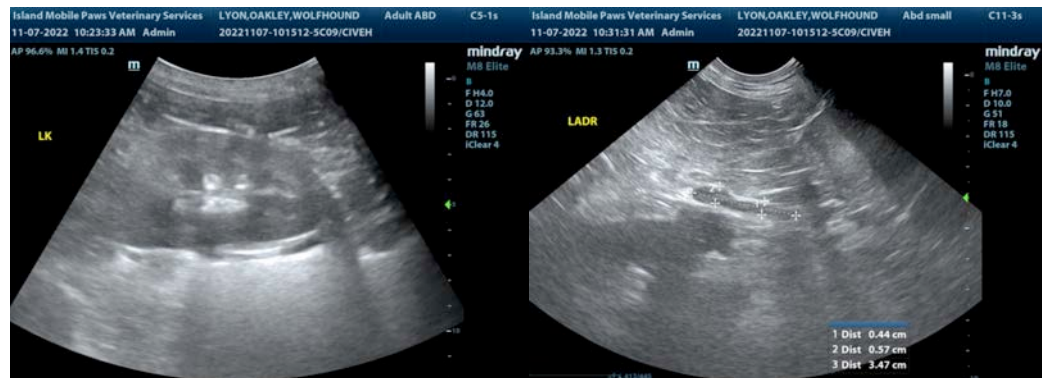
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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