



PATIENT PRESENTING CLINICAL SIGNS

Maggie Moses PU/PD, unexplained weight loss.

SPECIES Medication: Apoquel, Ketoconazole, Simplicef

Canine Hyperkalemia, elevated ALT, normal ACTH Stim test

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

SEX FS
 The area of the aortic trifurcation was free of pathology.

AGE 2011
 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT 53.8

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.54 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 0.45 cm width at the caudal pole and 0.60 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver presented mild to moderately 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 was non-distended in size containing primarily anechoic content with mild, hyperechoic, nonorganized, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

INVOICE

15422

DATE

11/8/22



PATIENT

Gastrointestinal

Maggie Moses

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild gas and without evidence of retained ingesta, fluid, or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental potential mildly increased gas pattern was noted with no evidence of mechanical or metabolic small intestinal ileus.

BREED

Lab Mix

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

Pancreas

SEX

FS

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.

Free Abdomen

AGE

2011

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

53.8

- Nonspecific hepatopathy - subjectively benign
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal gas
- Mild age-related renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver, given the ALT elevation, may include; reactive or inflammatory hepatopathy, vacuolar hepatic changes, infectious disease (viral, bacterial, Leptospirosis) or other hepatopathy with infiltrative neoplasia considered a less likely differential diagnosis. Further assessment of the liver may include screening FNA cytology, assuming normal clotting status, as well as Leptospirosis titers / PCR, given the PU/PD and negative ACTH Stimulation test.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Full urinary workup to include screening urine C/S +/- baseline UPC, if evidence of proteinuria, is recommended if not done.

REFERRING VET

Dr. Coyle

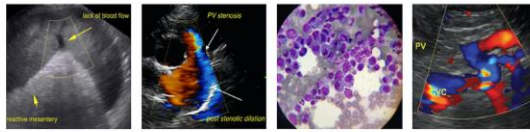
INVOICE

15422

DATE

11/8/22





PATIENT

Maggie Moses

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

2011

WEIGHT

53.8

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

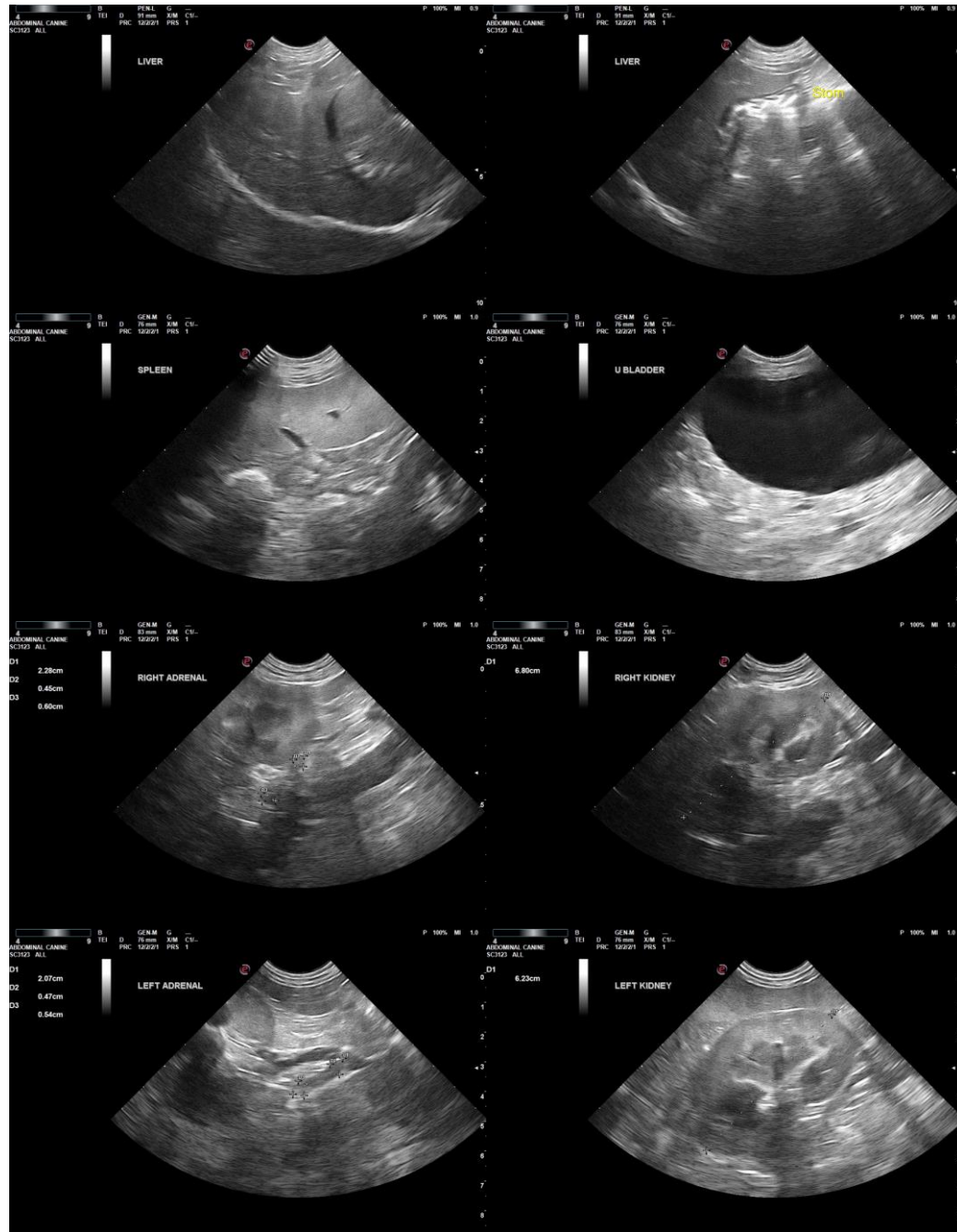
Dr. Coyle

INVOICE

15422

DATE

11/8/22



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)
mac.daniel@sonopath.com