

**PATIENT**

Wimbledon Slabach

SPECIES

Canine

BREED

Domestic Short Hair

SEX

NM

AGE

7 years

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jessica Fishbaugher

INVOICE

15439

DATE

11/9/22

PRESENTING CLINICAL SIGNS

Patient presented for lethargy, decreased appetite. Owner noted pale, yellow gums. Weight loss. Abnormal PE/Chem/CBC/UA Results: Gum color was found to be pale and yellow in color, slightly yellow sclera. Thin body condition. ALP elevated at 342, ALT elevated at 180, Total Bilirubin elevated at 4.9. Anemia, RBC decreased at 6.63, other indicators of anemia are on the low end of normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 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 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

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. The spleen measured 0.71 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized mild to possible moderate enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with sonographically normal gallbladder walls. Anechoic content was present without evidence of luminal debris. The common bile duct was not definitively visualized without evidence of common bile duct dilation or post hepatic obstructive criteria.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Subtle retained anechoic pyloric fluid was present with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.23 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. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.29 cm width.

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

Pancreas

The pancreas exhibited areas of mild prominent left and right pancreatic parenchyma with associated asymmetrical capsule contour. Subtle nonhomogeneous hypoechoic parenchyma compared to adjacent subtly reactive peripancreatic omentum were present.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting generalized uniform parenchyma hyperechogenicity
- Overtly normal gastrointestinal tract
- Mild chronic active pancreatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas as well as assessment for structurally insignificant intestinal disease, i.e., Triaditis, if lipidosis is confirmed is recommended. Hospitalization with IV fluid support and empirical therapy for chronic pancreatitis, cholangiohepatitis and as-needed GI support may prove beneficial. Potential esophageal feeding tube placement may be indicated given the patient's clinical signs, concern for hepatic lipidosis, or if persistent / progressive decreased appetite or weight loss.

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svsmobileimaging.com 309-737-3070



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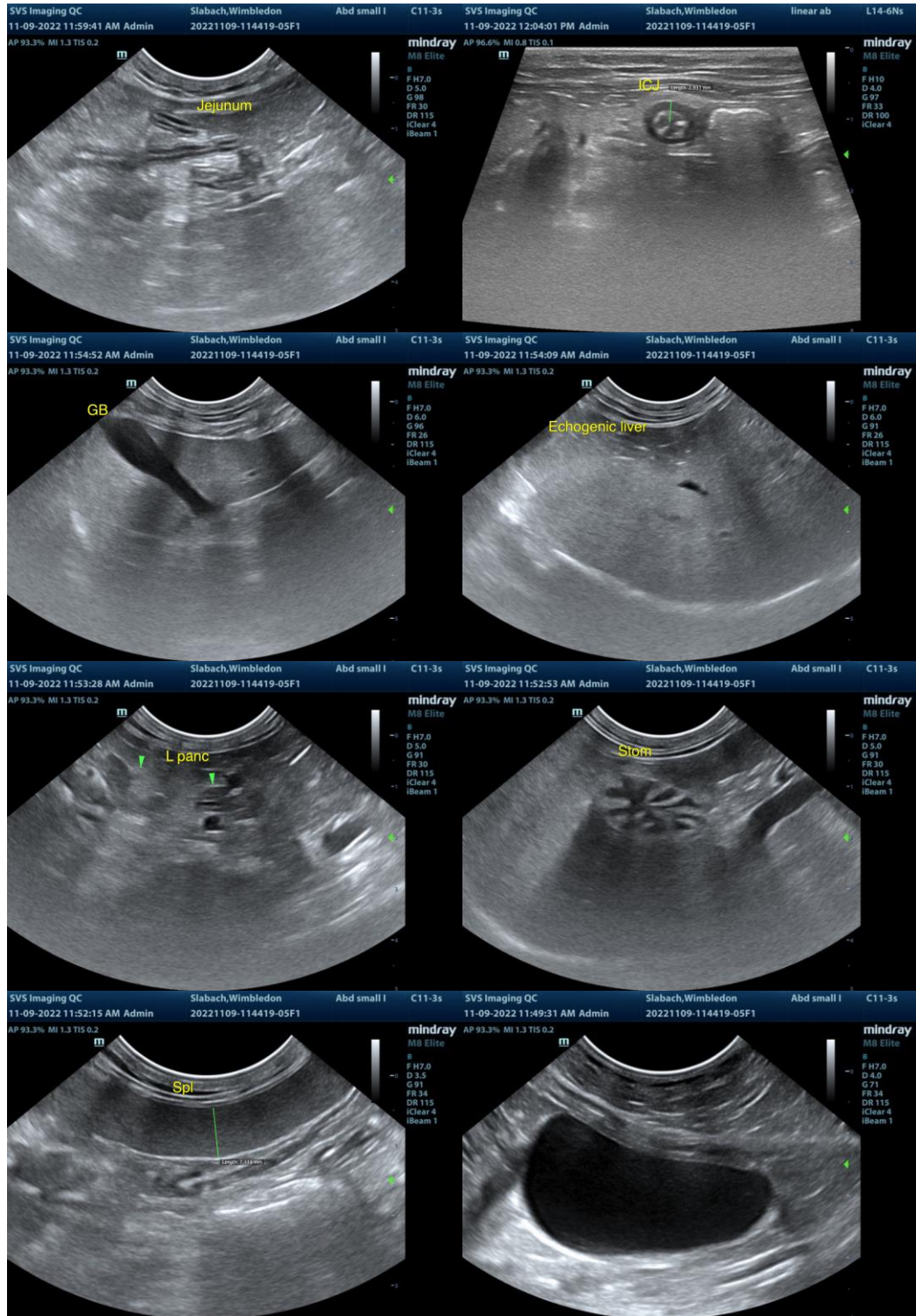
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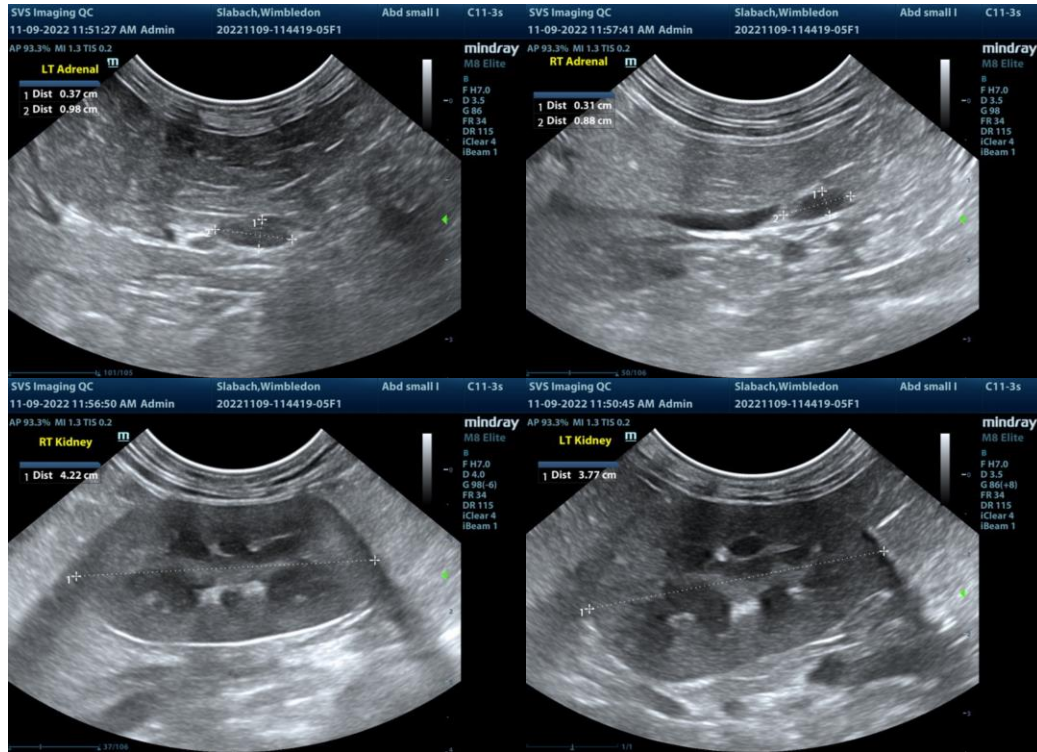
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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