



PATIENT	PRESENTING CLINICAL SIGNS
Archie Meyer	Presented vomiting since the day before, weak, lethargic. T- 105.5. Abnormal PE/Chem/CBC/UA Results: Rads: Hepatomegaly, interstitial pattern. Labs: Increased AST, ALT, ALKP, GGT, CHOL, GLOB, WBC, Platelets, Neutrophils. T4 decreased (0.5).
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	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 were noted.
Terrier	
SEX	No overt pathology in the area of the residual prostate.
MN	No evidence of pathology in the area of the aortic trifurcation.
AGE	Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cortical cyst is present in both kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 4.2 cm in length.
15 Years	
WEIGHT	<i>Adrenal Glands</i>
23.5	The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present. No overt evidence of neoplastic criteria. The left adrenal gland measured 0.78 cm width in the cranial pole and 0.68 cm width in the caudal pole.
INTERPRETED BY	The right adrenal gland was not definitively visualized owing to overlaying colon gas artifact.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i>
IMAGING PERFORMED BY	The spleen presented normal in overall size and contour. Generalized mild splenic parenchyma heterogeneity with solitary discreetly hypoechoic to mildly expansive parenchymal nodule was noted measuring 1.5 cm in diameter adjacent to the splenic hilus. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
Rachel Runnells, RVT	
HOSPITAL NAME	<i>Liver / Gallbladder</i>
SVS Imaging Kansas City	The liver exhibited mild to moderate generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses noted.
REFERRING VET	<i>Gastrointestinal</i>
Dr. Breinin	The gallbladder was non distended in size with moderate mildly congealed yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral inflammation noted. The cystic duct and common bile ducts were normal without evidence of dilation.
INVOICE	
48916	
DATE	
12-10-21	



PATIENT

Archie Meyer

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 width measured 0.42 cm and the jejunum wall width measured 0.34 cm.

SPECIES

Canine

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

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. Potential for low grade or chronic pancreatitis may be present yet ultrasonographically normal.

BREED

Terrier

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy - subjective acute on chronic.
- Moderate gallbladder debris - possible early to emerging noninflamed mucocele.
- Sonographically unremarkable gastrointestinal tract/pancreas.
- Nonspecific discreet to mildly expansive splenic nodule.

AGE

15 Years

WEIGHT

23.5

Secondary

- Moderate chronic renal changes with cortical cyst.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiology for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas
City

The overall appearance of the liver was nonspecific yet most suggestive of benign hepatopathy exhibiting acute to chronic criteria. Considerations may include metabolic/vacuolar hepatopathy with cholestasis, given the ALP/GGT combination and presence of gallbladder debris, with acute on chronic hepatitis (viral, bacterial, leptospirosis, toxin) given the ALT/AST combination. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology, +/- leptospirosis titers/pcr, if clinically indicated.

REFERRING VET

Dr. Breinin

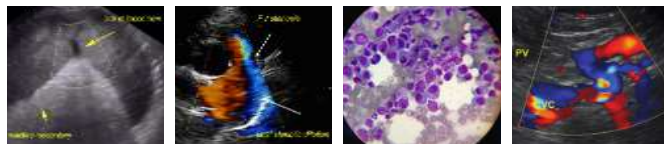
Hepatosupportive medications and antibiotic protocol such as enrofloxacin / amoxicillin combination with as needed gastrointestinal support recommended. Recheck sonogram suggested if persistent/progressive hepatic enzyme elevations, increased evidence of cholestasis, or cranial abdominal subxiphoid discomfort on palpation despite empirical therapy.

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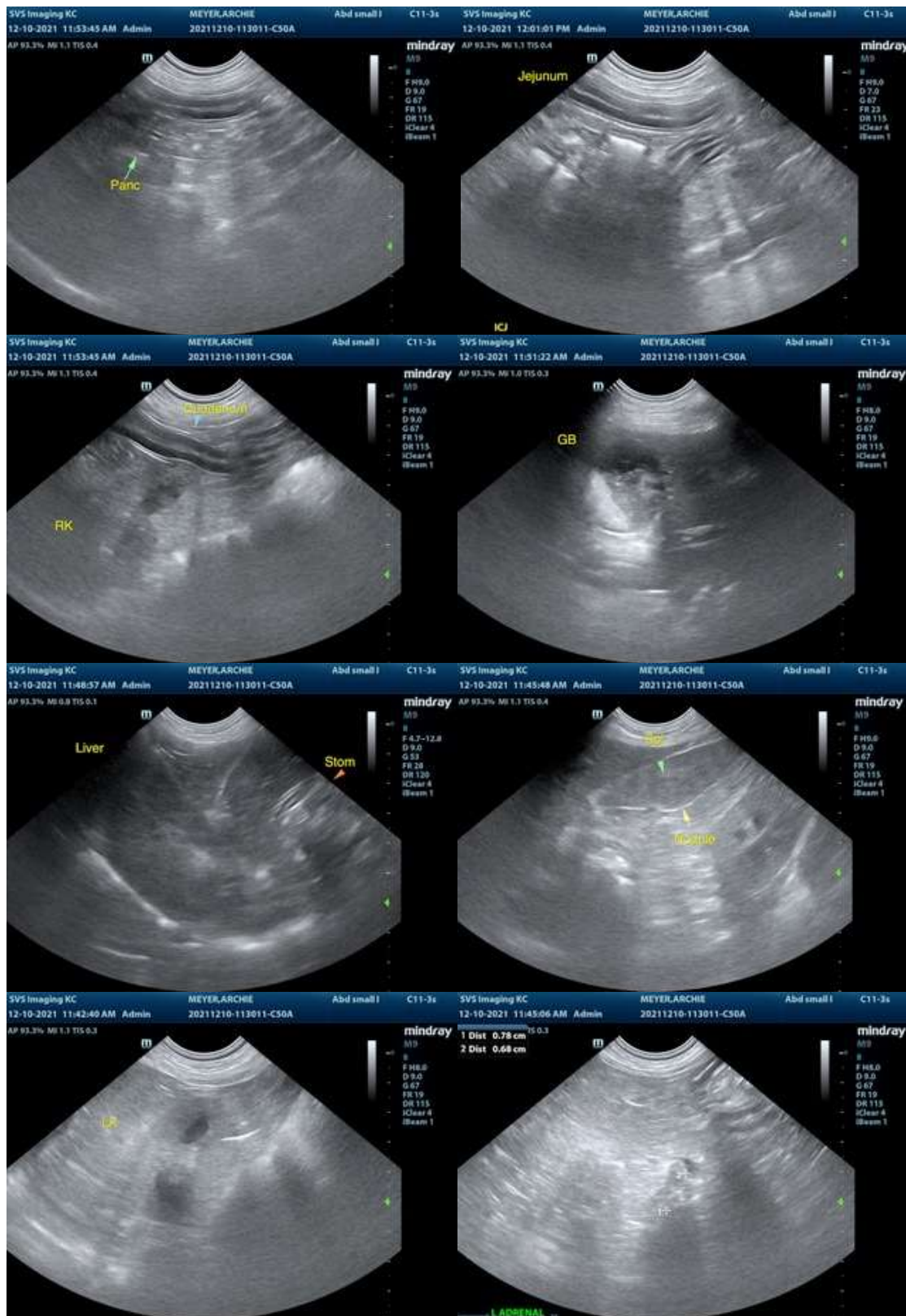
Dr. Breinin

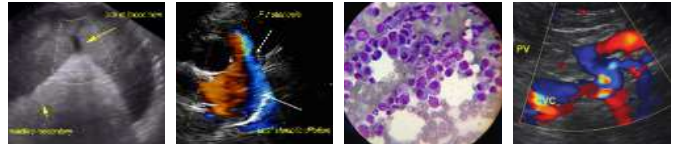
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SPECIES

Canine

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.

BREED

Terrier

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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