



PATIENT	PRESENTING CLINICAL SIGNS
Bella Jamieson	Was fed natural dog biscuits about 1 week ago that had started to go mouldy. Has been anorexic for about 6 days and a few episodes of vomiting.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CPLi normal, Lepto negative, CBC normal, elevated ALKPPOS and T. Protein with ALT so high that it was unreadable in clinic.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Belgian Mal X	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	The area of the aortic trifurcation was free of pathology.
AGE	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 6.8 cm in length.
4 years	
WEIGHT	Adrenal Glands
27 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, yet without overt pathology subjectively measuring 2.1 cm length x 0.64 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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	Liver/ Gallbladder
Crystal Hill	The liver exhibited subjective subnormal size, maintained symmetrical capsule contour with overall uniform parenchyma exhibiting subtle reduced parenchymal echogenicity and mild coarse echotexture. Subjectively, the hepatic and portal vascular volume appeared to be adequate. No evidence of hepatic masses or nodules was noted. No evidence of perihepatic reactive mesentery or effusion was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	
Grand River VH	
REFERRING VET	
Dr. Hornak	
INVOICE	
12822	
DATE	Gastrointestinal
12/15/21	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.



PATIENT	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 obstruction or foreign material. Segmental mild nonobstructive jejunal ileus was present.
Bella Jamieson	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Belgian Mal X	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	Primary Findings
4 years	<ul style="list-style-type: none">• Acute hepatopathy with subjective subnormal liver size• Sonographically unremarkable gallbladder and common bile duct• Gastroenteritis
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
27 kg	The overall appearance of the liver is suggestive of acute hepatopathy, although the mild subjective subnormal hepatic size is nonspecific with considerations including normal patient variant with potential for acute on chronic hepatopathy. Hepatotoxic insult, given the patient's history, may be a primarily differential diagnosis in this case, although nonspecific hepatitis (viral, bacterial, etc.), vacuolar hepatic changes, and nonclinical cholestasis are possible. No overt evidence of hepatic neoplastic criteria was present. No overt evidence of a portosystemic shunt, which is considered unlikely, was noted.
INTERPRETED BY	Further assessment may include, if accessible, hepatic FNA for screening cytology (potential for FNA may not be possible, given the subjective subnormal hepatic size), fasting and post prandial bile acids with monitoring of glucose, albumin, cholesterol, and BUN levels.
R. McKenzie Daniel, DVM, DABVP	REFERRING VET
IMAGING PERFORMED BY	Hepatosupportive medication +/- antibiotic trial if concern for Infection with assessment of clinical response and as-needed gastrointestinal support are recommended.
Crystal Hill	Dr. Hornak
HOSPITAL NAME	
Grand River VH	
REFERRING VET	
Dr. Hornak	
INVOICE	
12822	
DATE	
12/15/21	



PATIENT

Bella Jamieson

SPECIES

Canine

BREED

Belgian Mal X

SEX

FS

AGE

4 years

WEIGHT

27 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

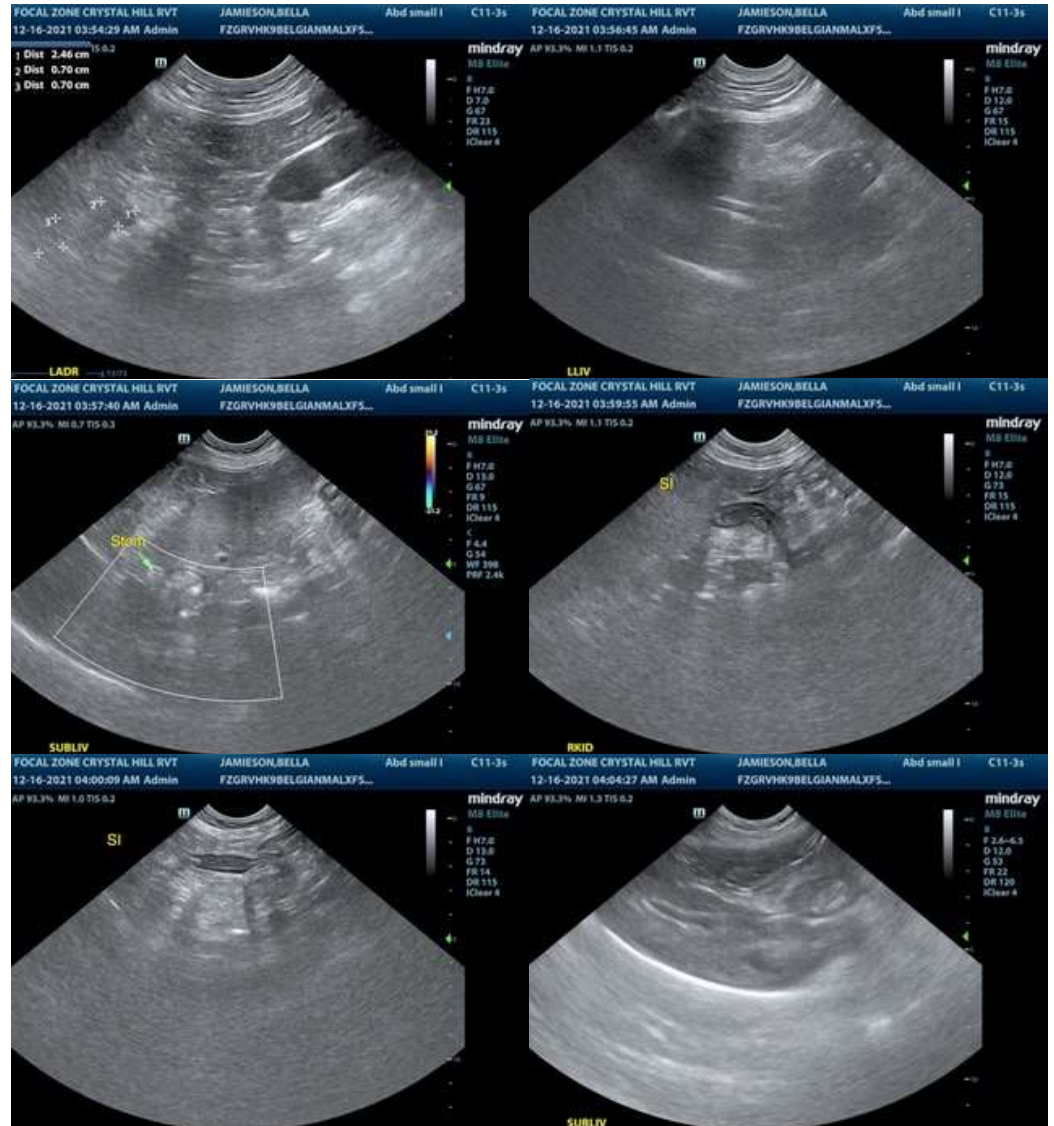
Dr. Hornak

INVOICE

12822

DATE

12/15/21





PATIENT

Bella Jamieson

SPECIES

Canine

BREED

Belgian Mal X

SEX

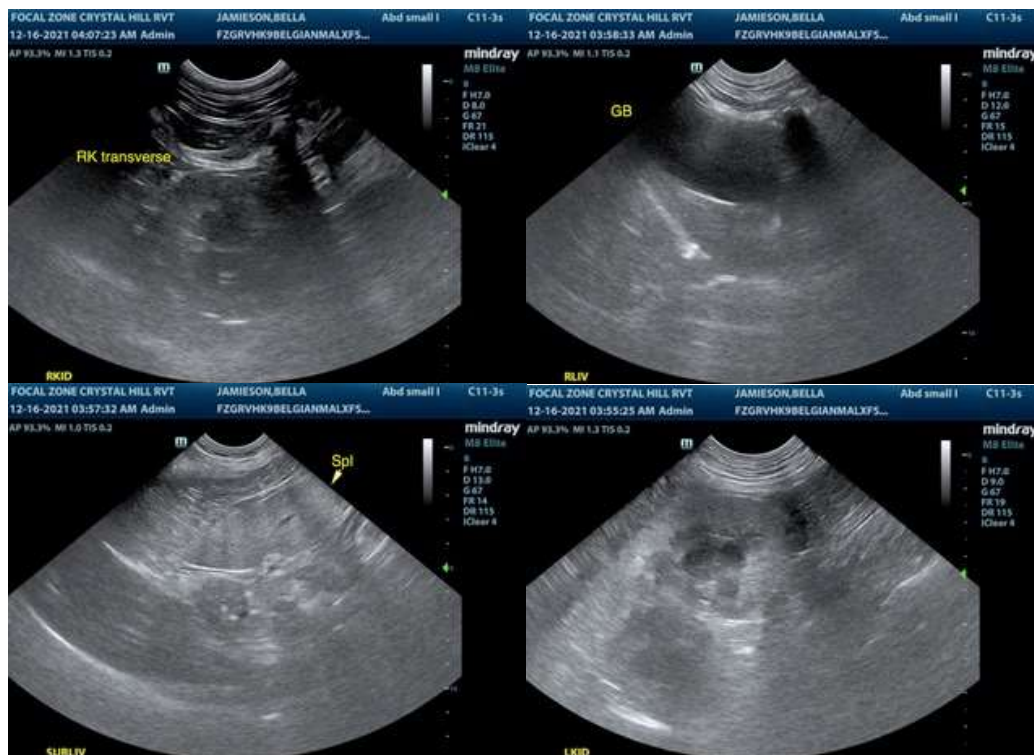
FS

AGE

4 years

WEIGHT

27 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Hornak

INVOICE

12822

DATE

12/15/21

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.

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