



PATIENT

Riley Roth

SPECIES

Canine

BREED

German Shepherd

A 4:..

SEX

FS

AGE

6 years

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

12865

DATE

12/21/21

PRESENTING CLINICAL SIGNS

-inappetance, (initially was vomiting), elevated liver enzymes. On amoxi, metronidazole(vomited on baytril).

Abnormal PE/Chem/CBC/UA Results: SGOT 102, SGPT 516

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 6.8cm in length. The right kidney measured 6.6 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 2.2 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited normal overall size and contour. Subtle decreased splenic parenchyma echogenicity exhibiting moderate coarse echotexture with a subtle indistinct nodule in the medial parenchyma adjacent to the hilus was present, measuring 1.4 cm width.

Liver/ Gallbladder

The liver presented mild enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited mild wall thickening with intact to indistinct wall layer detail. The stomach was empty with mild luminal gas.



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 ileus, obstruction, or foreign material. The jejunum wall width measured 0.32 cm.
Riley Roth	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<i>Pancreas</i>
BREED	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
German Shepherd	
SEX	<i>Free Abdomen</i>
FS	
AGE	Several mid to cranial mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). An example of a lymph node medial to the spleen measured 4.6 cm x 1.3 cm. An example of a lymph node caudal to the stomach and adjacent to the portal vein measured 5.0 cm x 2.0 cm. Subtle evidence of perilymphatic reactive mesentery was evident. No effusion was noted.
6 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
58 lbs.	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> Hepatopathy - subjectively acute to potential acute on chronic, acute hepatitis (viral, bacterial, Leptospirosis, toxin), reactive hepatopathy, congestion, occult neoplasia, or other hepatopathy in the face of ALT / AST elevation possible Several prominent to hypoechoic mid to cranial mesenteric lymph nodes - reactive lymphadenitis, hyperplasia, emerging neoplastic lymphadenopathy possible Subtle splenic nodule - nonspecific, hyperplasia, hematopoiesis, splenitis, emerging neoplasia possible Mildly thickened stomach - gastritis, potential for emerging infiltrative gastric mural disease cannot be excluded Possible low-grade chronic to chronic active pancreatitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Diane McFadden	Assuming normal clotting status, further assessment in this case may include hepatosplenic and lymphatic FNA using a 25-gauge needle for screening cytology. Spec cPL could be considered. Empirical hepatitis / pancreatitis protocol with as-needed gastrointestinal support and broad-spectrum antibiotic protocol would be appropriate. Sonographic monitoring of the lymph nodes or for evidence of progressive hepatosplenic and gastrointestinal inflammatory changes are recommended if clinical signs continue or if sampling is not elected. Leptospirosis titers / PCR may be considered if potential exposure.
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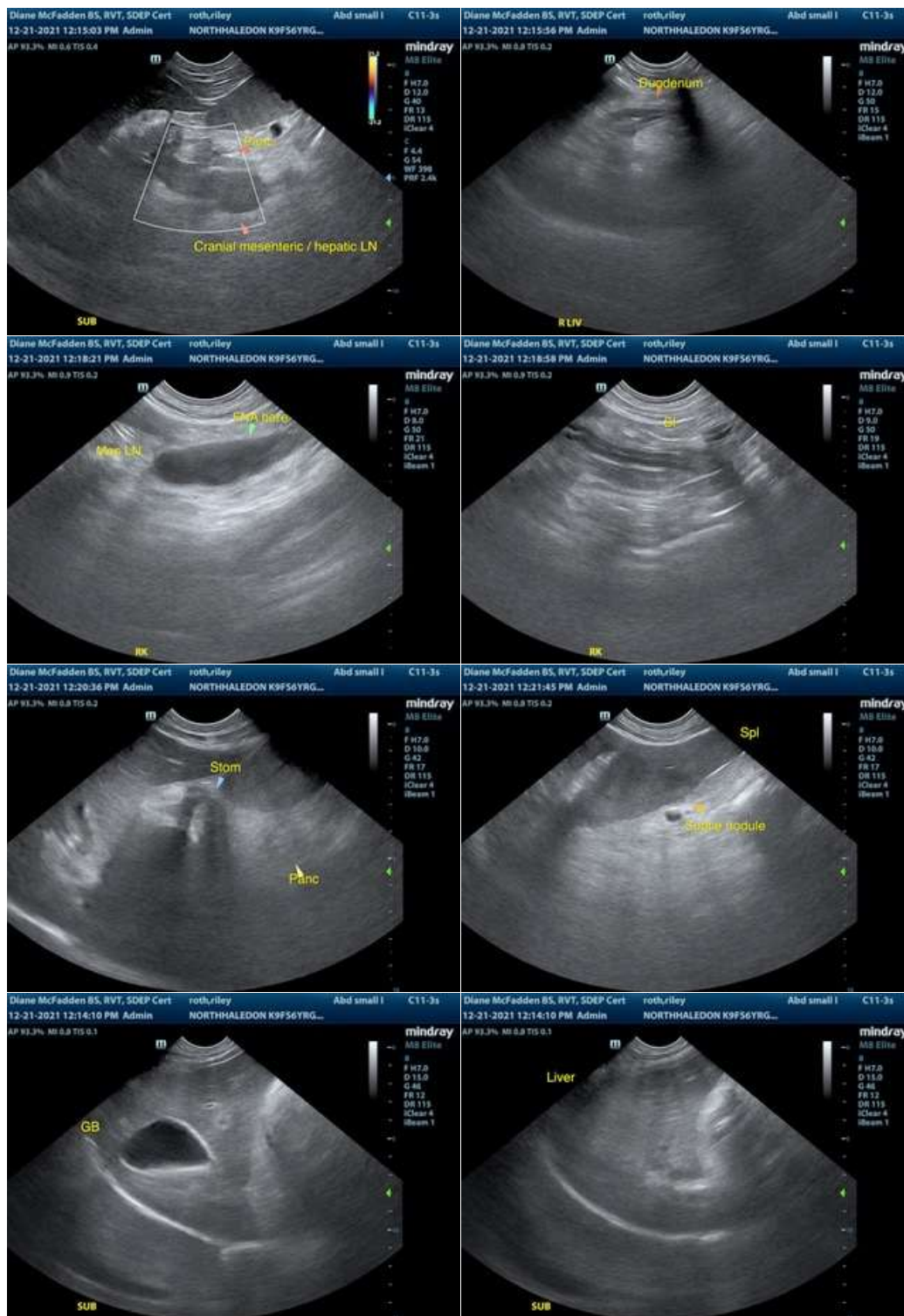
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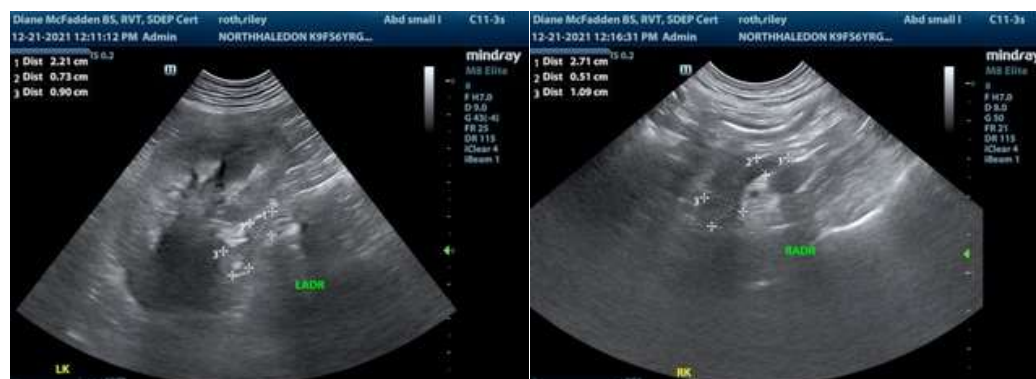
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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