



PATIENT

Charlie
Wasserburger

SPECIES

Canine

BREED

Terrier X

SEX

Male (N)

AGE

11 yrs.

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Teresa Bessler

INVOICE

15711

DATE

12/27/22

PRESENTING CLINICAL SIGNS

Dog gets bloody diarrhea, itchy at his hind end and paws. Gave cytopoint and owner reported the bloody diarrhea went away.

Abnormal PE/Chem/CBC/UA Results: Chem TP 9.1, Alb 4.9, lipase 2726, Tbil 3.0 and ALT 195. last blood work Tbil was 1.3. I would recommend abdominal ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine with mild dependent mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

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 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 or pyelectasia was present in either kidney. Right kidney focal nonobstructive medullary mineralization was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 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 0.50 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland exhibited overtly normal size and shape although indistinctly visualized with the caudal pole measuring 0.51 cm.

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.

Liver/ Gallbladder

The liver presented borderline to possible mild 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 anechoic content with focal nondependent mild congealed yet nonorganized echogenic luminal debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with nonspecific areas of increased duodenojejunal mucosa echogenicity to indistinct mucosal striations.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

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. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder mineral / small accumulated calculi
- Mild age-related kidneys with mild nonobstructive right kidney medullary mineral
- Benign hepatopathy - suspect low-grade inflammatory hepatopathy
- Nondistended gallbladder with minor nondependent to congealed debris (non-mucocele)
- Sonographically unremarkable pancreas
- Nonspecific mild to intermittent duodenojejunal increased mucosa echogenicity - possible inflammatory enteropathy
- Probable resolved colitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S to assess for underlying infection is suggested. Potentially this patient may be passing small amounts of mineral from the right kidney into the urinary bladder. Potential for low-grade or chronic pancreatitis could be present yet sonographically normal. Correlation with a Spec cPL +/- a GI panel to include PLI/TLI/Cobalamin/Folate to assess for an underlying intestinal disease may be considered. Empirically, a hydrolyzed diet trial, blanket deworming, and a high colony count probiotic may prove beneficial.

Hepatosupportive medications including Denamarin and Ursodiol with monitoring of hepatic enzymes are recommended.



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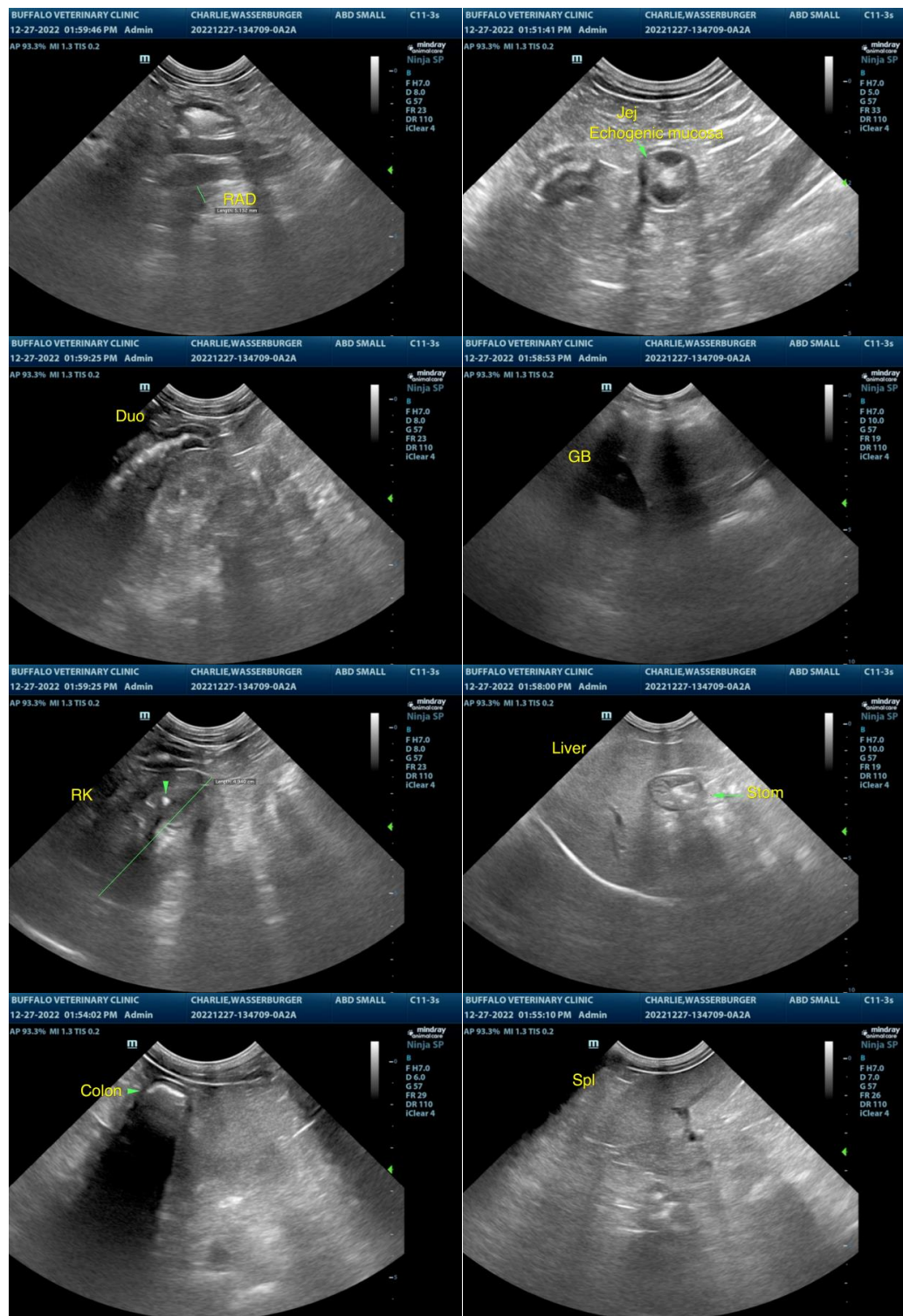
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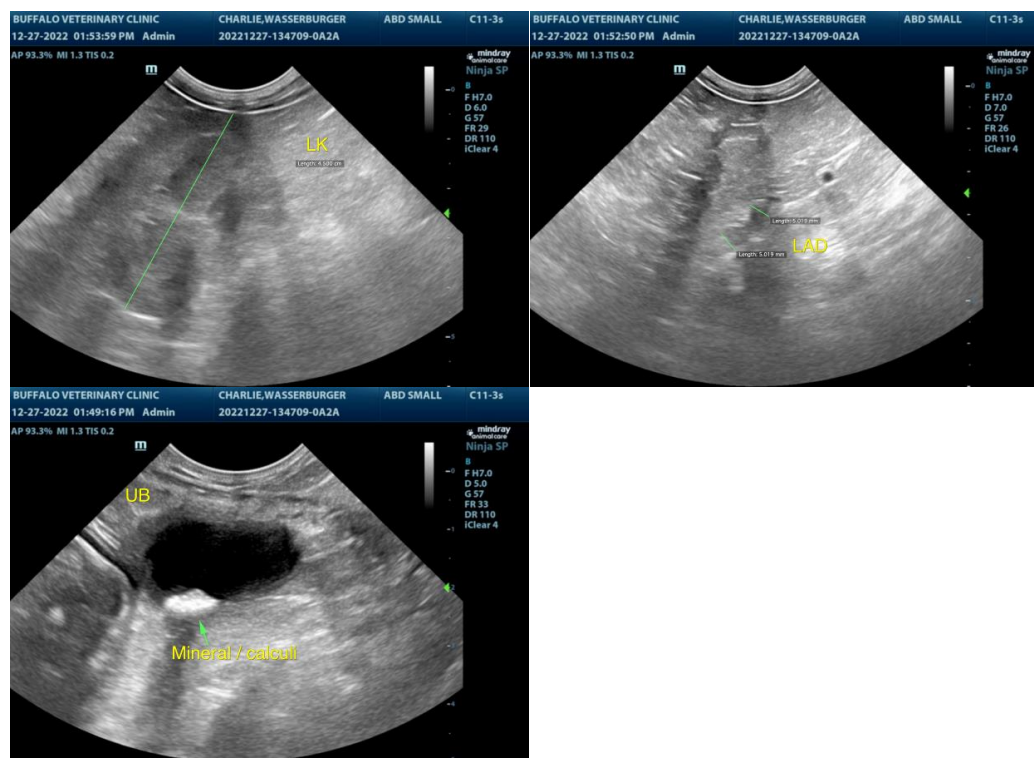
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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