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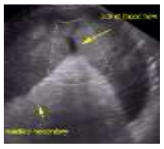
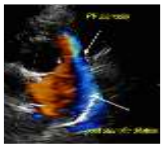
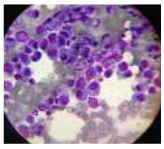
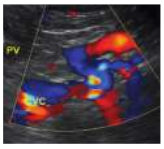

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1-800-838-4268 info@sonopath.com

PATIENT

Cabo Strainick

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 years

WEIGHT

77 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

12928

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Hx of vomiting, diarrhea, and inappetence starting yesterday. Severely elevated liver enzymes on BW. Goes out in the yard/woods, so toxin ingestion is a possibility, but nothing known for sure. Also had a similar episode about a month ago that resolved with metro, Clavamox, Cerenia.
Abnormal PE/Chem/CBC/UA Results: 11/20/21: ALT 1608, ALP 253, AST 287, GGT 23 11/24/21: ALT 427, otherwise WNL 12/29/21: ALT 4064, ALP 2091, GGT 33

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

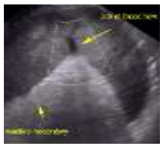
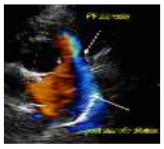
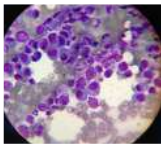
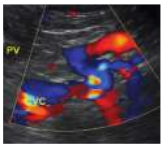
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.7 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size yet without overt pathology subjectively measuring 0.64 cm width at the caudal pole and 0.95 cm width at the cranial pole.

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 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 with primarily anechoic luminal content. 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. Mild retained echogenic, subtly shadowing ingesta was present in the stomach. The ventral gastric body wall width measured 0.55 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 jejunum wall width measured 0.26 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The distal descending colon to colorectal wall measured 0.3 cm in width.

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, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy - subjectively benign and acute or acute on chronic
- Sonographically unremarkable gallbladder
- Overtly normal gastrointestinal tract
- Mild retained gastric ingesta - likely retained food and chyme, potential for some degree of gastric hypomotility given the history of vomiting and Inappetence

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for acute or acute on chronic nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin), given the primarily elevated ALT with potential for vacuolar hepatopathy and cholestasis, given the ALP /GGT elevation. No overt evidence of occult hepatic neoplasia which is considered a less likely differential diagnosis. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology +/- Leptospirosis titers / PCR if potential exposure.

Empirically, hepatosupportive medications including Ursodiol due to its antioxidant and immunomodulatory effects within the liver +/- empirical antibiotic protocol with monitoring of hepatic enzyme response could be considered. Potential for acute or recurrent structurally insignificant Inflammatory bowel episode or potentially owing to dietary indiscretion could be considered. Fresh fecal analysis to assess for parasitic ova / giardia +/- a

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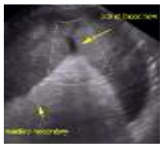
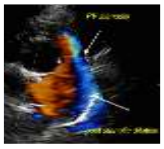
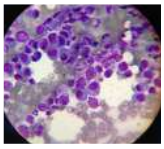
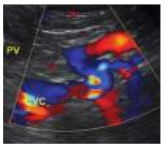

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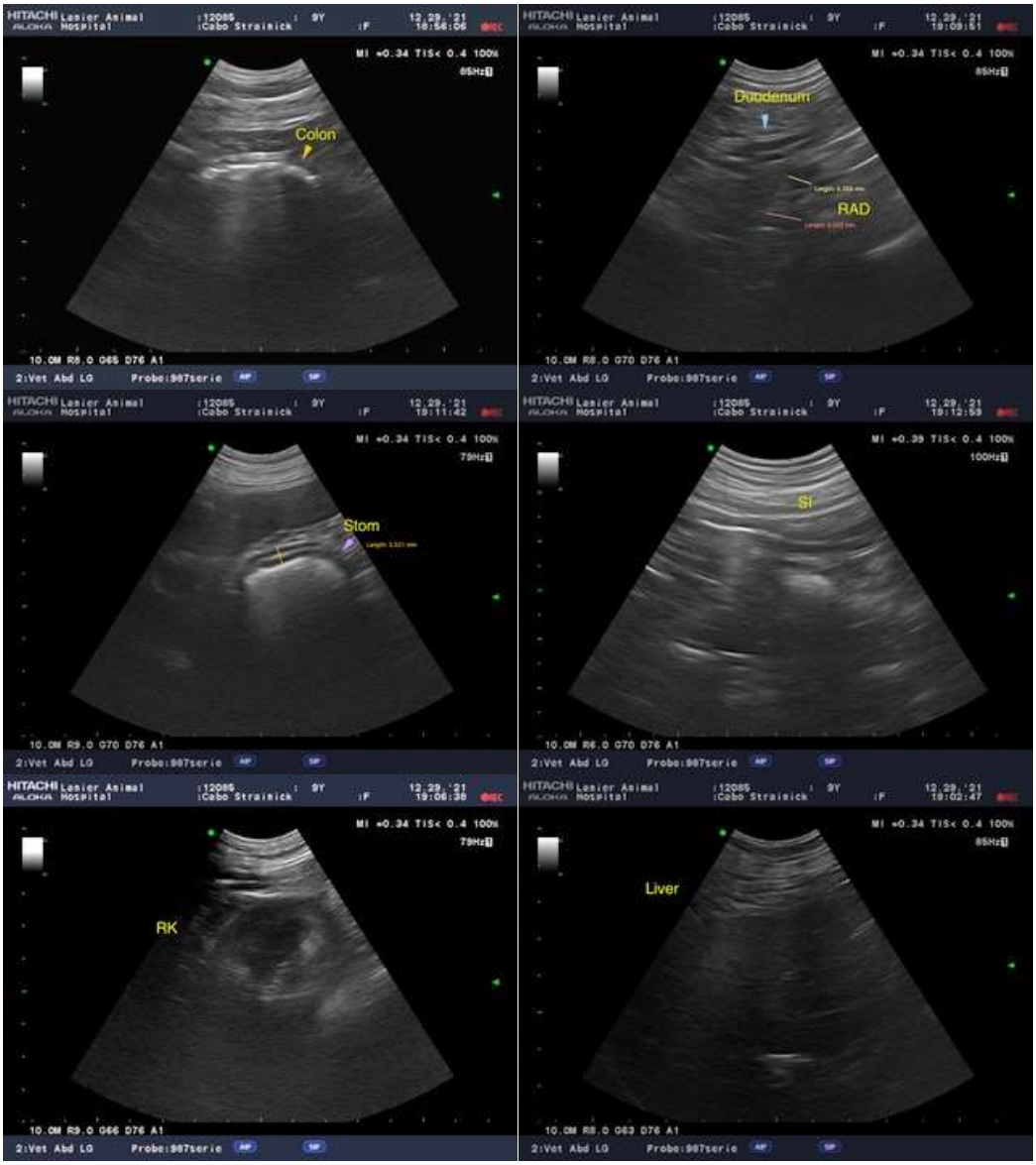
GI panel to include if persistent gastrointestinal signs would be warranted. Radiographic monitoring of gastric emptying, if evidence of intragastric soft tissue opacity on radiographs, is suggested. A minor potential for gastric foreign material cannot be definitively excluded yet thought less likely.



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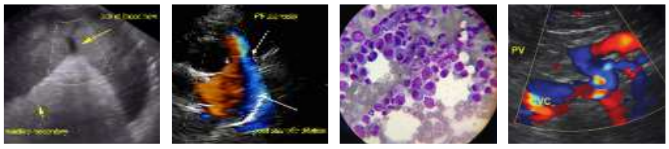

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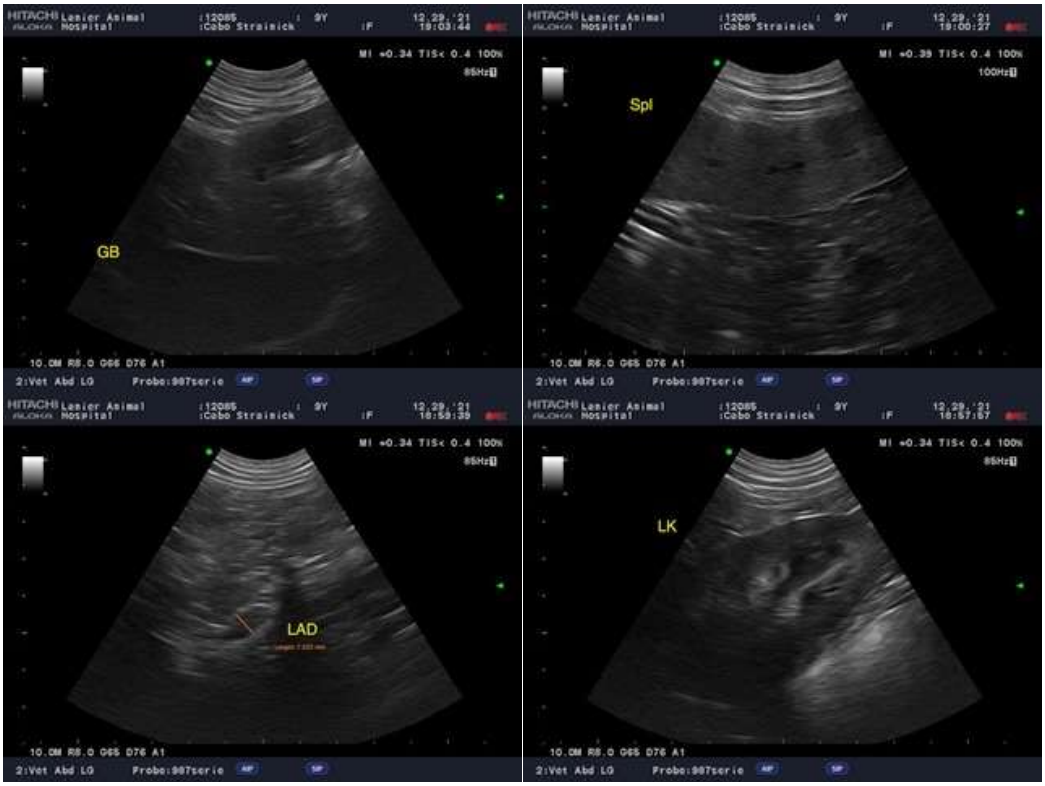

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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