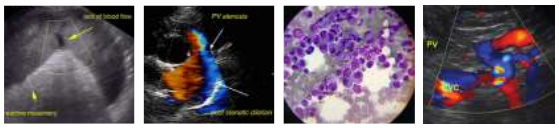


PATIENT

Paizanno Redler

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

12 years

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Tim Reid

INVOICE

12931

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Paizanno recently finished a 4 week course of chloramphenicol for a MERSA infection. from a TPLO sx that got infected. He had the plate removed 11/29 and his pre sx bloodwork at that time was all wnl. P is not eating, lethargic, and has increased liver values
Abnormal PE/Chem/CBC/UA Results: His 12/29 bloodwork glucose was 108 when rechecked on glucometer the blood Sat for a bit before spun down. Attached is a copy of Paizanno's bloodwork with elevated liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.51 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

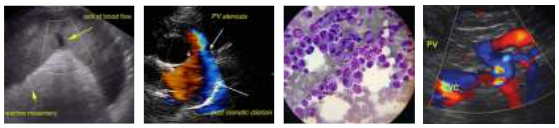
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 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 2.4 cm length x 0.57 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 2.3 cm length x 0.64 cm width at the caudal 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.



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Liver/ Gallbladder

The liver was mildly enlarged in size. The parenchyma of the liver exhibited mild primarily uniform increased parenchyma echogenicity compared to the spleen and falciform fat. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild particulate gallbladder debris. The gallbladder was otherwise normal. No evidence of gallbladder wall inflammation or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with minor retained subtly shadowing ingesta / chyme. No evidence of pyloric outflow obstruction was noted. The gastric body wall width measured 0.40 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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

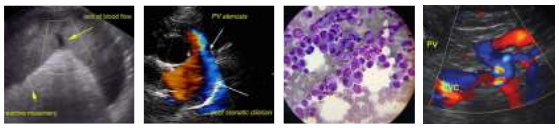
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mild Increased parenchyma echogenicity - subjectively benign
- Minor gallbladder debris (non-mucocele)
- Pancreatitis - subjectively mild, active
- Retained gastric ingesta - probable gastric hypomotility
- Sonographically unremarkable small bowel

Secondary Findings

- Mild cystitis pattern
- Mild age-related kidneys



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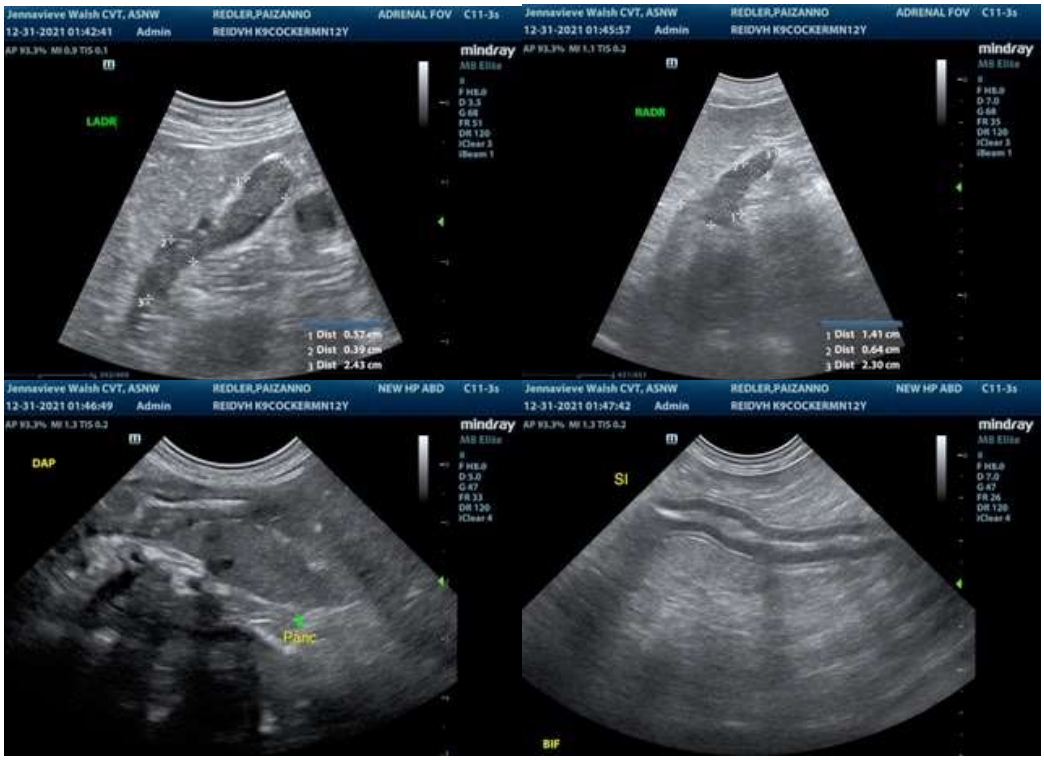
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific with considerations including metabolic / reactive / vacuolar hepatopathy, hepatitis / cholangiohepatitis, lipidosis, fibrosis, hepatic toxin, with occult hepatic neoplasia considered a less likely differential diagnosis. The hepatic enzyme elevations, as well as gastric hypomotility, may potentially be secondary to pancreatitis in this case. However, potential for primary hepatopathy and concurrent gastritis could be present.

Further assessment, assuming normal clotting status, could include hepatic FNA for screening cytology primarily to assess for evidence of inflammatory cells. Hepatoprotectants such as Denamarin +/- Ursodiol, gastrointestinal support, and supportive care for mild active pancreatitis Is recommended with an assessment of clinical response. Recheck sonogram could be considered to assess for progressive hepatic, pancreatic or gastrointestinal inflammatory changes.



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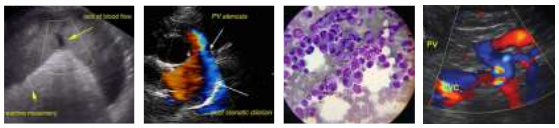

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AnimalSoundsNW.com 541-357-9423

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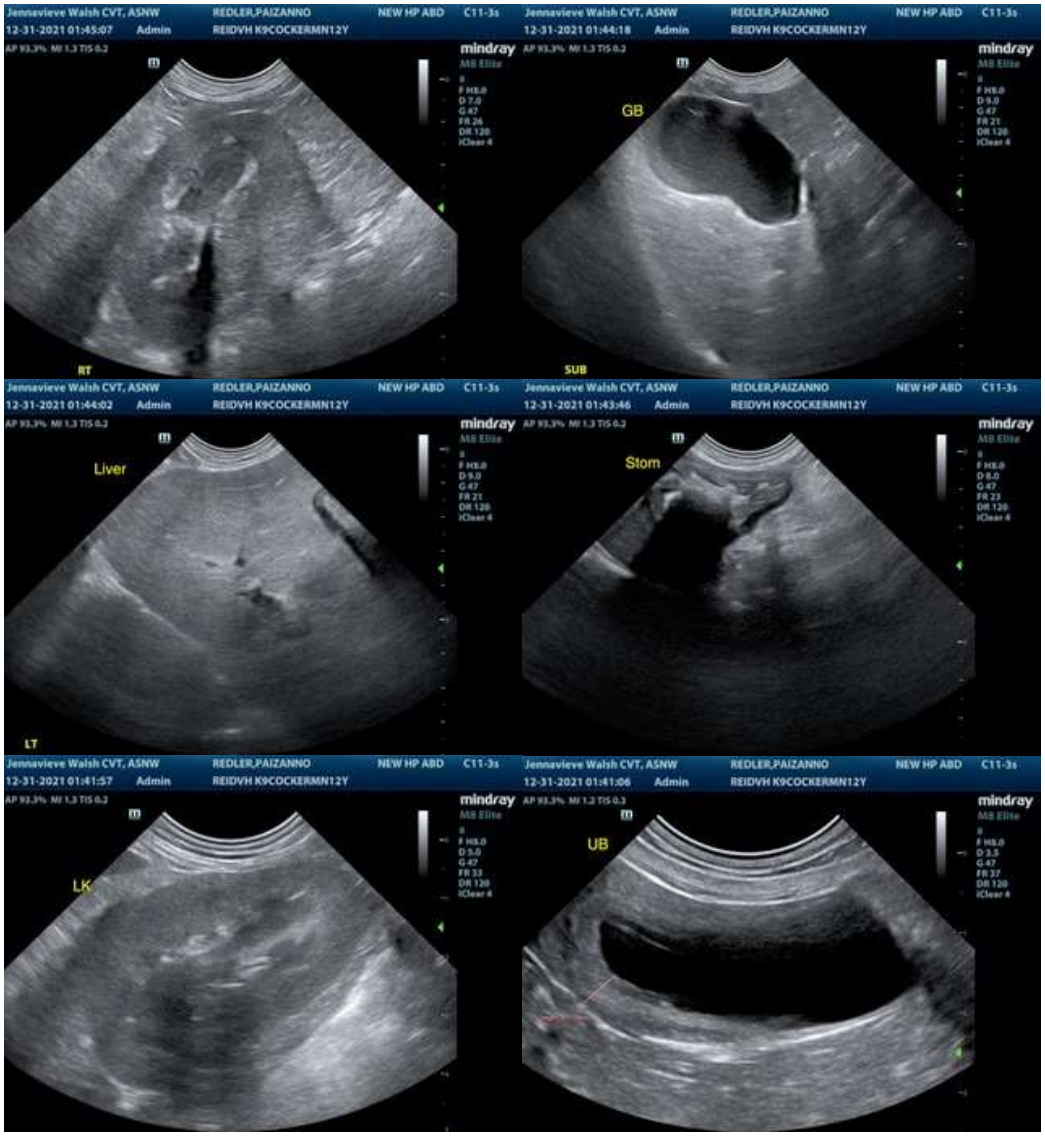

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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