



**PATIENT**

Ozzie Blodgett

**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

4.63 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Massa

**INVOICE**

43172

**DATE**

12/4/22

**PRESENTING CLINICAL SIGNS**

Ozzie is a 10y MN Terrier presenting for V/D. The patient ate breakfast this morning then vomited it up twice. Did not want to eat after. P also had diarrhea through the day (no blood noted per O). Lethargic, not acting himself. On a urinary diet due to previously diagnosed crystalluria

Abnormal PE/Chem/CBC/UA Results: ALT(GPT): 2246 ALP: 619 GGT: 23

**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 were noted.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The adrenal glands were not definitively visualized. No overt pathology in the area of either adrenal gland.

**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**

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a moderate coarse echotexture. Mild 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 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 with 1:3 muscularis/mucosa ratio. Intermittent non-specific duodenojejunal hyperechoic mucosal speckling noted. 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.



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**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 was evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy - acute or acute on chronic
- Normal gallbladder
- Gastroenterocolitis
- Mild age related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the significant ALT elevation, nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc) is suspected with vacuolar hepatopathy, nonobstructive cholestasis or other hepatopathy with less likely occult neoplasia all potentials. Further assessment may include FNA cytology if normal clotting status and Leptospirosis titers / PCR if endemic to the area / possible exposure. Metabolic / infectious gastroenterocolitis, dietary indiscretion, parasitism, emerging IBD or low grade pancreatitis, which may present sonographically normal, unlikely infiltrative neoplasia possible in light of gastrointestinal signs. Hospitalization with empirical hepatitis / gastroenterocolitis support and clinical monitoring is recommended.

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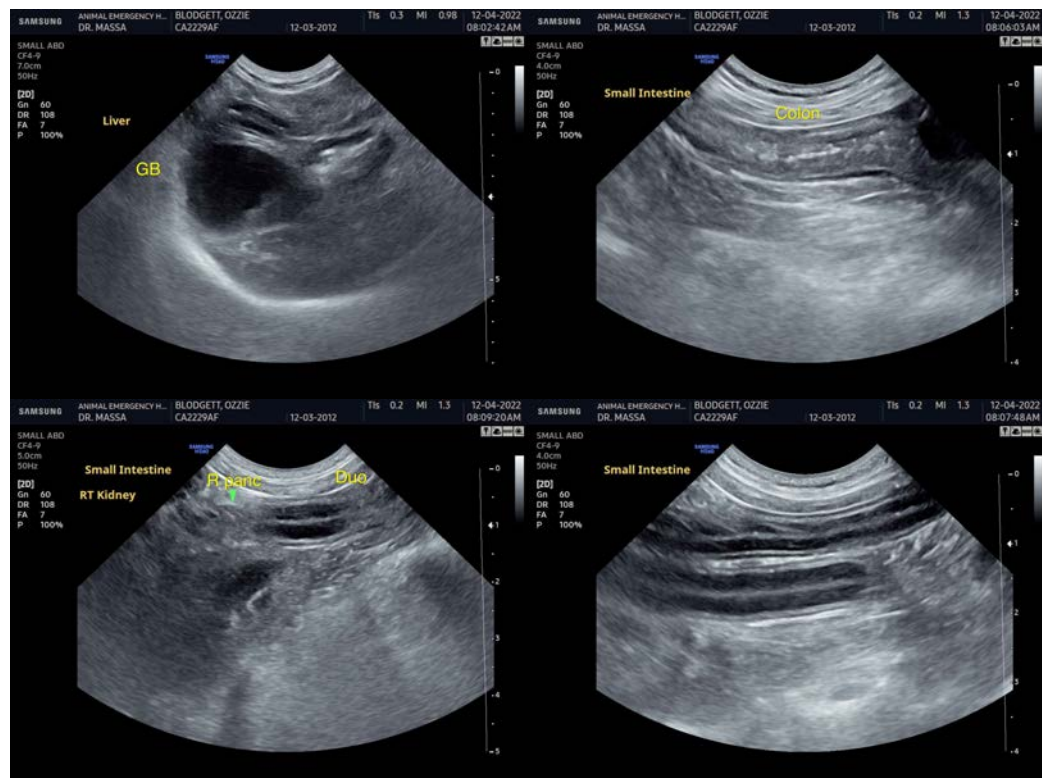
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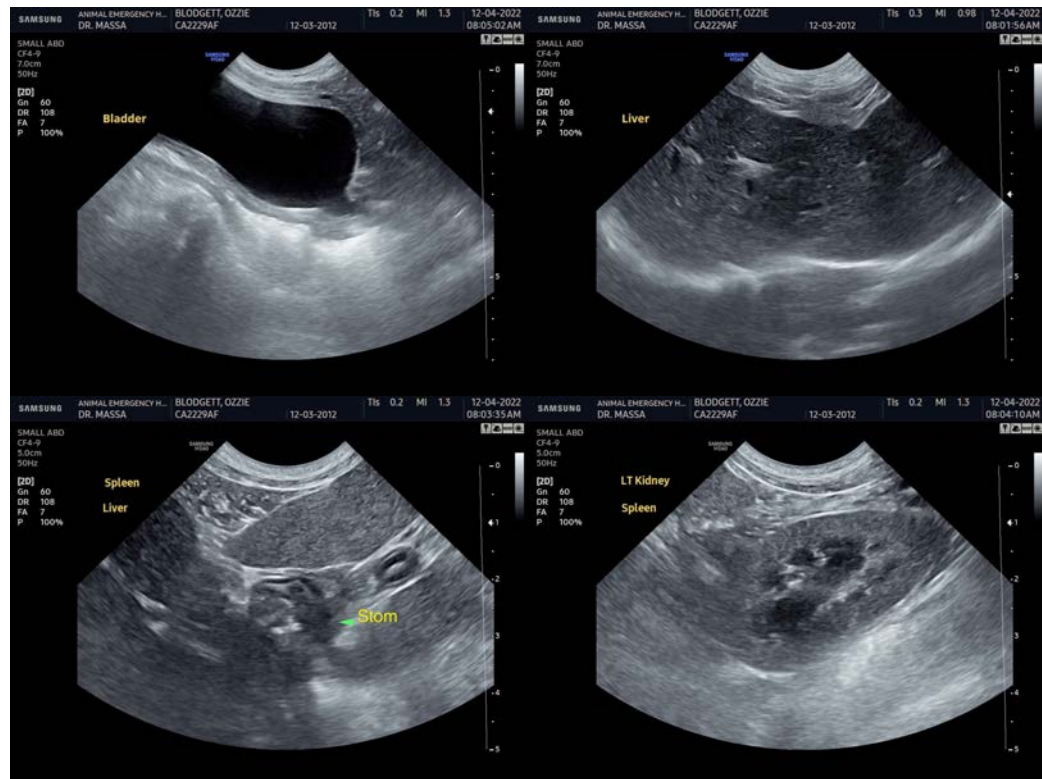
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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