



PATIENT

Tucker Saurbaugh

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

1 Year

WEIGHT

67 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jack Reese

HOSPITAL NAME

Willow RunVC

REFERRING VET

Jack Reese, DVM

INVOICE

12853

DATE

11/7/21

PRESENTING CLINICAL SIGNS

History: Several week history of lethargy and diarrhea. Owner noted liquid diarrhea in beginning of November of this year - presented for exam and high fever (104.3) noted with liver enzyme elevations. Responded originally to supportive care and GI protectants, but owner reports that condition and demeanor have deteriorated since completing course of GI medications. Recheck bloodwork has shown improvement in liver values with continued symptoms and persistent fever. P is currently hospitalized for supportive care

Abnormal PE/Chem/CBC/UA Results: ALT 262 (10-125) ALP 876 (23-212) T - 104 (persistent fever) WBC 32.62 (5.05 - 16.75)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild dependent mineral, along with non-dependent particulate sediment, which may indicate mild non-dependent cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

No overt pathology associated with the residual prostate.

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 pyelectasia. The left kidney measured 7.4 cm in length. The right kidney measured 8.1 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 2.7 cm in length x 0.43 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 3.0 cm in length x 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited potential for mild generalized enlargement with 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 enlarged in size. Lobar mid to right non-homogeneous to mixed echogenic subtly nodular parenchyma was present. This abnormal area of hepatic parenchyma measured approximately 7.0 cm in diameter. Subtle asymmetrical hepatic caudal margination associated with this area was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal small pocket of scant peritoneal free fluid was present. A cystic component or overt abscessation



PATIENT	associated with the abnormal hepatic parenchyma was not definitively evident. Potential for associated hepatic lymphadenopathy possible.
Tucker Saurbaugh	
SPECIES	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Canine	
BREED	Gastrointestinal
English Bulldog	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 gastric body wall measured 0.35 cm.
SEX	The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.48 cm. The jejunum wall measured 0.38 cm.
Neutered Male	The colon presented intact yet mildly prominent wall layering with subjective semi formed feces. The colon wall measured 0.26 cm.
AGE	Pancreas
1 Year	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.
WEIGHT	Free Abdomen
67 Lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatomegaly with lobar ill-defined non-homogeneous to mixed echogenic subtly nodular mid to right parenchyma- inflammatory infectious potential neoplastic etiologies possible • Possible mild splenomegaly yet maintained homogeneous parenchyma and symmetrical margination- non-specific, probable mild hyperplasia, hematopoiesis, incidental splenitis or patient variant, not overtly consistent with neoplastic criteria • Mild dependent urinary bladder mineral and non-dependent particulate sediment • Mild gastroenterocolitis pattern
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REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jack Reese, DVM	The primary finding in this case is that lobar to sectorial yet non-specific atypical mid to right hepatic parenchyma, in light of the patients persistent elevated liver enzymes. Assuming normal clotting status, ultrasound guided FNA in this area of the liver, using a 25-gauge needle, warranted for screening cytology +/- culture and sensitivity. Fresh fecal analysis to assess for parasitic ova/Giardia +/- GI panel including PLI, TLI, cobalamin and folate recommended. Broad spectrum antibiotics to cover for both potential inflammatory hepatopathy as well as infectious gastroenteritis suggested. Leptospirosis titers/PCR may be considered if clinically indicated. Urine C/S on sterile urine sample is recommended given the UB mineral and sediment.
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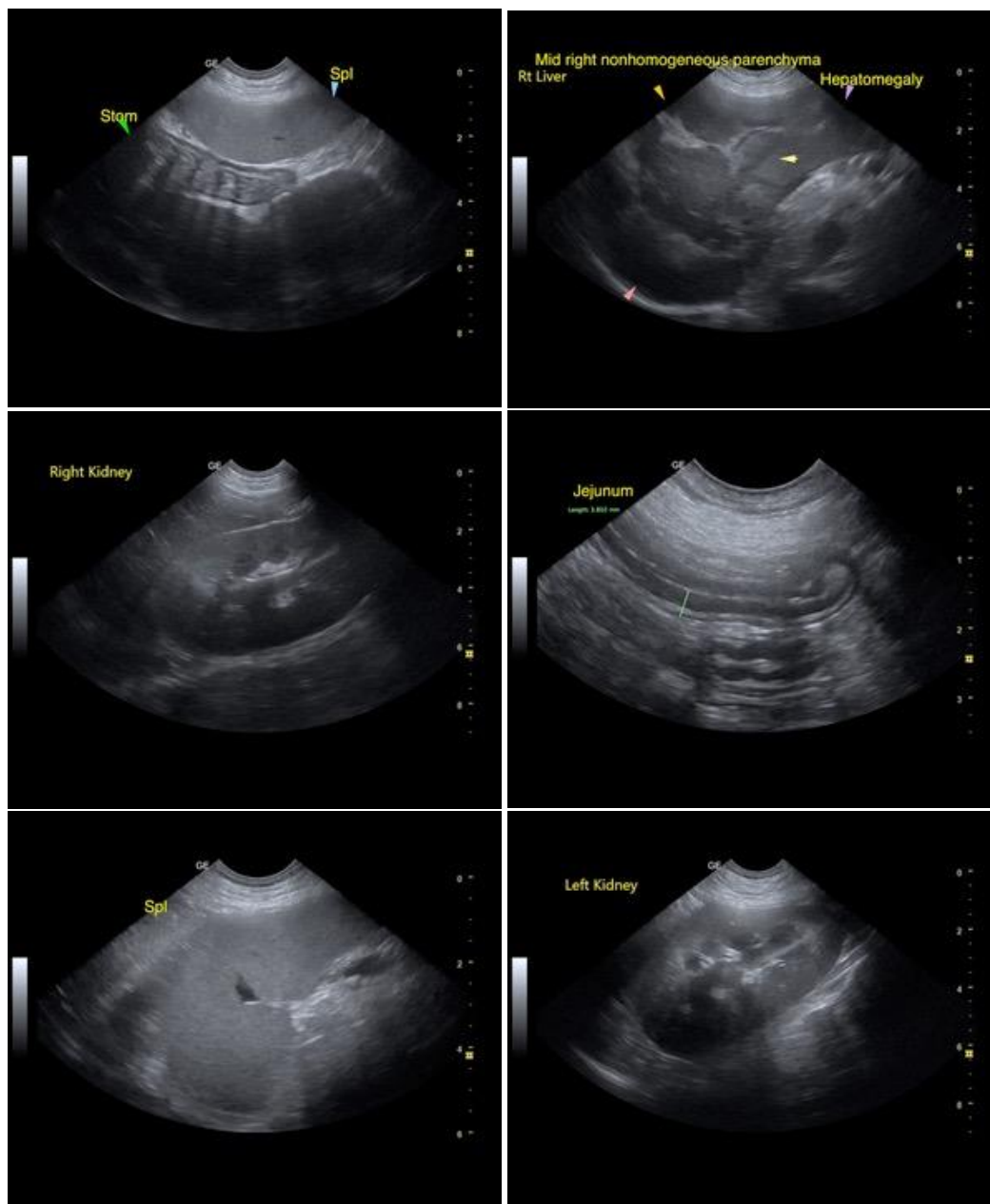
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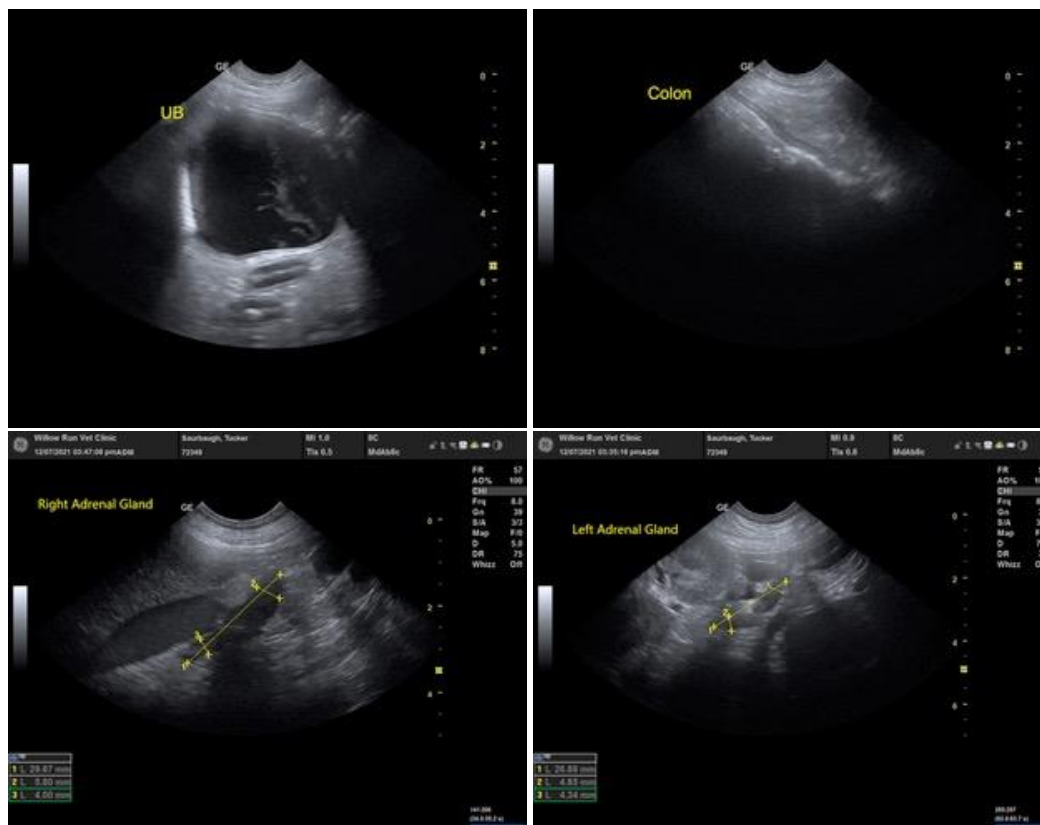
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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