



PATIENT

Igdie Dodd

SPECIES

Canine

BREED

Staffordshire Terrier X

SEX

Canine

AGE

8 Years

WEIGHT

54.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

13914

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Presented today for diarrhea & lethargy. Fever on presentation 104.5 Direct fecal smear: no fluke eggs seen CBC: low EOS 0.02, band neut suspected, low PLT 88k, high MPV 16. rest wnl. Manual platelet count (on fresh sample): 26-39k slide 1, 32-48k slide 2. Chem17: mild elevated CRE 1.9, Glob 4.7. Severely elevated ALT 917, ALKP >2000, GGT 21, TBIL 6.0. rest wnl. EPOC: low iCa 1.11, CI 101, K 3.4, Na 134. rest wnl. 3 view abdominal rads: hepatomegaly, decreased cranial/mid abdominal serosal detail, possible mass effect. no GI abnormalities noted.

Abnormal PE/Chem/CBC/UA Results: Exam: QAR. MM hyperemic & slightly icteric. Severe dental disease. Enlarged, non-painful submandibular LN. Thoracic auscultation wnl. Abd slightly distended, no pain on palpation.

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. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology in the area of the left or right adrenal glands was evident.

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 exhibited subjective mild generalized enlargement. Mild areas of asymmetrical caudal hepatic contour and subtle areas of lobar swelling were present. Generalized decreased hepatic parenchyma echogenicity, exhibiting coarse echotexture noted. Potential areas of focal biliary tree mineralization possible.

The gallbladder was non-distended in size with prominent to mildly hyperechoic gallbladder walls. Moderate nondependent nonmineralized luminal debris was present. The common bile duct was indistinctly visualized, yet without overt evidence of dilation.

Gastrointestinal

The stomach exhibited intact yet subjective mild wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.



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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 semi-formed feces in lumen.

SPECIES

Pancreas

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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.

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Free Abdomen

Small pockets of scant peritoneal free fluid were present.

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Enlarged, hypoechoic cranial abdominal lymph nodes were present, noted caudal to the right mid to lateral and caudate liver. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of a cranial abdominal lymph node measured 3.0 cm x 2.5 cm. Generalized mildly hyperechoic mesentery was noted, most prominent in the cranial abdomen, caudal to the liver.

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The area of the aortic trifurcation was free of pathology. No evidence of sublumbar or medial iliac lymphadenopathy.

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Other

The area of the uterine remnant was free of pathology.

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- Hepatopathy, exhibiting areas of lobar swelling- subjectively acute
- Cholecystitis pattern with moderate nondependent yet subjective nonorganized luminal debris
- Mild gastroenterocolitis pattern
- Cranial abdominal lymphadenopathy- hyperplasia, lymphadenitis, neoplastic lymphadenopathy possible
- Generalized, primarily cranial abdominal hyperechoic mesentery with small pockets of scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although nonspecific, the appearance of the liver is suggestive of acute hepatopathy. Considerations may include acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.), vacuolar hepatopathy/cholestasis, occult neoplasia or other hepatopathy. Assuming normal clotting status, further assessment may include, ultrasound guided hepatic FNA, for screening and cytology +/- leptospirosis titers/PCR, if clinically indicated. Likewise, if accessible, ultrasound guided FNA of enlarged cranial abdominal lymph node recommended, if possible.

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Empirically, acute cholangitis/cholangiohepatitis protocol with (as needed) gastrointestinal support recommended. Recheck sonogram suggested, if continued to progressive hepatic enzyme elevations or evidence of cholestasis.

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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