



PATIENT	PRESENTING CLINICAL SIGNS
Primadonna Diaz	P presented obtunded. Vomiting and diarrhea for 4 days with inappetence, not drinking water.
SPECIES	Abnormal PE/Chem/CBC/UA Results: HGB 24.4g/dL HIGH MCH 27.9pg HIGH MCHC 44.1g/dL HIGH WBC 25.04K/ μ L HIGH NEU 21.71 K/ μ L HIGH MONO 1.99 HIGH EOS 0.01 LOW GLU 261mg/dL HIGH CREA 12.0mg/dL HIGH BUN 125mg/dL HIGH PHOS > 16.1 mg/dL HIGH ALT 164U/L HIGH ALKP 373U/L HIGH LIPA 4207 U/L HIGH Na 134mmol/L LOW Cl 84mmol/L LOW
Canine	
BREED	***The submitted study contained 42 still images and 11 videos for review. Please submit primarily videos for interpretation.
Siberian Husky	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
F	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal 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.
AGE	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 7.0 cm in length.
9yr	
WEIGHT	A labeled tumor exhibiting mild asymmetrical margination, non-homogenous to cystic parenchyma within the area of the left kidney suspected to be an enlarged non-homogenous to cystic left ovary was present. If the patient is mislabeled as intact female, the possibility of an unspecified small left perirenal tumor or lymph node is possible.
60.2lb	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of pathology associated with the uterus. No obvious evidence of pyometra criteria.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Kim	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.92 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.44 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Ridgefield Park Animal Hospital	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.
REFERRING VET	Liver/Gallbladder
Dr. Chun	
INVOICE	
13007ag	
DATE	
02/17/2023	



PATIENT

Primadonna Diaz

The liver presented possibly borderline enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. 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.

SPECIES

Canine

Gastrointestinal

BREED

Siberian Husky

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild to moderate distention with retained non-shadowing echogenic ingesta/chyme along with a strongly shadowing area of ingesta or possible echo measuring ~ 3.0 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction.

SEX

F

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited minor segmental corrugation. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

AGE

9yr

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

Pancreas

WEIGHT

60.2lb

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Subnormal urinary bladder
- Subjective mild non-specific chronic renal changes-possible acute kidney injury/insult
- Suspect prominent non-homogenous to cystic left ovary
- Hepatopathy-potentially acute
- Gastroenterocolitis pattern with hypomotile stomach, non-specific yet suspicious shadowing gastric ingesta/echo

IMAGING PERFORMED BY

Dr. Kim

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Ridgefield Park
Animal Hospital

Subjectively the kidneys did not appear to be end stage, potentially indicative of acute kidney injury or insult. Consider exposure to leptospirosis or other infectious disease, toxin or similar. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. Occult Addison's disease may be considered unlikely if evidence of stress leukogram. Concern for possible gastric foreign material is warranted although not definitive. Hospitalization with IVF, hepatorenal support, monitoring of renal response and for progressive elevated hepatic enzyme levels is recommended. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Sonographic monitoring for evidence of persistent retained gastric ingesta/echo is indicated.

REFERRING VET

Dr. Chun

INVOICE

13007ag

DATE

02/17/2023



PATIENT

Primadonna Diaz

SPECIES

Canine

BREED

Siberian Husky

SEX

F

AGE

9yr

WEIGHT

60.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

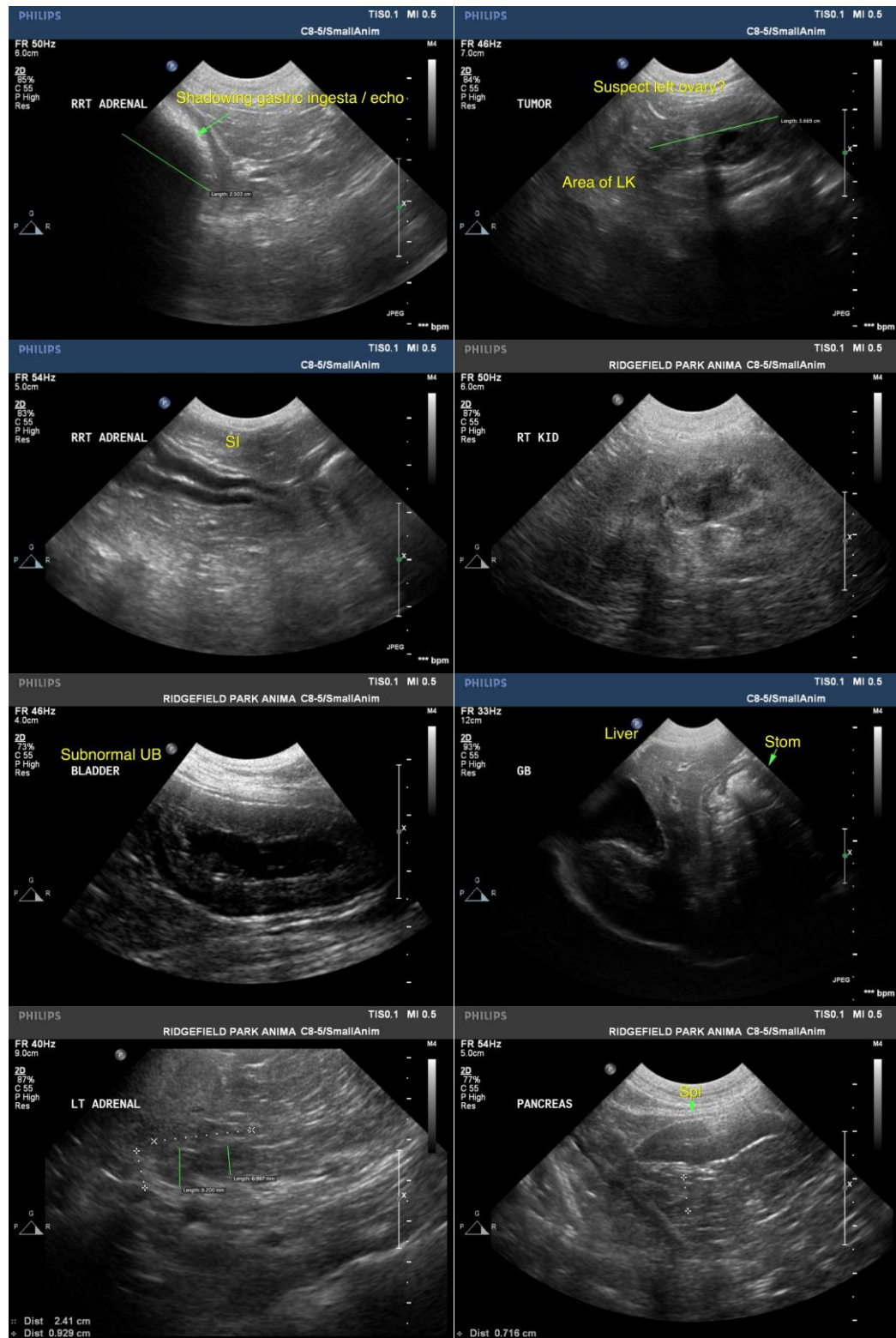
Dr. Chun

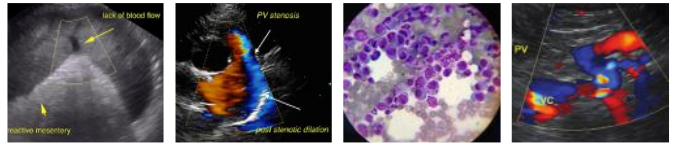
INVOICE

13007ag

DATE

02/17/2023





PATIENT

Primadonna Diaz

SPECIES

Canine

BREED

Siberian Husky



SEX

F

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.

AGE

9yr

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.

WEIGHT

60.2lb

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

mac.daniel@sonopath.com

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Chun

INVOICE

13007ag

DATE

02/17/2023