



PATIENT

Brady Miller

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

9yr

WEIGHT

27.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hess

HOSPITAL NAME

Petmedic Urgent Care

REFERRING VET

Dr. Hess

INVOICE

13020ag

DATE

02/19/2022

PRESENTING CLINICAL SIGNS

Not eating much, vomiting, PU/PD, lethargic x5days 10months ago had MCT and elevated liver enzymes- no surgery or biopsy performed. On denamarin and ursodiol, no recheck labwork until today

Abnormal PE/Chem/CBC/UA Results: Jaundiced, dehydrated, nauseous Tbili 6.9 ALT out of range CPL abnormal ALP 849 GGT 14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra 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.

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 6.8 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size positions and shape. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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/Gallbladder

The liver was mild to variably enlarged with asymmetric contour and non-homogenous generalized parenchyma exhibiting indistinct isoechoic nodular parenchymal changes. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild wall edema and non-organized hyperechoic debris occupying the majority of the gallbladder lumen. Focal areas of mineralized debris to emerging choleliths were present, an example measuring 1.2 cm in diameter. The gallbladder wall measured 0.26 cm in width. 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 contained mild progressive to focally shadowing ingesta with no signs of ileus, obstruction 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 contained mild segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Irregular non-homogenous/nodular liver-chronic to acute on chronic inflammatory hepatopathy, vacuolar, hyperplasia, hematopoiesis, fibrosis, cholestasis, infiltrative neoplasia all potentials
- Non-distended gallbladder exhibiting mild wall edema and hyperechoic to focally mineralized debris-cholecystitis, possible atypical mucocele
- Gastroenteritis pattern with mild gastric and segmental intestinal ingesta
- Unremarkable pancreas/spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of significant or active pancreatitis although chronic or low-grade pancreatitis which may present sonographically normal may be present.

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment to identify inflammatory cell type. Bile acids testing may be considered although hepatic function may be adequate if normal BUN, CHOL, ALB and GLU. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

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Given the overall hepatobiliary presentation in conjunction with lab work, laparotomy with hepatic biopsies and cholecystectomy is warranted. Aggressive hepatic support, IVF, antibiotics and as needed GI support with close monitoring of clinical response and for evidence of increasing cholestasis or cranial abdominal discomfort on palpation would be a more conservative approach however surgery should be strongly considered.

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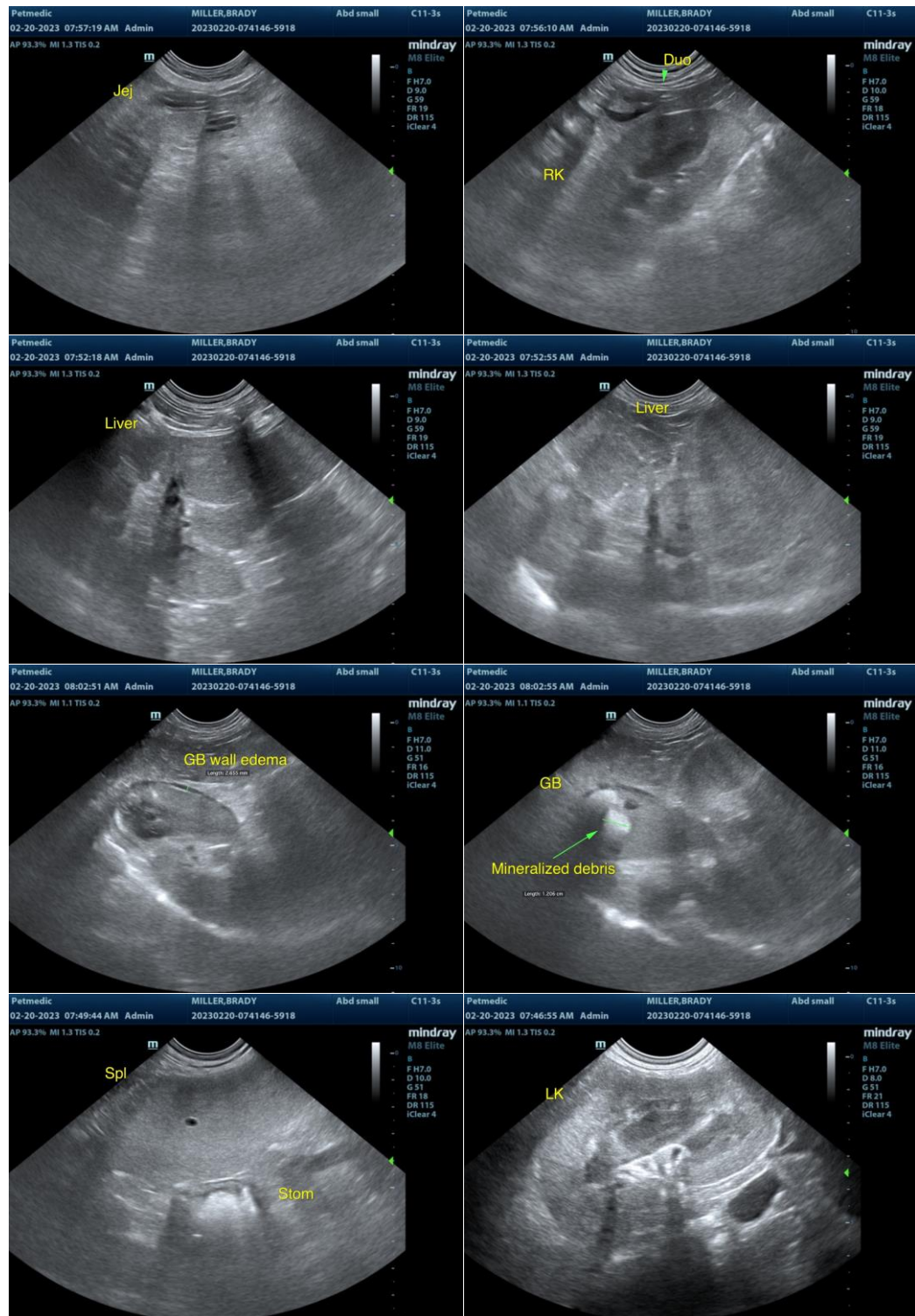
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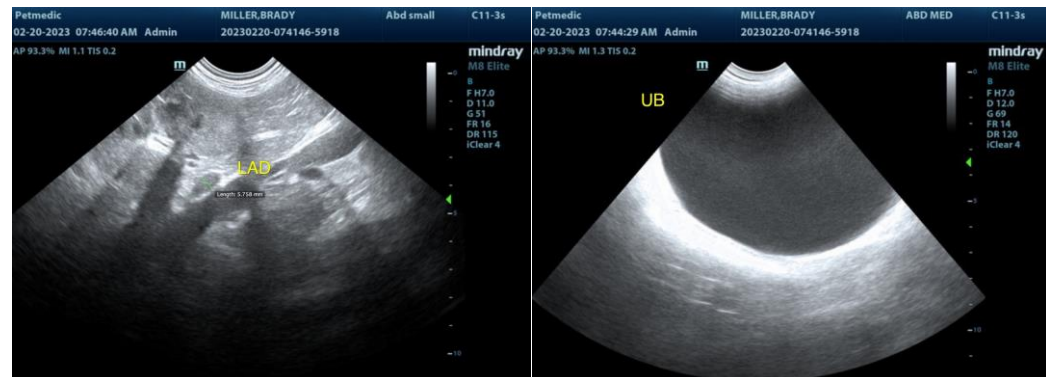
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com