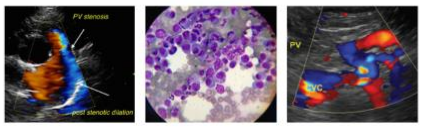
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Autumn Howard

SPECIES

Canine

BREED

Cattle Dog X

SEX

Spayed Female

AGE

4 Years

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

21236

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Clinically WNL, not symptomatic Was treated for HWD in 2020 at another clinic out of state. Abnormal PE/Chem/CBC/UA Results: PE unremarkable, P very timid ALT persistently elevated: 1155 10/22 and 1189 2/23. ALP WNL 100 10/22 and 155 2/23. GGT went up 13 10/22 and 17 2/23.

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 pelvic dilation. The left kidney appeared to be within the abdominal cavity. The left kidney measured 5.0 cm in length.

A definitive right kidney was not obviously visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm in length x 0.63 cm width at the caudal pole.

The definitive right adrenal gland was not obviously 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. The spleen was visualized within the thoracic cavity.

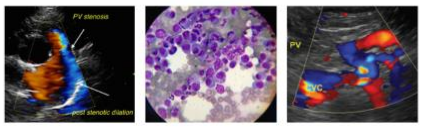
Liver

The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Potential for very subtle hepatic congestive criteria and secondary mild hepatomegaly.

The gallbladder was mildly distended in size with anechoic content. No evidence of gallbladder wall edema. 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.



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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. Segments of the small intestine were visualized within the thoracic cavity.

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.

Free Abdomen

Scant pockets of peritoneal free fluid were noted. No evidence of omental masses or lymphadenopathy were present.

Subjective dilated mid to cranial abdominal caudal vena cava was noted with possible spontaneous contrast. No evidence of formed caudal vena cava thrombus. The caudal vena cava measured 2-2.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Diaphragmatic hernia with subjective concurrent benign hepatopathy- potential for concurrent reactive/inflammatory hepatopathy given the ALT elevation.
- Subjective segmentally distended cranial abdominal caudal vena cava with suspect spontaneous contrast

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, referral for thoracoabdominal CT for further clarification and surgical planning is recommended. Empirically, hepatosupportive medications may prove beneficial.

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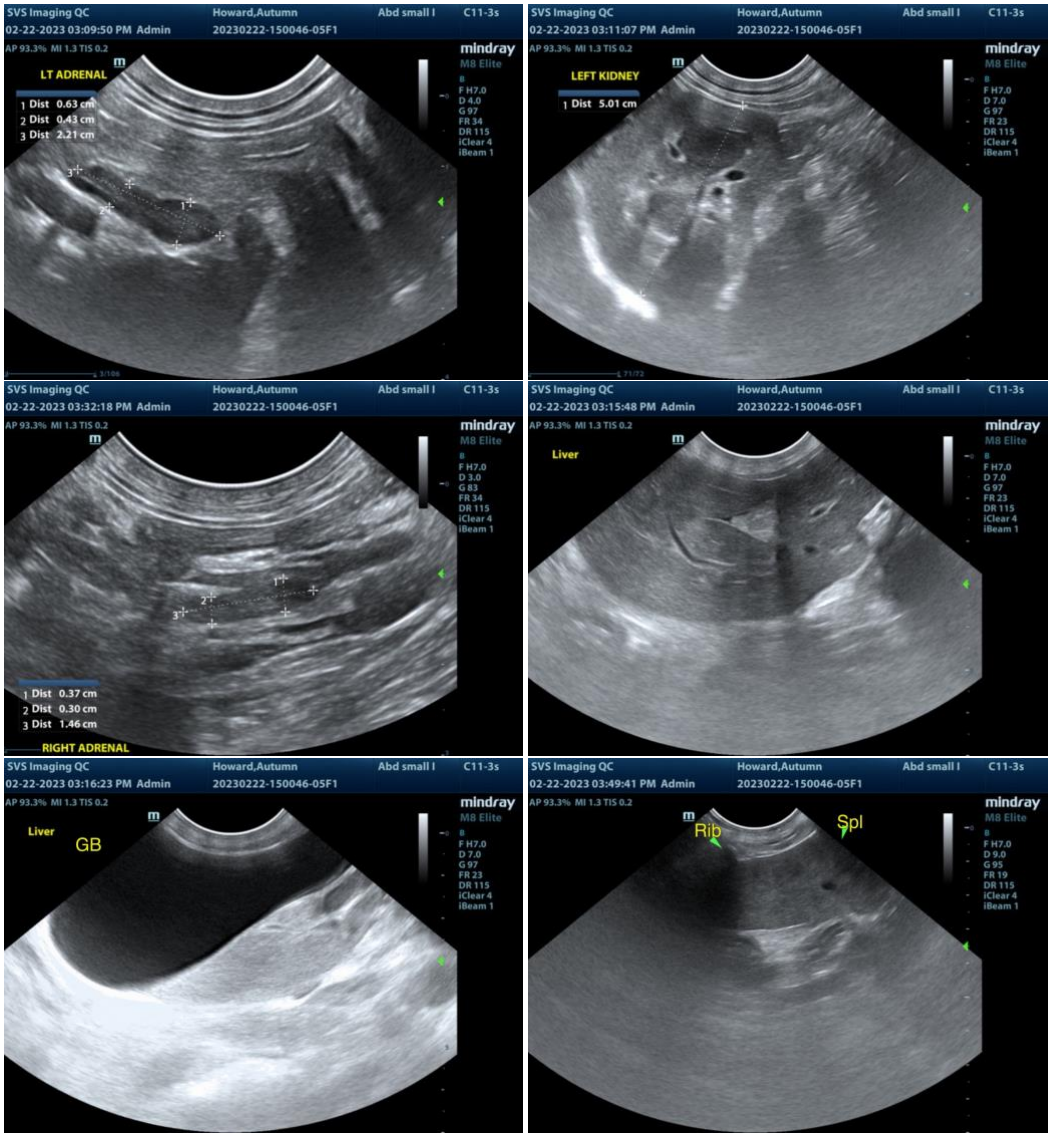

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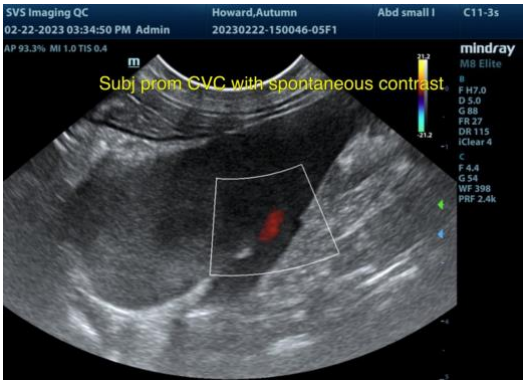

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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