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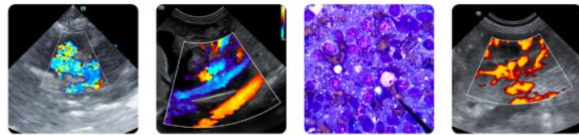


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Baker Shimanek

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

55 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Xander Omoto

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Xander Omoto

INVOICE

13952

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- Dx with PLE ~3-4 weeks ago at which time P was switched to Purina HA diet and started on prednisone. Dx was made via bloodwork and UA.
- Overall good appetite, no vomit/diarrhea, however P has been steadily losing weight (5# in the last week).
- Presented to ER 2/22 panting, hunched posture, and seeming painful; refused food and water that morning
- Has some neuro/spine/hip deficits

PE: Pain 4/9. Panting excessively, cataract OD, BCS 4/9. Chem 10: ALT 763 (H), ALP 579 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 change were noted.

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

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

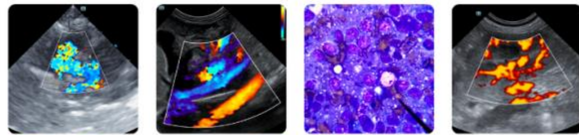
The spleen presented normal in size with mild medial capsule asymmetrical contour and mild heterogenous splenic parenchyma. No mass or nodules were evident.

Liver & Gallbladder

The liver presented enlarged in size. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach exhibited mild to moderate lumen gas and overtly normal visible intact stomach wall.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty intestinal lumen with segmental intestinal gas to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Normal gallbladder.
- Mild heterogeneous spleen.
- Overall, sonographically unremarkable gastrointestinal tract with mild to moderate gastric and mild segmental intestinal gas.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / steroid / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis.

No overt visualized gastrointestinal mural pathology. Although suppression of intestinal mural changes owing to prednisone is possible. No overt intra-abdominal neoplastic criteria or definitive area of abdominal discomfort. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

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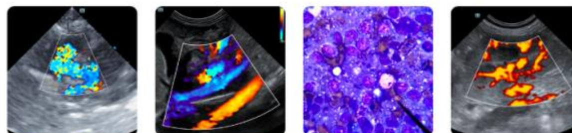

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com