

**PATIENT**

Mia Dibbern

SPECIES

Canine

BREED

Boxer

SEX

SF

AGE

6 years

WEIGHT

57 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

13256

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Presented on 1/24/22 for unusual behavior for 2 weeks prior, urinating in the house, panting, decreased appetite, red ears, some irritated skin/scabs. As of 1/31/22 - PU/PD increased over the previous weekend, urinating larger amounts of urine in her sleep. As of 2/4/22 - Decreased appetite, not eating much at all, drinking excessively. Very lethargic

Abnormal PE/Chem/CBC/UA Results: Urinalysis, free catch - Some protein, UBG, BIL and blood. Bloodwork profile to IDEXX - Elevated ALT, AST, Bilirubin total and unconjugated, elevated lipase and creatine kinase, low T4.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. No evidence of pyelectasia was noted. The left kidney measured 6.0 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.2 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 length x 0.45 cm width at the caudal pole. No evidence of subnormal adrenal size, hyperplasia, or tumors was noted.

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 normal in size and contour with mild reduced hepatic parenchyma echogenicity exhibiting mild coarse echotexture and subtle increased prominence of the portal vascular borders. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta / chyme was present in the stomach. The gastric body wall width measured 0.35 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with intermittent mucosal speckling. The jejunum wall width measured 0.40 cm.

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 were evident.

Free Abdomen

No evidence of overt lymphadenopathy or peritoneal effusion was present. Mild generalized increased omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Overtly normal bilateral kidneys - no evidence of pyelonephritis
- Hepatopathy - subjectively acute
- Mild gastroenteritis pattern with minor retained gastric ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the appearance of the liver is suggestive of acute hepatopathy, given the ALT/AST elevation. Nonspecific acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), is suspected with likely nonobstructive hepatic cholestasis.

Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology as well as Leptospirosis titers/blood, urine PCR. Fasting and post prandial bile acids to assess hepatic functionality may be indicated pending additional diagnostics and in light of PU/PD. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Empirically, hospitalization with supportive IV fluids, hepatosupportive medications including Denamarin therapy for acute hepatitis with coverage for Leptospirosis pending additional diagnostics, and as-needed gastrointestinal support would be appropriate.



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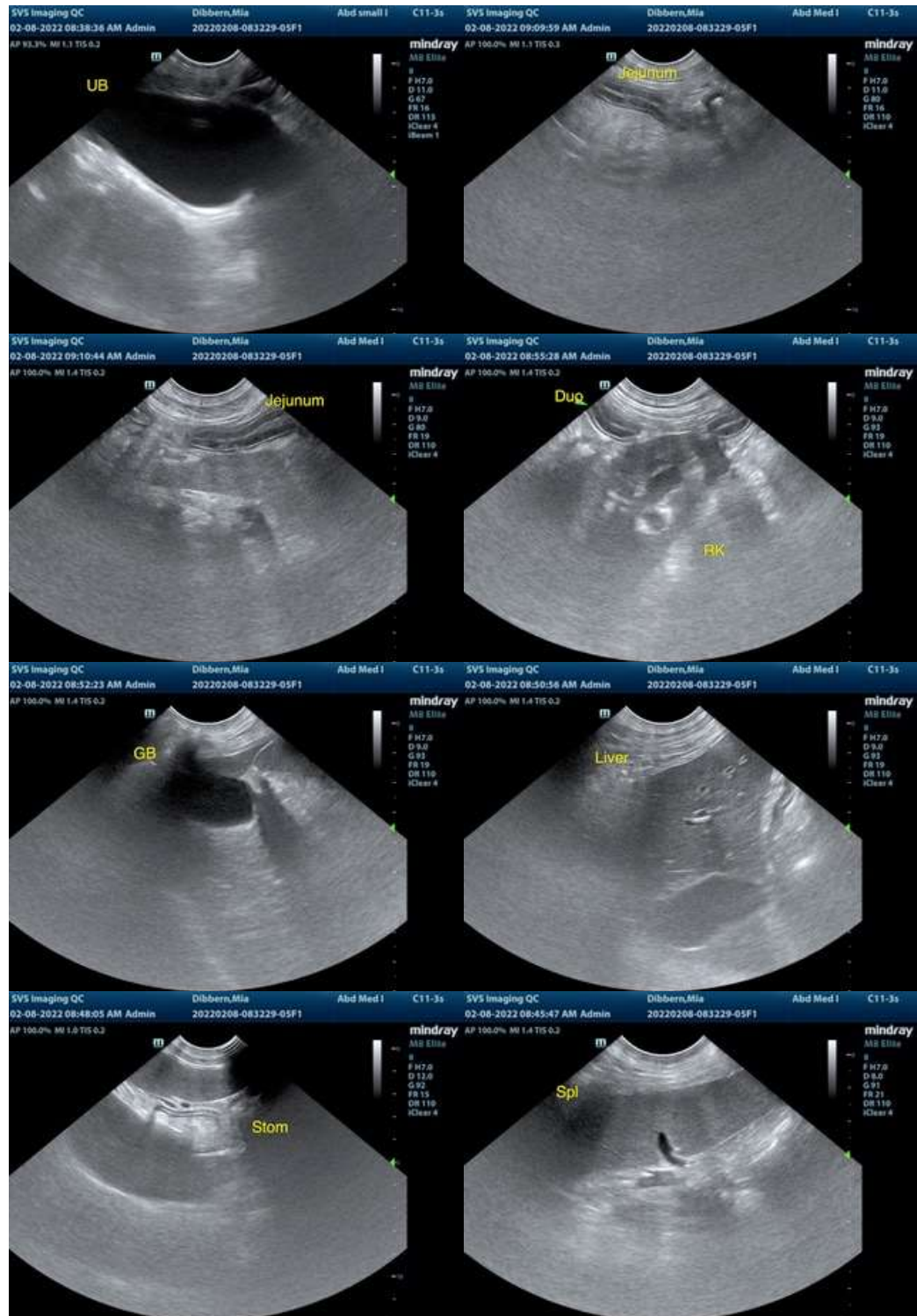
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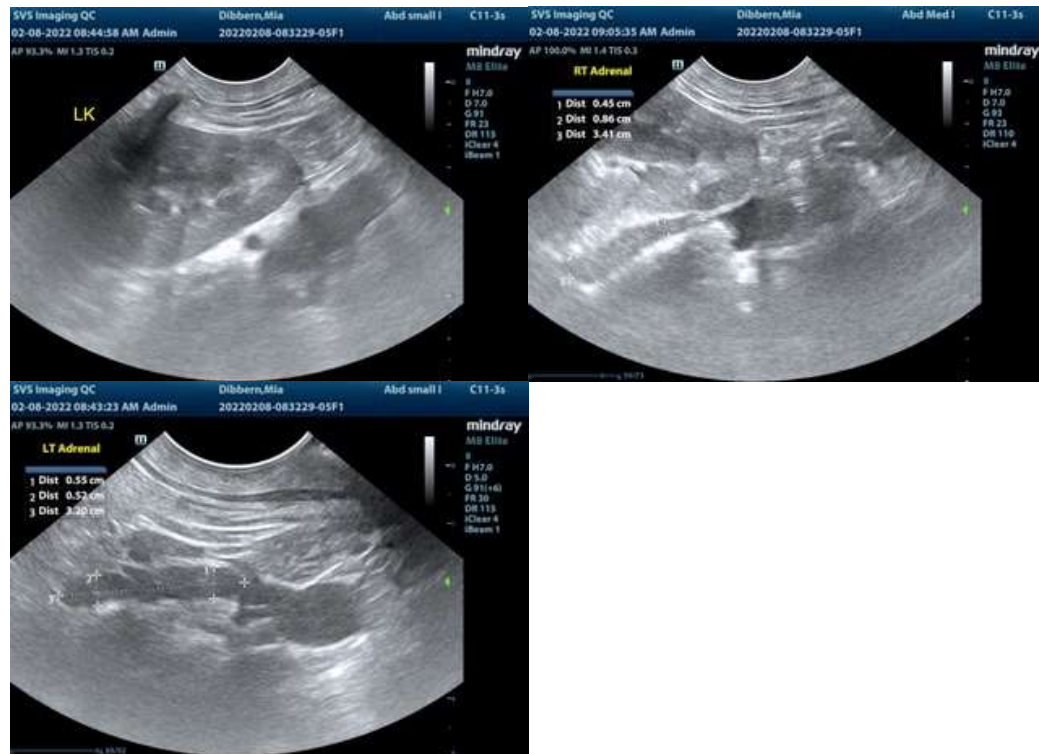
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com