



PATIENT

Merida Devantier

SPECIES

Canine

BREED

Mastiff Mix

SEX

FS

AGE

10yr

WEIGHT

71.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

13068ag

DATE

03/01/2023

PRESENTING CLINICAL SIGNS

Patient with history of DKA, pancreatitis, liver FNA (vacuolar hep.), ACTH stim not consistent with Cushing's, presents for weight loss, tense abdomen, hepatopathy - T bili. elevated but patient is not icteric).

Current treatments: IVFs, Cerenia, omeprazole, Baytril, liver dose metronidazole, W/D diet, and 21 units of NPH.

Abnormal PE/Chem/CBC/UA Results: 2/25 = CBC WNL, Chem17: T. bili >14.7 (patient not jaundiced), ALT 265, AST 62, Alk.Phos. 367, BUN 33.6, creat. 1.0, phos. 11.08, amylase 113. U/A done on 1/15/23: 3+ glucose, USG 1.042.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic mineral. 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 6.7 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 2.3 cm length.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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. Intermittent discrete non-disruptive hypoechoic nodules were present, an example measuring 1.0 cm in diameter. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a strongly shadowing echo occupying the majority of the gastric lumen measuring ~ 3.6 cm in diameter extending into the pyloric outflow along with minor retained echogenic fluid.

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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.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to variable echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder mineral
- Mild chronic renal changes
- Mildly non-homogenous to nodular liver-consistent with benign hepatopathy
- Normal gallbladder-no evidence of post hepatic obstructive criteria
- Strongly shadowing gastric luminal echo-strongly suggestive of gastric foreign material
- Sonographically unremarkable small bowel
- Pancreatic remodeling, suspect chronic pancreatitis with minor benign remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for strongly shadowing ingesta, the degree of shadowing exhibited by the gastric echo is suggestive of foreign material. Correlation with most recent meal ingestion is recommended. Endoscopy for further clarification or documented NPO and sonographic reassessment in 12-18 hours is recommended.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended if not recently done. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor to the patient's weight loss.

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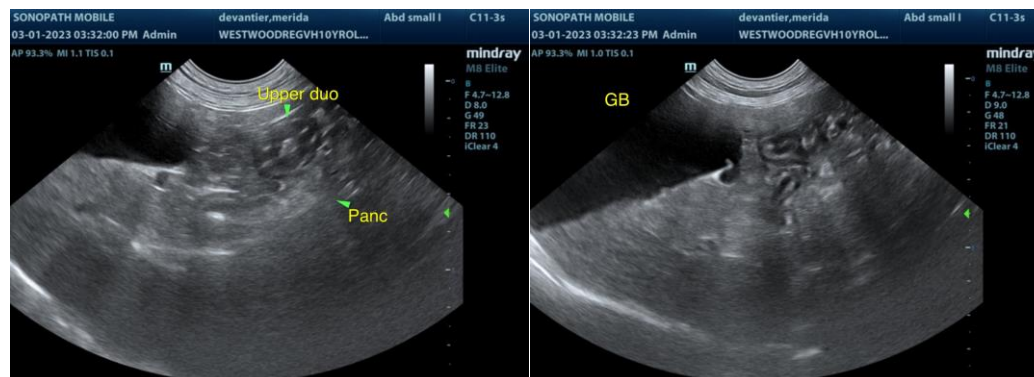
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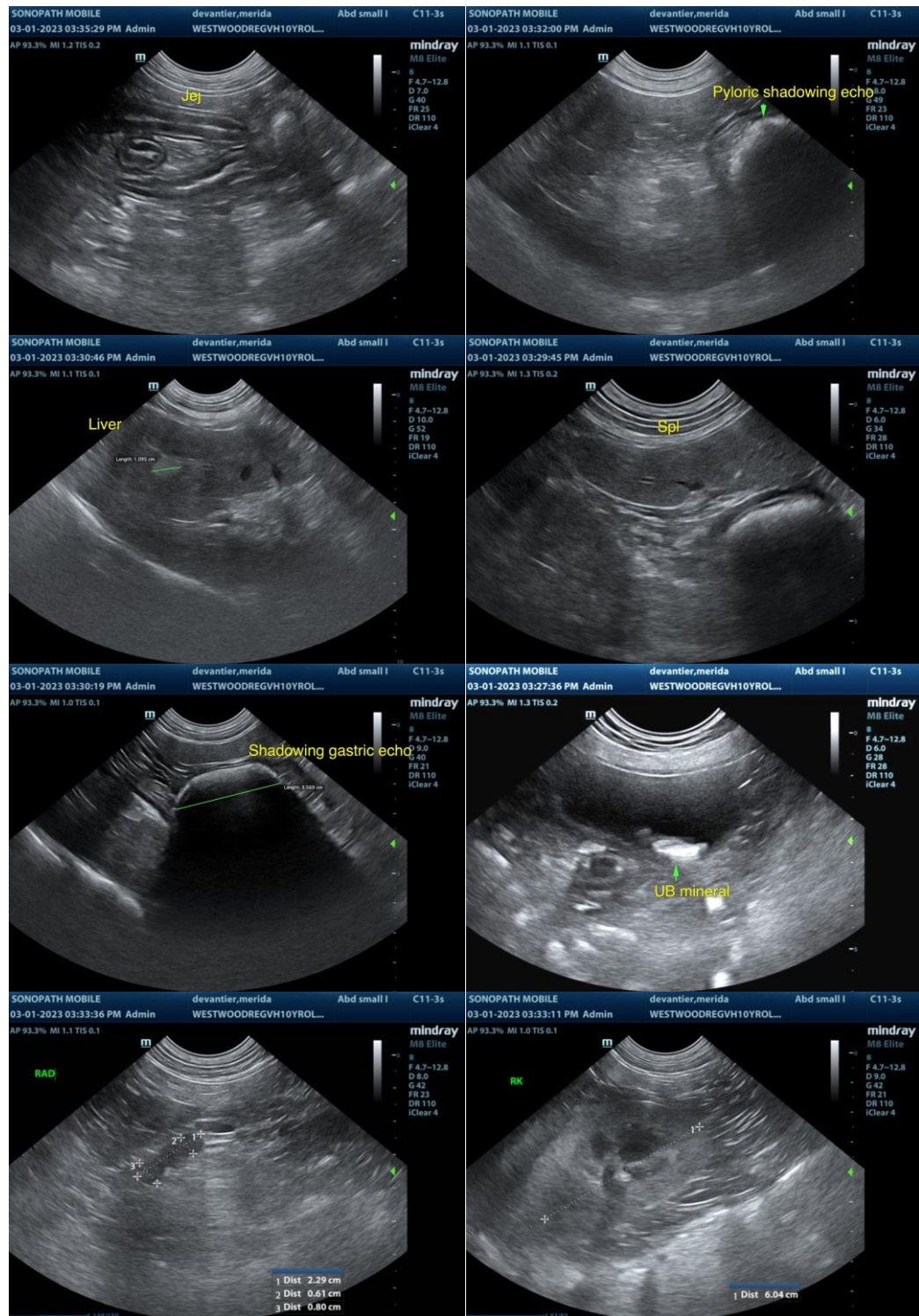
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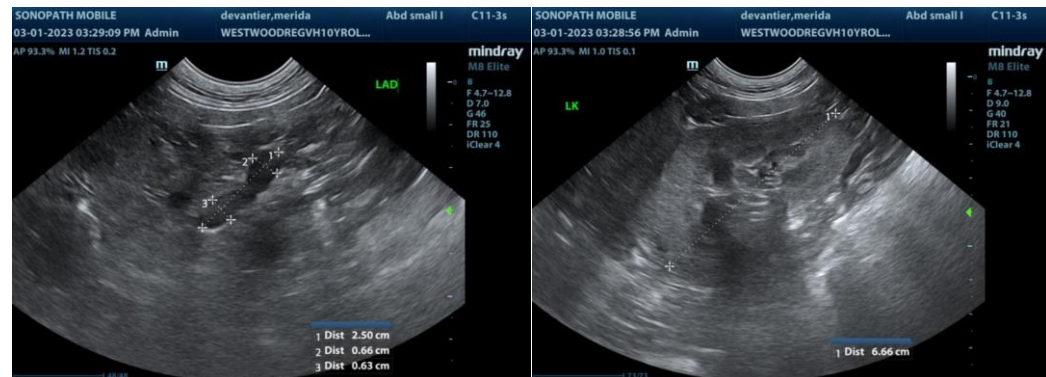
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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