



PATIENT

Zeus Hall

PRESENTING CLINICAL SIGNS

2 weeks hx of diarrhea, lethargy, anorexia and weight loss (seen 2 weeks ago, lost 11lbs). 1 month Hx of decrease appetite.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Thorax: one lateral view. No evidence of metastatic disease. -Abdomen: mild hepatomegaly. No overt evidence of abdominal effusion or abdominal masses. CBC: HCT: 13.4% HBG 4.2 RBC 1.62 WBC 14.8 plts 24 Manual plt count: adequate PENDING: CBC with path review Chem: BUN 47.4 Creat 0.5 Ca 8.9 TP 4.4 Glob 1.9 Cholest 93 ALT 205 ALP 270 Tbili 2.8 slide agglutination: negative Lepto: negative PCV/TS: 15/5.0 PT: 11 PTT 106

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

11yr

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 or pyelonephritis was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.7 cm in length.

WEIGHT

24kg

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

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

IMAGING PERFORMED BY

Dr. Gardner

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

HOSPITAL NAME

Wilvet Salem

The spleen exhibited mild to moderate enlargement with symmetrical capsule contour and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses or nodules noted.

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Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively decreased 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 very minor wall edema measuring 0.18 cm in width. The cystic and common bile ducts were normal.

INVOICE

13163ag

DATE

03/14/2023

Gastrointestinal



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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.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent non-specific hyperechoic mucosal speckling as present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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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.

SEX

MN

Free Abdomen

Mild volume peritoneal free fluid primarily present in the cranial abdomen around the spleen and caudal liver.

AGE

11yr

General mild increased omental echogenicity was present.

WEIGHT

24kg

Intermittent mildly prominent medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

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DVM, DABVP
(Canine and Feline)

- Urinary bladder sediment.
- Mild age related renal changes-no overt pyelonephritis.
- Hepatosplenomegaly-hyperplasia, hematopoiesis, reactive splenitis, vacuolar hepatopathy, acute or acute/chronic inflammatory hepatopathy, hepatic splenic occult neoplasia all possible.
- Non-distended gallbladder with minor wall edema-possible mild cholecystitis.
- Non-specific gastroenteropathy with intact GI wall layering-nonspecific gastroenteritis, inflammatory bowel episode/IBD, malassimilation/maldigestive disorder, other gastroenteropathy or occult GI neoplasia all possible.
- Scant to mild volume peritoneal effusion and generalized mild omental hyperechogenicity.

IMAGING PERFORMED BY

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. The current reported ALB level is not overtly consistent with effusion secondary to hypoalbuminemia. If possible, concurrent effusion analysis +/- C/S could be considered.

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Correlation with pending CBC pathology review is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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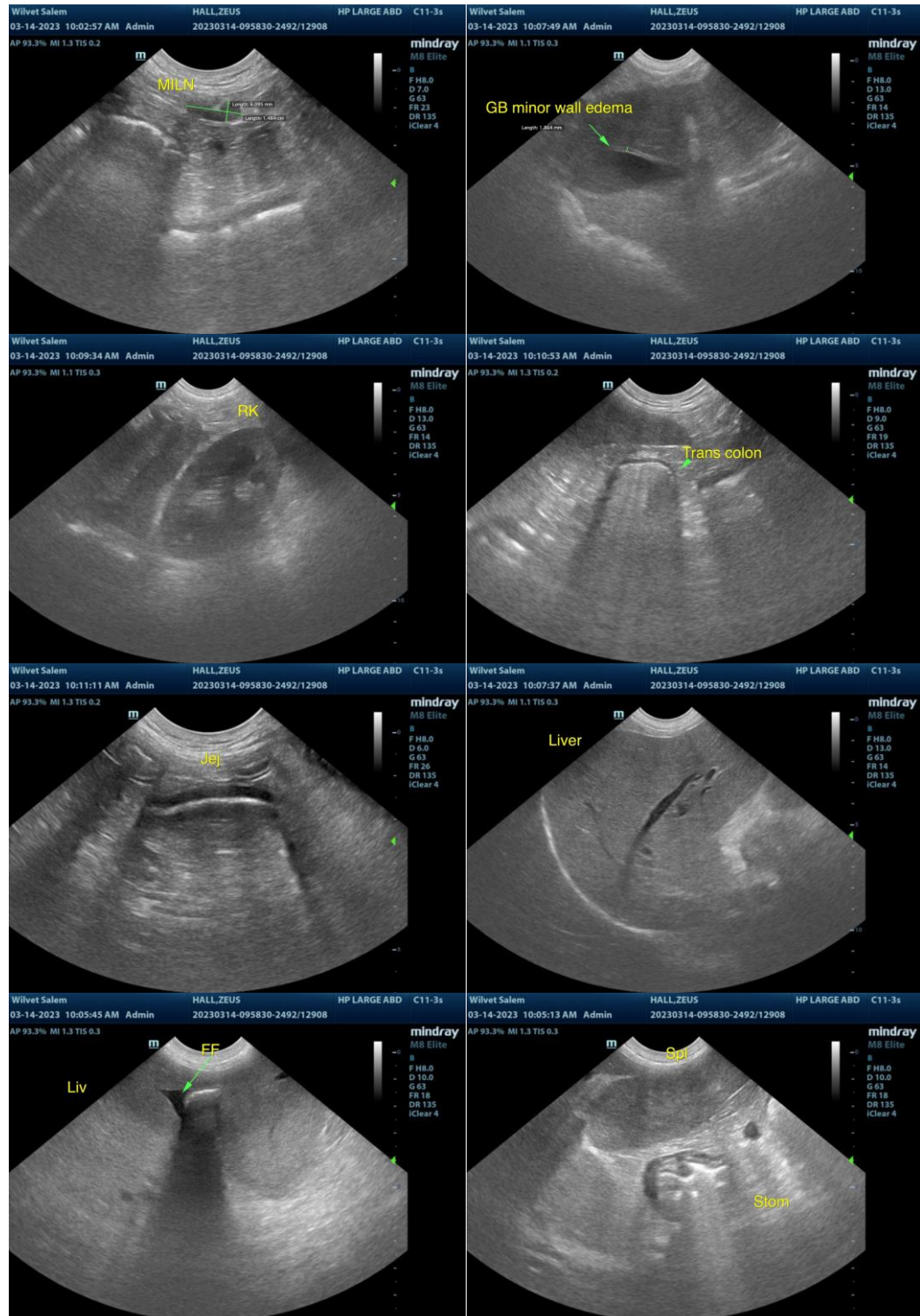
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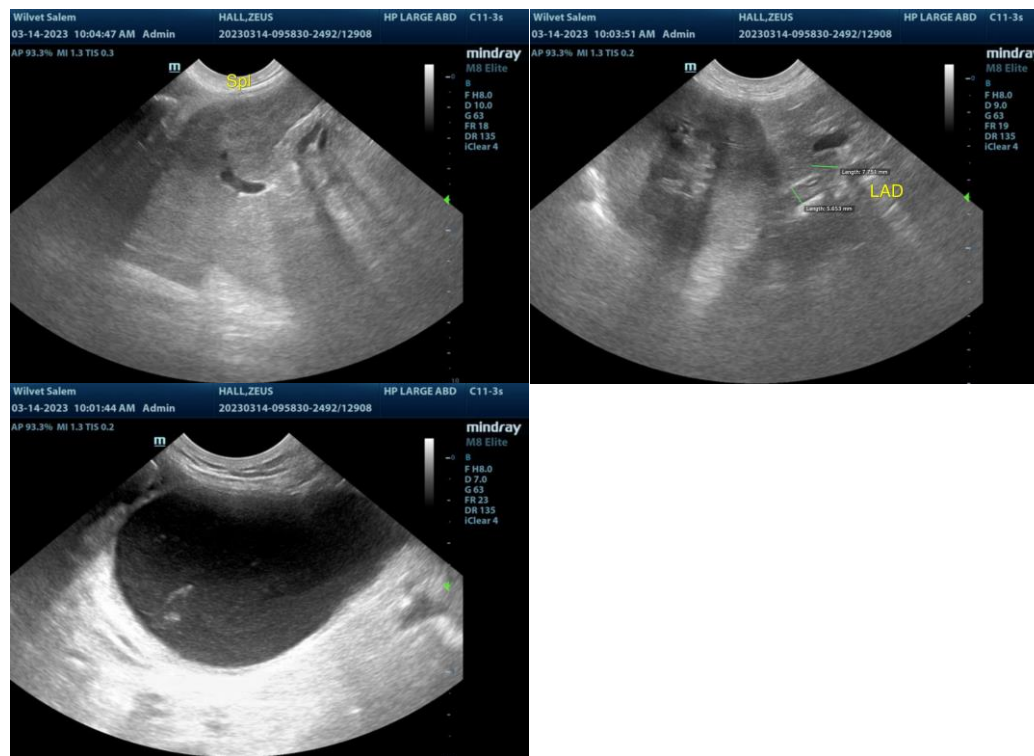
MN

AGE

11yr

WEIGHT

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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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