

PATIENT PRESENTING CLINICAL SIGNS

Nemo Battista Anorexia for 5 days, vomiting for 4, icteric on physical exam SQF, Cerenia, Pepcid given 3.14 (injectable), dog was on Rimadyl and Gabapentin previously

SPECIES ALT 3376, ALP 698, GGT 19, TBili 8.6, BUN 14, Creatinine 1.6, Cholesterol 416, Albumin 3.5, cPL Normal, Unremarkable CBC

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

GSD X 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 was noted.

SEX

MN

The area of the residual prostate appeared free of overt pathology.

AGE

2008

No evidence of pathology in the area of the aortic trifurcation.

WEIGHT

67.7

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. Small cortical cysts were present in both kidneys. No evidence of pyelectasia was present. Mild retroperitoneal free fluid, more prominent around the right kidney, with mild increased right and left retroperitoneal echogenicity was present in both kidneys. The left kidney measured 7.0 cm in length. The right kidney measured 6.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm length x 0.81 cm width in the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology exhibiting subtle nonhomogeneous parenchyma, subjectively measuring 0.63 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present in the medial parenchyma primarily adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

REFERRING VET

Dr. Hersh

INVOICE

13482

Liver/ Gallbladder

The liver exhibited mild subnormal size, primarily maintained symmetrical capsule contour, and generalized decreased hepatic parenchyma echogenicity with increased yet indistinct prominence of the portal vascular borders. No overt hepatic masses or nodules were noted. The gallbladder was

DATE

3/15/22



PATIENT

Nemo Battista

non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was overtly normal without evidence of post hepatic stasis or obstruction.

Gastrointestinal

SPECIES

Canine

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.

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.

BREED

GSD X

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

SEX

MN

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.

AGE

2008

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

67.7

ULTRASONOGRAPHIC FINDINGS

- Subjective mild subnormal liver size exhibiting mildly nonuniform decreased parenchyma echogenicity, sonographically unremarkable gallbladder
- Nonspecific mild chronic renal changes with evidence of left and right retroperitoneal free fluid
- Overtly normal gastrointestinal tract
- Benign splenic nodules - consistent with probable myelolipomas

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

Dr. Hersh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was suggestive of both acute and chronic criteria with primary concern for nonspecific acute hepatitis, given the primary elevated ALT (viral / bacterial / Leptospirosis / toxin / etc.,) with hepatic cholestasis and potential vacuolar changes given the ALP, GGT, and total bilirubin elevation. No evidence of post hepatic obstruction was noted.

Further assessment would include if accessible, ultrasound-guided FNA of the liver for screening cytology and leptospirosis titer / PCR if clinically indicated. Empirically, therapy for acute hepatitis with as-needed hepato-gastrointestinal support and monitoring of clinical response, as well as liver enzymes, would be reasonable.

INVOICE

13482

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

DATE

3/15/22



PATIENT

Nemo Battista

SPECIES

Canine

BREED

GSD X

SEX

MN

AGE

2008

WEIGHT

67.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

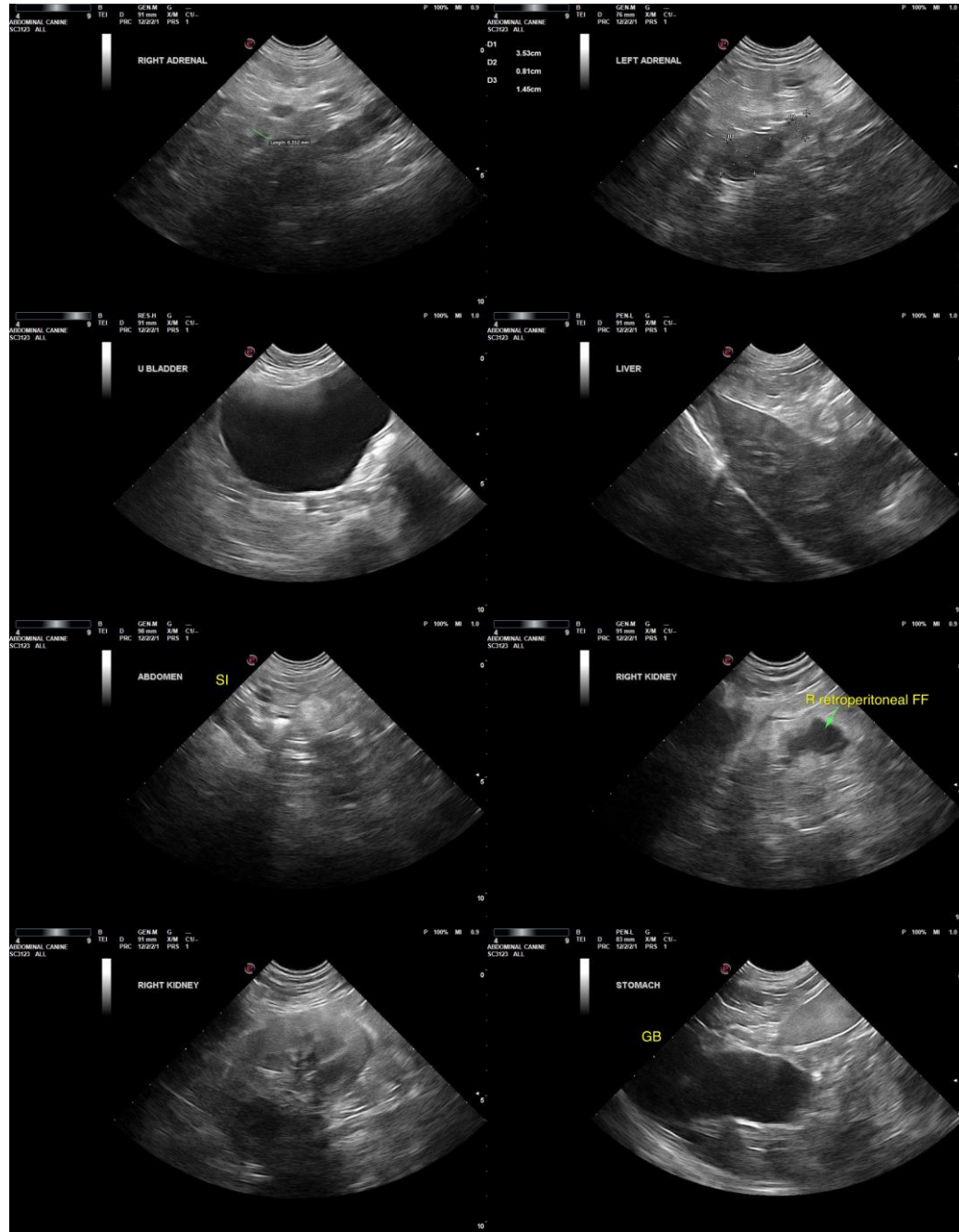
Dr. Hersh

INVOICE

13482

DATE

3/15/22





PATIENT

Nemo Battista

SPECIES

Canine

BREED

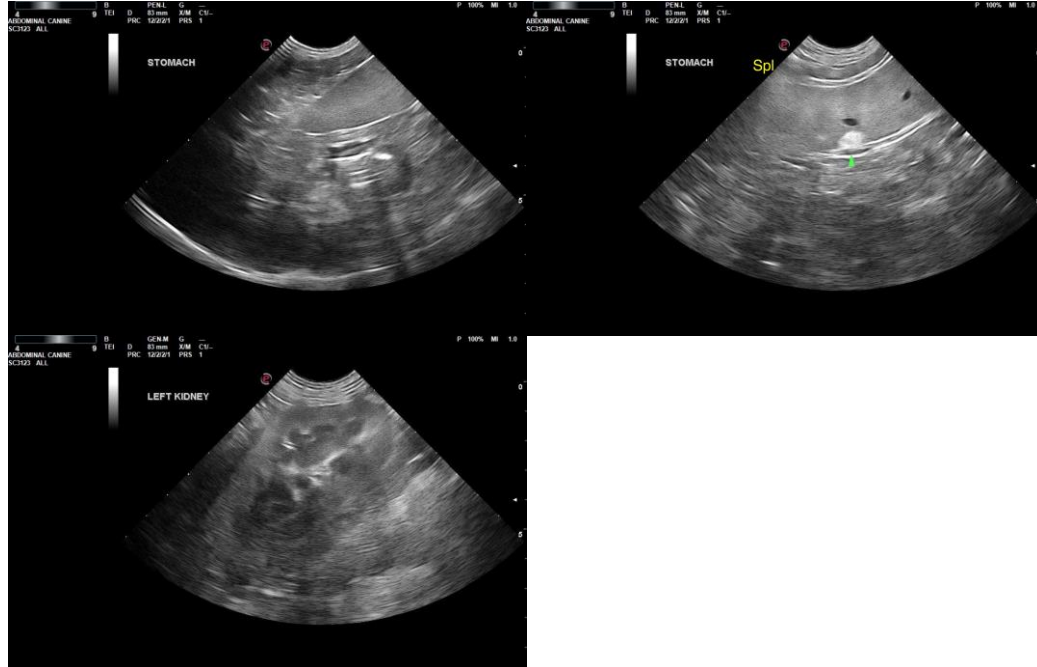
GSD X

SEX

MN

AGE

2008



WEIGHT

67.7

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

Dr. Hersh

INVOICE

13482

DATE

3/15/22