



PATIENT

Champ Bailey

SPECIES

Canine

BREED

Miniature Poodle

SEX

MN

AGE

9yr

WEIGHT

22.94

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCormick
Rantze

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. McCormick
Rantze

INVOICE

13195ag

DATE

03/16/2023

PRESENTING CLINICAL SIGNS

Presented on 2/23/23 with being lethargic and anorexia and vomiting; has a history of being diabetic and is on NPH and has been fairly well regulated; on PE was dehydrated; painful in cranial abdomen; liver enzymes severely increased; hospitalized for 2 days on IV fluids and IV Enrofloxacin, metronidazole, ampicillin; once on oral switched to Zeniquin, metronidazole and Clavamox- was doing very well until last night Last night did not want to eat very well; vomited one time; still this AM and through out the day did not want to eat; have not given insulin today; had been doing well prior while on meds; still on same meds started last week; within 48 hours of starting meds was almost back to normal

Abnormal PE/Chem/CBC/UA Results: BW for 2/23/23 cbc: wnl/nsf chem: ALT 3167 alk phos 1985 TP 9.1 glob 5.6 snap cpl abnormal T4 wnl UA: wnl/nsf other than glucosuria BW for BW for 3/13/23 cbc: wnl/nsf chem: chol 971 BG 250 - has DM, on insulin GGT 16 alk phos 507 (2449) T4 1.2 UA: USG 1.054; UPC 0.7 2 + protein 3 + glucose BW for 3/16 alk phos 486 ALT wnl AST wnl BUN/creatinine wnl

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 no uroliths or sediment. 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 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 4.6 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 0.57 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

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 subjectively mildly enlarged with rounded contour and generalized mild uniform increased parenchyma echogenicity compared to falciform fat and spleen. No masses or nodules noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The



PATIENT

Champ Bailey

gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild to moderate non-organized hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

BREED

Miniature Poodle

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

SEX

MN

Pancreas

The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

AGE

9yr

Free Abdomen

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

WEIGHT

22.94

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy pattern-subjectively benign, potential for lipidosis or inflammatory criteria possible.
- Mild to moderate gallbladder debris (non-mucocele)
- Heterogenous to hyperechoic pancreas-suggestive of chronic pancreatitis, potential for pancreatic fibrosis, no evidence of active pancreatitis or neoplasia.
- Mild gastroenteritis pattern.
- Mild age related renal changes.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given positive response of hepatic enzyme levels as well as positive clinical response to antibiotic therapy, potential for inflammatory/infectious hepatic disease could be possible although sonographically the appearance of the liver is suggestive of benign chronic reactive vacuolar changes often associated with diabetes.

IMAGING PERFORMED BY

Dr. McCormick
Rantze

HOSPITAL NAME

Lanier Animal
Hospital

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment and to assess for inflammatory or infectious criteria.

Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. A urine C/S is suggested if evidence of glucosuria. As needed supportive care is suggested.

REFERRING VET

Dr. McCormick
Rantze

INVOICE

13195ag

DATE

03/16/2023



PATIENT

Champ Bailey

SPECIES

Canine

BREED

Miniature Poodle

SEX

MN

AGE

9yr

WEIGHT

22.94

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCormick
Rantze

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

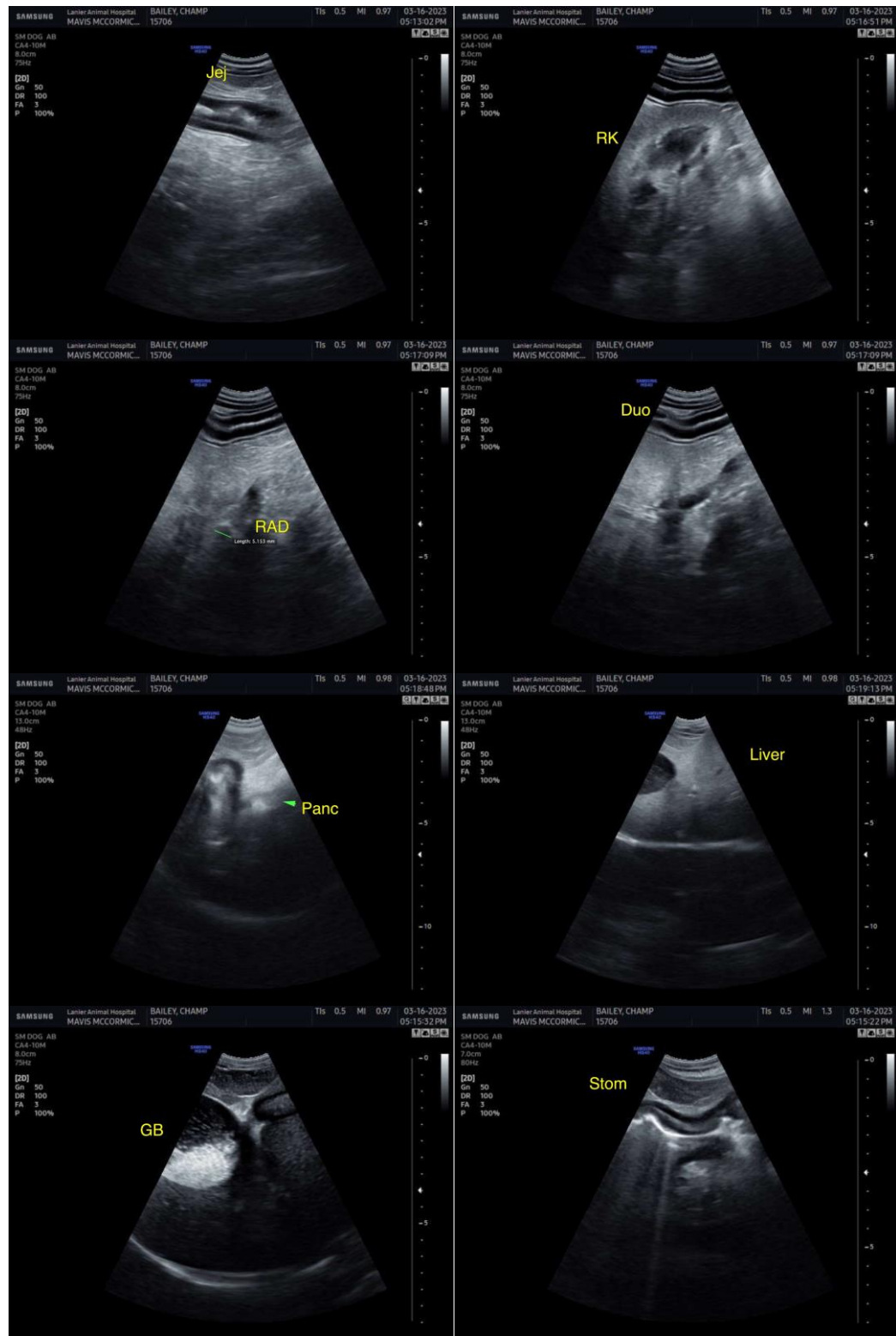
Dr. McCormick
Rantze

INVOICE

13195ag

DATE

03/16/2023





PATIENT

Champ Bailey

SPECIES

Canine

BREED

Miniature Poodle

SEX

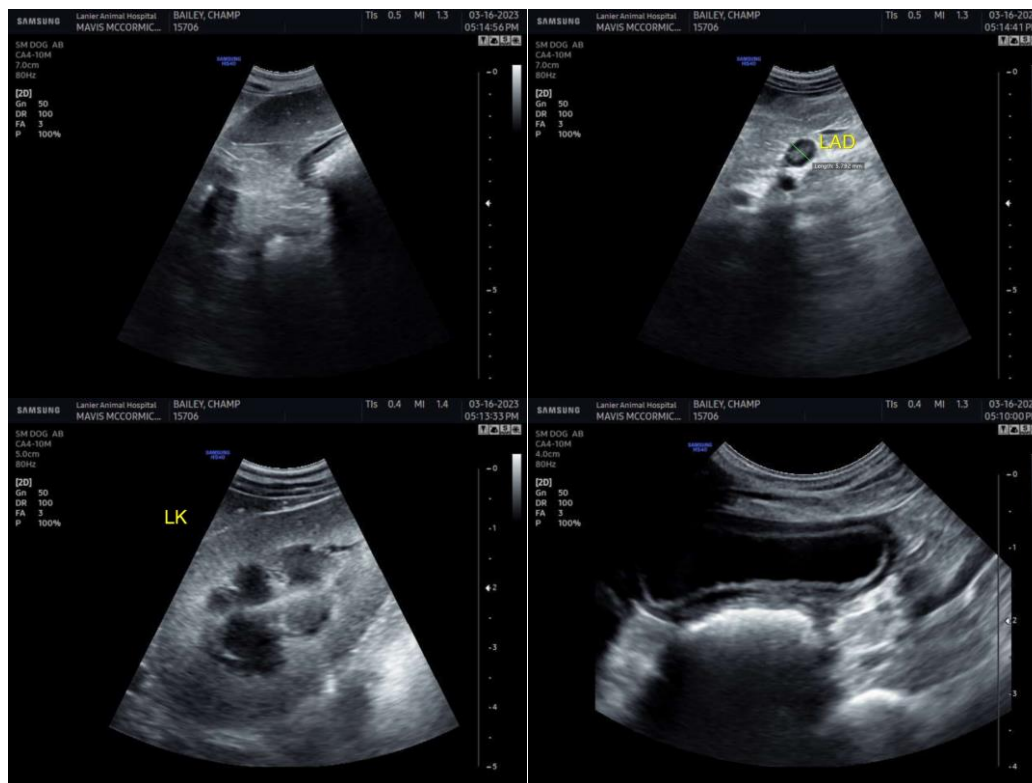
MN

AGE

9yr

WEIGHT

22.94



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

Dr. McCormick
Rantze

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

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. McCormick
Rantze

INVOICE

13195ag

DATE

03/16/2023