



PATIENT

Bella Baizan

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

12yr

WEIGHT

81lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Suciu

INVOICE

13233ag

DATE

03/20/2023

PRESENTING CLINICAL SIGNS

Bella vomited multiple times in the last 3 days (yellow bile), last episode was 1 hour ago; she also has diarrhea with mucus for the last 2 days, with the last episode couple of hours ago. She didn't want to eat since 3/17 at night; no change in the diet (Hill's sensitive stomach), she does not get table food, she does not pick up thing from the ground when walked and she is not a chewer. In the past she would vomit from time to time, but now the vomiting is very consistent. No exposure to rodents, she does not drink water from puddles when walked.

Abnormal PE/Chem/CBC/UA Results: CBC: normal WBC (14.27), with stress leukogram (high neutros 13.63, low lymphos 0.19) normal RBC, platelets CHEM: azotemia (BUN 107.2, creatinine 4.5) – R/O chronic renal disease vs acute renal disease vs open high ALT (828), high ALP (411), high GGT (37) – R/O hepatobiliary disease (infection including leptospirosis vs inflammation vs infiltration) high globulin (4.6) – R/O infection vs inflammation vs infiltration high phosphorus (10.5) – R/O renal vs open high calcium (13.4) – R/O renal vs paraneoplastic vs open high cholesterol (>450) – R/O dietary vs hypothyroidism EPOC: azotemia (BUN 88, creatinine 4.69) – R/O chronic renal disease vs acute renal disease vs open mild acidosis (pH 7.181) high lactate (4.50) – R/O decreased tissue perfusion hematocrit at the high end of normal (49%) – R/O dehydration Lepto titer pending

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 mild asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.84 cm width in the caudal pole. The right adrenal gland measured 0.78 cm width in the caudal pole.

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



PATIENT	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. 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 distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. The cystic and common bile ducts were normal.
Bella Baizan	
SPECIES	Gastrointestinal
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Pitbull	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
SEX	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 minor ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
FS	
AGE	The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Mild semi formed fecal matter was present in the colon lumen with lumen dilation.
12yr	Pancreas
WEIGHT	The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
81lb	Free Abdomen
INTERPRETED BY	No omental masses or overt lymphadenopathy was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A small pocket of focal scant peritoneal free fluid was present in the ventral abdomen.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Suciu	<ul style="list-style-type: none"> • Non-specific chronic renal changes with mild bilateral pyelectasia. • Subjective chronic hepatopathy exhibiting non-homogenous/remodeled parenchyma. • Gallbladder mucocele. • Gastroenterocolitis pattern, possible uremic gastritis/gastroenteritis. • Mildly prominent non-homogenous to hypoechoic pancreas-concurrent mild pancreatitis vs pancreatic edema. • Focal scant to minor volume peritoneal free fluid.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Animal Clinic of Queens	Sonographically the appearance of the kidneys is most consistent with chronic renal disease/ chronic renal failure. The possibility of acute on chronic nephropathy cannot be definitively excluded. Suspect chronic hepatopathy with considerations including chronic hepatitis, vacuolar hepatopathy, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
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13233ag	A full urinary workup including UA, C/S and baseline UPC is warranted pending Leptospirosis titer/PCR +/- hepatic FNA cytology primarily to assess for evidence of inflammatory vs neoplastic criteria. Given potential for chronic renal failure, hospitalization with diuresis protocol, monitoring of body weight, urine output, hepatosupportive medications, gastroprotectants and assessment of clinical
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response would be reasonable. Assessment of systemic BP suggested if possible. A very guarded prognosis is indicated.

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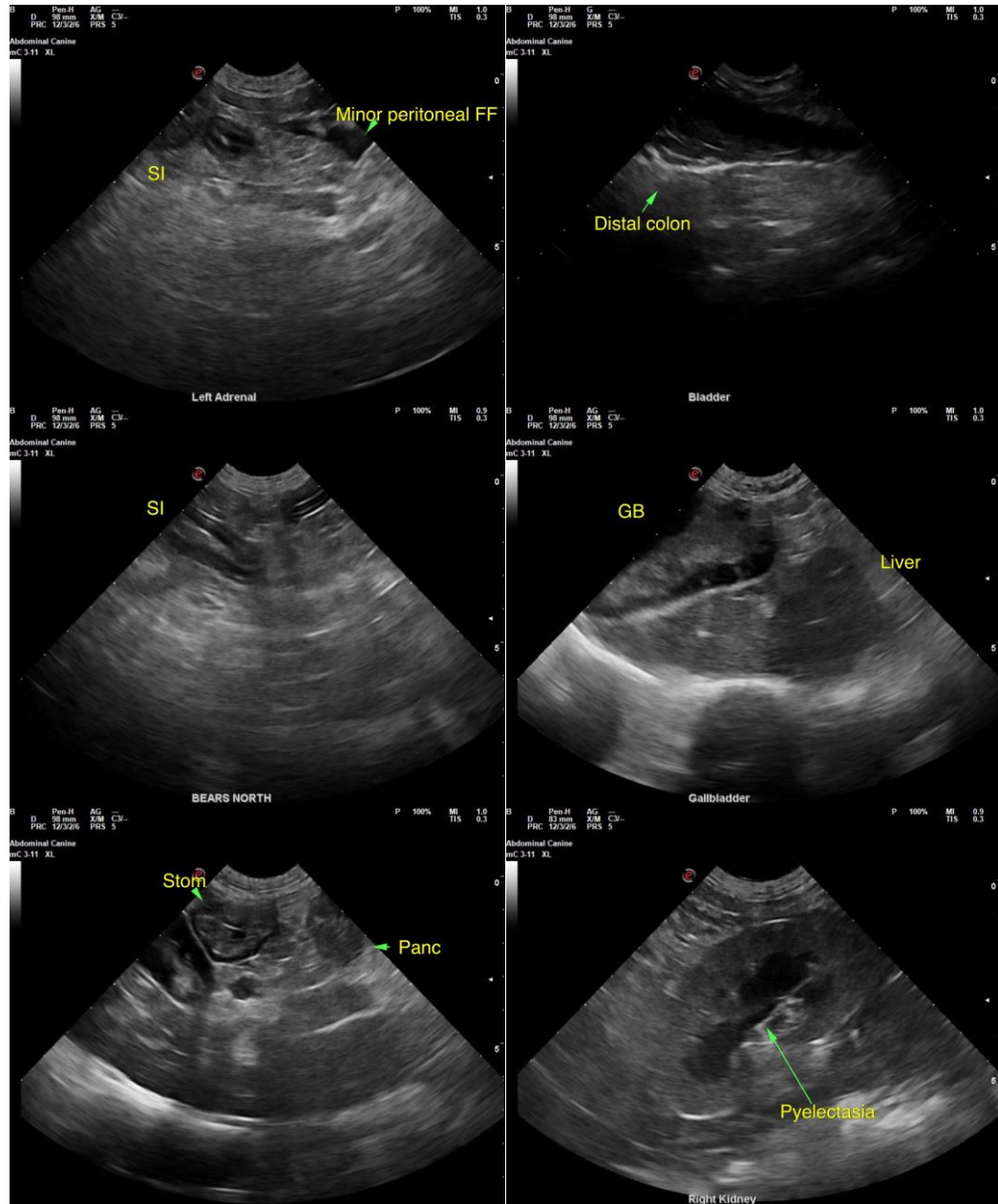
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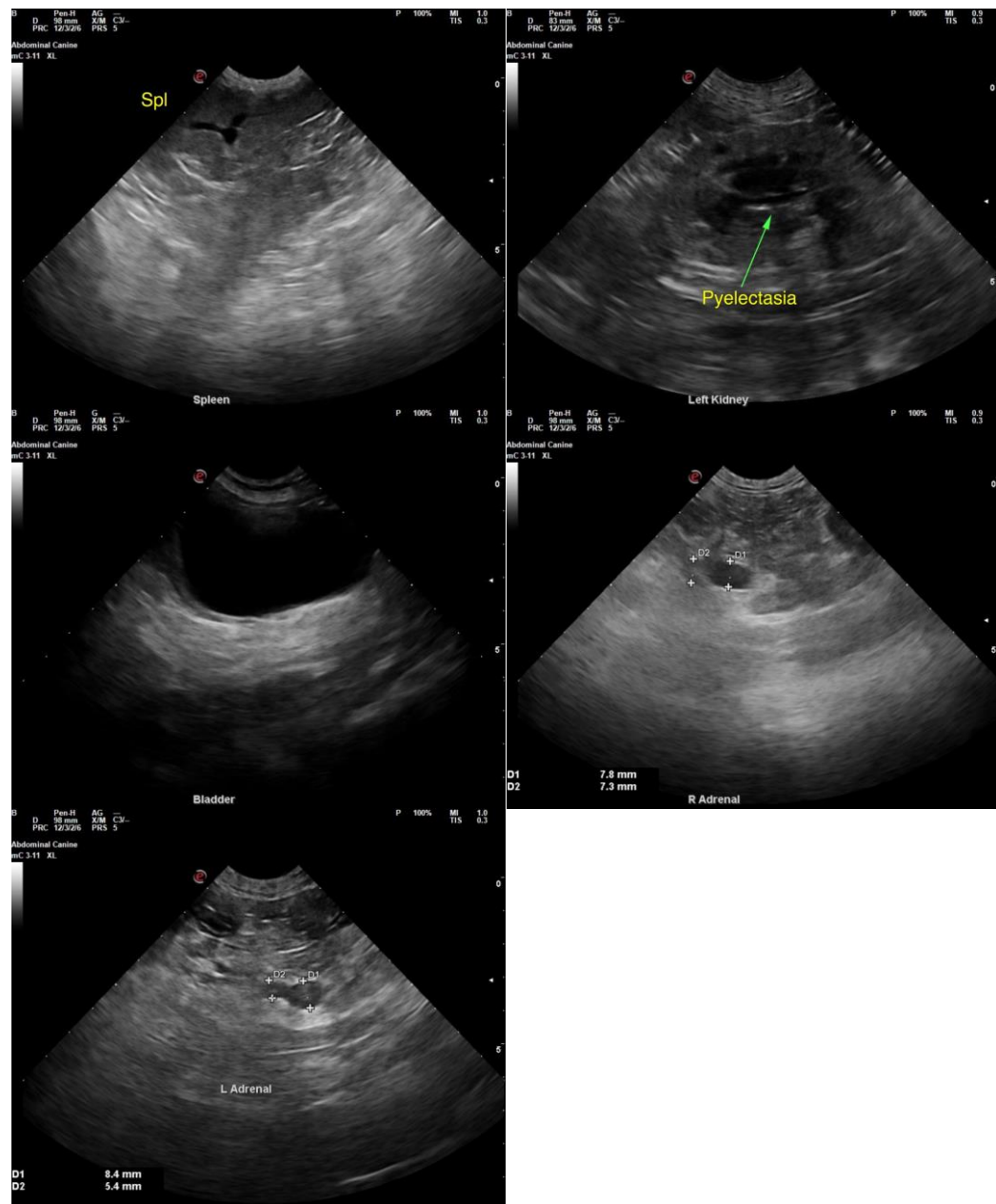
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com