



PATIENT PRESENTING CLINICAL SIGNS

Emma Hallman History: Presented early March for vomiting, elevated liver values, worsening, icteric Amoxicillin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

The urinary bladder, 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 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.

BREED

Yorkie X

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient as well as pinpoint medullary mineral. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured – cm in length.

SEX

Female

The area of the aortic trifurcation was free of pathology.

AGE

11 years

The bilateral ovaries exhibited subtle nonhomogeneous to indistinctly nodular parenchyma which may indicate follicles of a recent cycle. The uterus was overtly normal without evidence of pathology or luminal fluid accumulation. The left ovary measured 1.1 cm in diameter. The right ovary measured 1.0 cm in diameter.

WEIGHT

8.3

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 1.4 cm length.

INTERPRETED BY

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

Spleen

The spleen was mildly enlarged yet maintained a symmetrical capsule contour and exhibited a finely textured and homogenous parenchyma, this may indicate patient variant, hyperplasia, hematopoiesis or potential incidental splenitis without evidence of neoplastic criteria.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver exhibited mild enlargement and maintained symmetrical capsule contour as well as homogeneous subtly hypoechoic parenchyma. The gallbladder was non-distended in size with moderate to markedly thickened isoechoic walls with the gallbladder wall measuring 0.5 cm in width. Anechoic luminal content was present in the gallbladder. The cystic and common bile ducts were not definitively visualized without evidence of post hepatic stasis or obstruction.

HOSPITAL NAME

Pottstown Animal
 Wellness Services

REFERRING VET

Dr. DiBuono

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.35 cm in width.

INVOICE

10223ag

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.

DATE

03/22/2022

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



PATIENT *Pancreas*

Emma Hallman

The parenchyma of the pancreas 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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Yorkie X

ULTRASONOGRAPHIC FINDINGS

SEX

Female

- Hepatopathy-subjectively acute on chronic vacuolar hepatopathy, non-obstructive cholestasis, acute on chronic hepatitis/cholangiohepatitis (viral, bacterial, leptospirosis, toxin etc.) or immune mediated disease with potential for occult hepatic neoplasia less likely.
- Cholecystitis without evidence of post hepatic obstruction.
- Chronic pancreatitis pattern, potential for pancreatic fibrosis.
- Mild enteritis/gastroenteritis pattern.

AGE

11 years

WEIGHT

8.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of hepatic or hepatobiliary neoplasia which is considered unlikely. Suspect inflammatory hepatic parenchymal or hepatobiliary disease with potential for concurrent or primary vacuolar hepatic changes and nonobstructive cholestasis. Assuming normal clotting status, an ultrasound guided FNA of the liver using a 25g needle could be considered for screening cytology primary to assess for and identify inflammatory cells. Empirically, aggressive hepatitis/cholangiohepatitis protocol which may include increased bacterial spectrum i.e. Baytril/amoxicillin combination, hepatosupportive medications and as needed gastrointestinal support would be reasonable. Spec CPL could be considered to assess for evidence of concurrent chronic pancreatitis.

INTERPRETED BY

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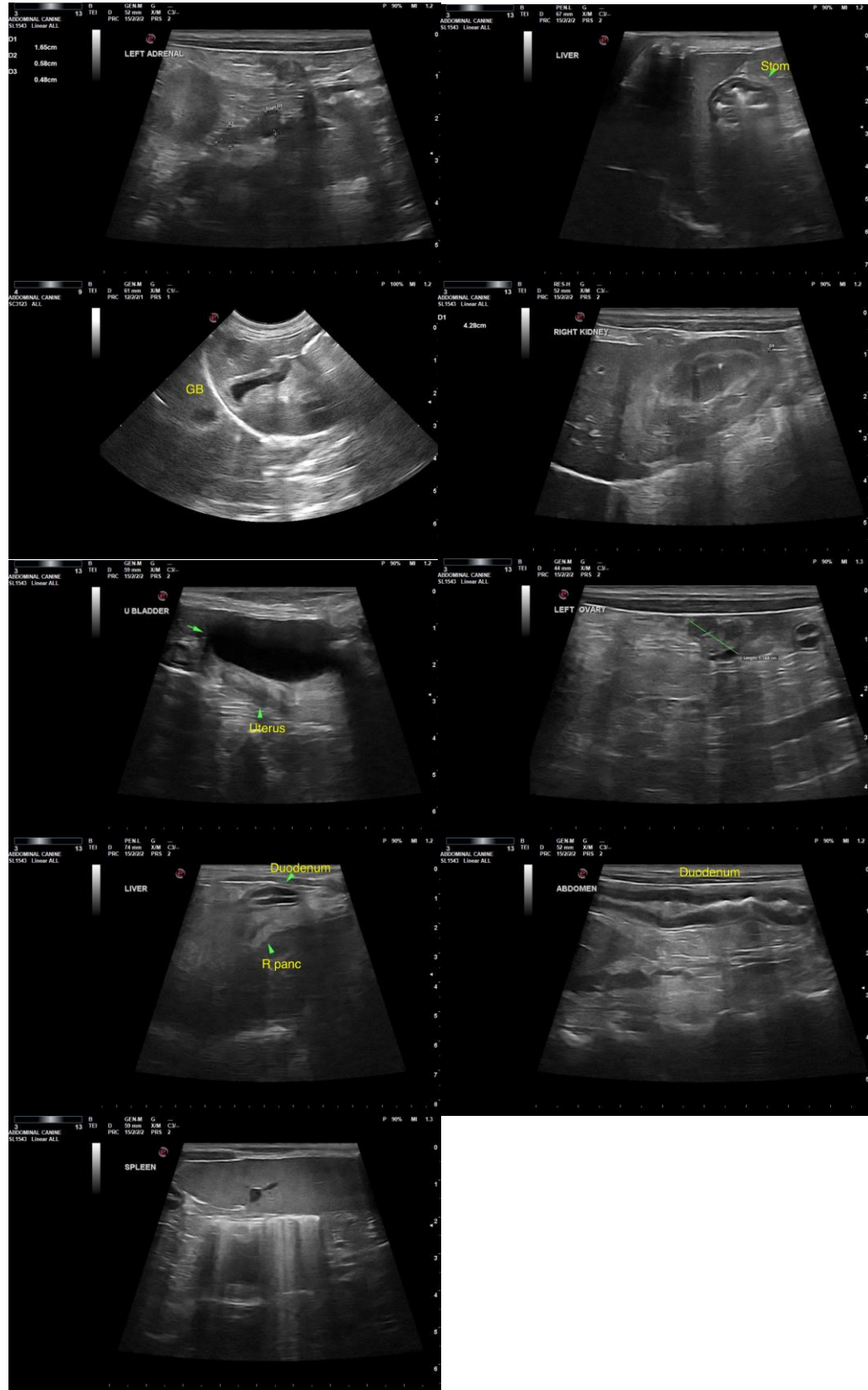
Dr. DiBuono

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PATIENT

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SPECIES

Canine

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.

BREED

Yorkie X

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.

SEX

Female

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

AGE

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