



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Emma Heineck History: Mildly decreased energy/activity, seems to improve on Carprofen. Has urinated on floor a few times (unusual for pt)

SPECIES Canine Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 76 (HIGH) 15-66 IU/L ALT (SGPT) 203 (HIGH) 12-118 IU/L Alk Phosphatase 162 (HIGH) 5-131 IU/L Other liver values wnl. TRIGLYCERIDE 396 (HIGH) 29-291 mg/dL AMYLASE 1,538 (HIGH) 290-1,125 IU/L PrecisionPSL 204 (HIGH) 24-140 UA - 2+ proteinuria, USG is 1.056. CBC, T4, HWT wnl.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull X Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

SEX

Spayed Female

AGE

10 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

68 Pounds

Adrenal Glands

The left adrenal gland was overtly normal. The left adrenal gland measured 0.49 cm width at the cranial pole and 0.41 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was not definitively visualized.

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.

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate VC

Liver

The liver was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Emma Herdener

The gallbladder was subnormal in size owing to probable gallbladder contraction. Mild anechoic content was present in the gallbladder lumen. No overt evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

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Gastrointestinal

DATE

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The visualized gastric walls were normal. The lumen of the stomach contained moderate progressively shadowing ingesta without signs of obstruction or foreign material.



PATIENT

Emma Heineck

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal gas pattern noted without evidence of mechanical/metabolic ileus.

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

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Pitbull X

Free Abdomen

No omental masses, lymphadenopathy or effusion was present.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy- subjectively benign
- Mild heterogeneous pancreas
- Bilateral nonspecific mild chronic renal changes
- Gastric ingesta- likely postprandial presentation

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology. Considerations may include vacuolar hepatopathy, low-grade inflammatory or immune mediated disease, hepatic parenchyma remodeling with areas of hematopoiesis, discreet nodular hyperplasia or other hepatopathy without overt evidence of neoplastic criteria. Potential for low-grade to chronic pancreatitis could be present yet sonographically normal. If documented NPO, some degree of metabolic gastric hypomotility could be present.

Monitoring of normal gastric emptying suggested. Hepatosupportive medications, such as Denamarin or ursodiol may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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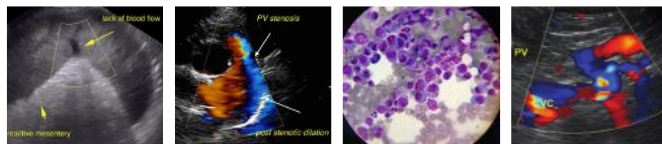


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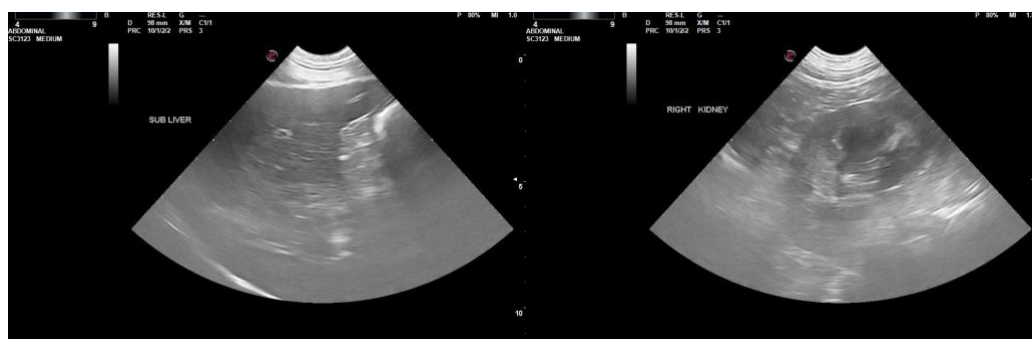
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Emma Heineck

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Pitbull X

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