



PATIENT PRESENTING CLINICAL SIGNS

Jeb Sly History: Decreased appetite, weight loss
Labs: ALP 1644, ALT 972, GGT 22, total bilirubin 0.9, albumin 2.8, BUN 10, glucose 88

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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. Aortic trifurcation was normal.

GSD

SEX The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

Neutered Male 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 8.5 cm in length. The right kidney measured 8.7 cm in length.

AGE

2014

WEIGHT

101 Pounds

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The liver revealed generalized subnormal size with asymmetrical hepatic contour with nonuniform to remodeled, indistinctly nodular to variably echogenic parenchyma.

The gallbladder was non distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Maple Hills VH

Gastrointestinal

The stomach presented intact yet subjective prominent wall layering. The lumen of the stomach was empty with mild luminal gas with no evidence of retained ingesta, fluid or foreign material.

REFERRING VET

Dr. Banzhof

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.

INVOICE

14470

Pancreas

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

DATE

3/24/22



PATIENT 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 was evident.

Jeb Sly

Free Abdomen

SPECIES

Canine

Moderate volume, subjectively acellular peritoneal free fluid and generalized mild reactive mesentery were present. No overt lymphadenopathy noted.

BREED

GSD

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy, exhibiting subnormal liver size, asymmetrical contour and nonuniform to indistinctly nodular parenchyma.
- Moderate volume, subjectively acellular peritoneal free fluid

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2014

The overall appearance of the liver is consistent with chronic to progressive, potentially end-stage hepatopathy. Primary consideration for progressive chronic active hepatitis with primary secondary fibrosis, cirrhosis or other hepatopathy with neoplasia considered a less likely differential diagnosis. Given the lack of decreased albumin levels and overt intraabdominal lymphadenopathy, the peritoneal free fluid is suspected to be secondary to the chronic hepatopathy and suspected portal hypertension. Correlation with fluid analysis and cytology is recommended. Likewise, hepatic core or surgical biopsy is required for a definitive diagnosis. Very guarded prognosis given the hepatic presentation.

WEIGHT

101 Pounds

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PATIENT

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SPECIES

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BREED

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Neutered Male

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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.

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