



PATIENT

Remi Haynes

SPECIES

Canine

BREED

Malinois

SEX

FS

AGE

8 yo

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Kiebler

INVOICE

16443

DATE

3/25/23

PRESENTING CLINICAL SIGNS

vomiting, possible loose stool, presented 7-9% dehydrated, tachycardia

Abnormal PE/Chem/CBC/UA Results: ALT-2187 ALP-3758 GGT-73 T bili- 10.9 T4- 0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 7.7 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.89 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet overt normal in size, position and shape. The right adrenal gland subjectively measured 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited potential for borderline to mild subnormal size, suggestive of volume contraction. The spleen presented 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 presented subjective normal in size and vascular volume. The hepatic parenchyma exhibited uniform mild decreased echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The liver exhibited a maintained symmetrical capsule contour. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with normal gallbladder walls. Overt gallbladder wall edema was not evident. The gallbladder contained anechoic content without evidence of luminal debris or calculi. The common bile duct was not definitively visualized without overt evidence of post hepatic obstructive criteria.



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Gastrointestinal

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The stomach presented sonographically unremarkable wall layering. The lumen of the stomach was moderately distended with retained anechoic fluid and potential minor nonspecific hyperechoic ingesta with pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.50 cm.

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

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

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Pancreas

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 were evident.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively acute
- Sonographically unremarkable non-distended gallbladder - no overt evidence of post hepatic obstruction
- Acute gastroenteritis pattern with moderate gastric and minor segmental intestinal hypomotility

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is nonspecific yet suggestive of potential acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.,) with potential concurrent or primary vacuolar hepatic changes and nonobstructive hepatic cholestasis, while potential for occult hepatic neoplasia is considered less likely.

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Dietary indiscretion, enterotoxic insult, infectious gastroenteritis, occult parasitism, occult Addison's Disease, and less likely occult infiltrative gastrointestinal neoplasia are possible.

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Further assessment of the liver may include, assuming normal clotting status, screening FNA cytology +/- Leptospirosis titers / PCR if clinically indicated.

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No obvious evidence of gastrointestinal mechanical obstruction was noted. Hospitalization with rehydration protocol, hepatosupportive medications, as-needed gastrointestinal support, and monitoring of clinical assessment with recheck sonogram if continued clinical signs or progressive hepatic elevations, would be reasonable.



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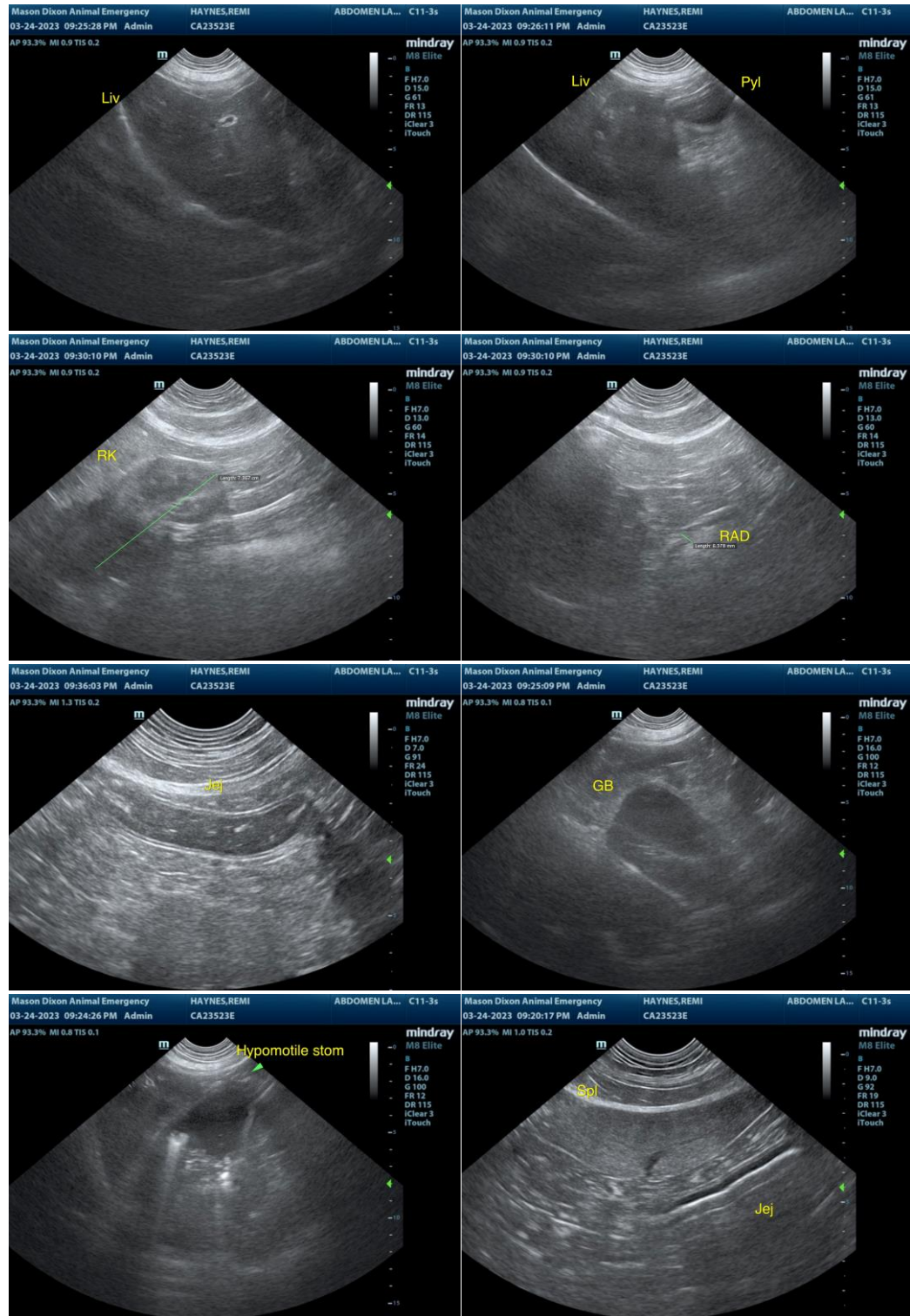
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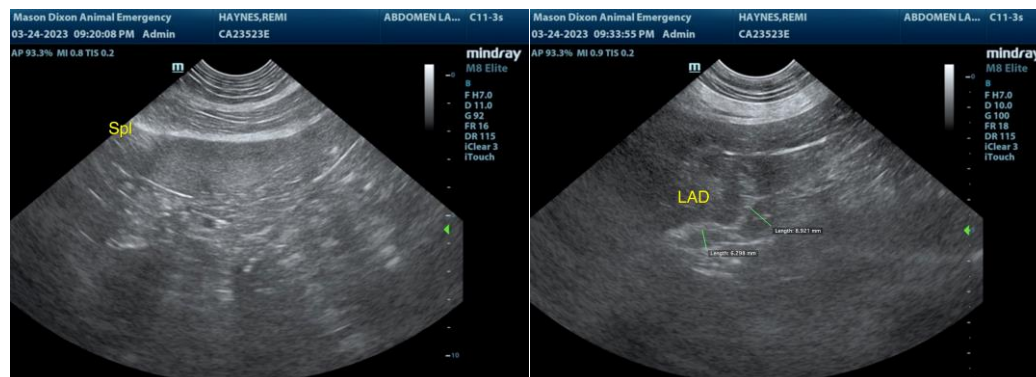
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com