



PATIENT PRESENTING CLINICAL SIGNS

Roman Korchin History: History of fever, hyporexia, elevated liver enzymes. Lepto negative. ALP 232; ALT 320; GGT 9; BA 38

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

Labrador Retriever

SEX The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.9 cm in diameter.

Neutered Male

AGE 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. Minor pyelectasia was present in both the left and right kidney. The left kidney measured 7.8 cm in length. The right kidney measured 7.81 cm in length.

6 Years

WEIGHT Adrenal Glands

89 Pounds The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.57 cm width at the cranial pole.

INTERPRETED BY The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.79 cm width at the cranial pole.

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

Spleen

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME The liver exhibited normal overall size with minor areas of caudal capsule irregularity. Generalized nonuniform to indistinctly mixed echogenic parenchyma with moderate to marked coarse echotexture. The portal vascular borders exhibited reduced distinction and visualization of the portal vascular borders present. No distinct masses or nodules noted.

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REFERRING VET

Dr. Christina Poor,
BVetMed

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.40 cm.

DATE

2/2/22



PATIENT

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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. The duodenum wall measured 0.52 cm. The jejunum wall measured 0.32 cm.

SPECIES

Canine

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

Pancreas

BREED

Labrador Retriever

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. No evidence of peritoneal effusion.

SEX

Neutered Male

Free Abdomen

AGE

6 Years

Intermittent, mildly prominent to enlarged mesenteric and medial iliac nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of mesenteric lymph node size measured 0.42 cm width. An example of medial iliac lymph nodes size measured 0.56 cm in diameter.

WEIGHT

89 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting nonuniform to mixed echogenic parenchyma
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract/pancreas
- Intermittent, benign/reactive mesenteric and medial iliac lymph nodes
- Bilateral mild pyelectasia

INTERPRETED BY

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Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral mild pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

IMAGING PERFORMED BY

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Although nonspecific, the appearance of the liver is suggestive of suspected chronic active hepatitis (viral, bacterial, toxin, less likely leptospirosis (given the previous testing)) with potential for concurrent vacuolar hepatic changes and nonobstructive cholestasis. Hepatic neoplasia is considered a less likely differential diagnosis.

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Further assessment may include, assuming normal clotting status, hepatic parenchyma FNA for screening cytology with potential identification or confirmation of inflammatory cell type. Hepatic biopsy is likely required for a definitive diagnosis.

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Empirically, IV fluids, hepatosupportive medications, empirical antibiotic therapy with as needed gastrointestinal support would be reasonable.

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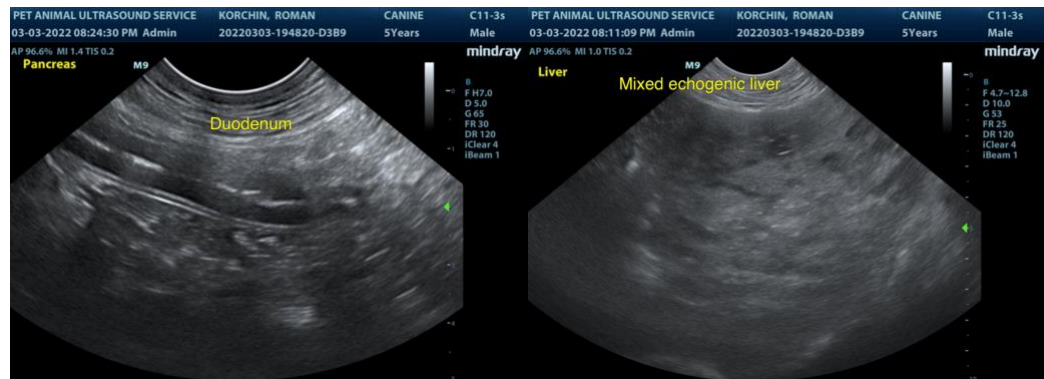
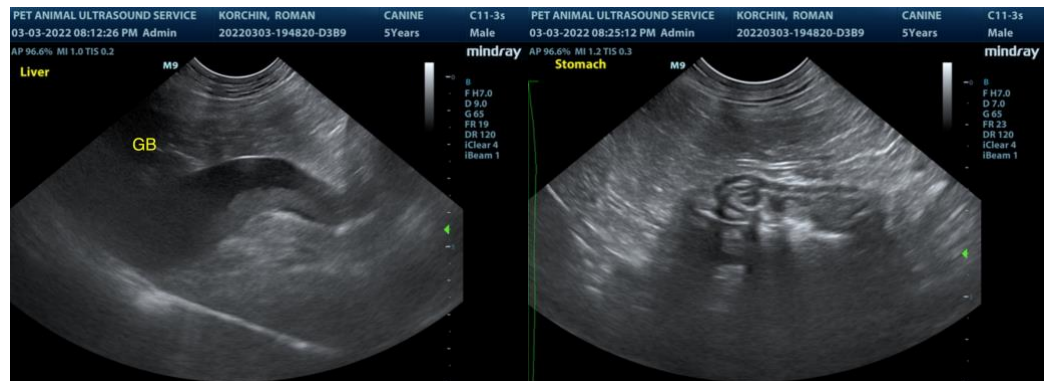
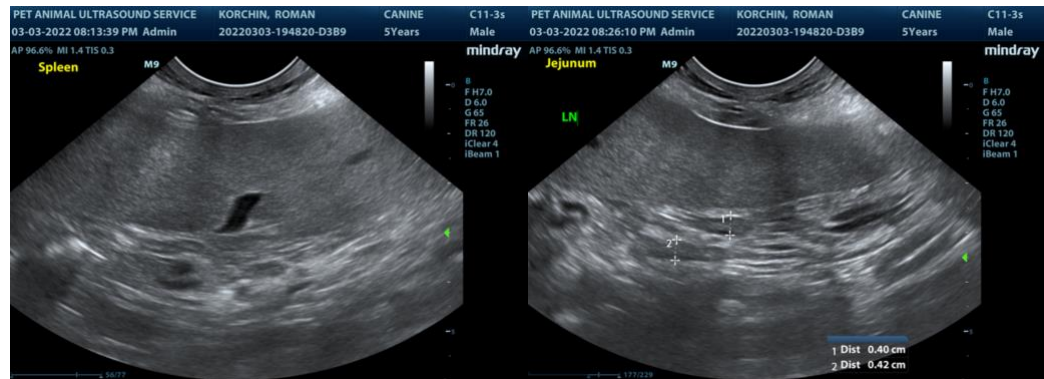
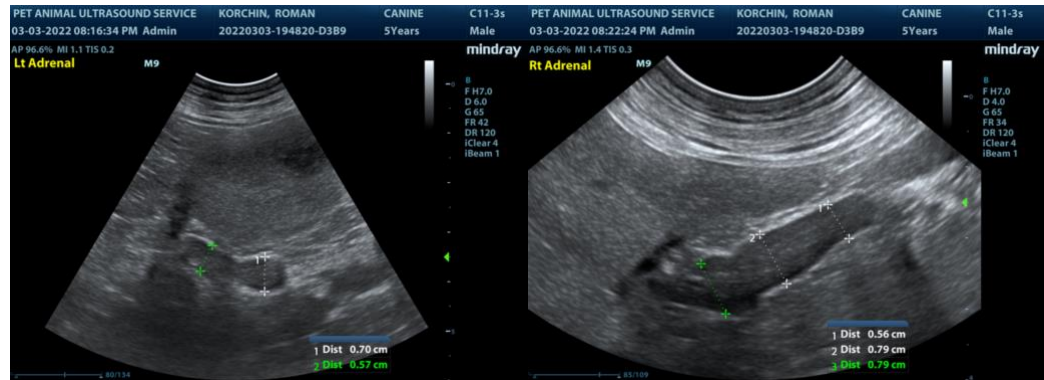
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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