



PATIENT PRESENTING CLINICAL SIGNS

Simba Icel History: Anorexia, vomiting, lethargic, markedly elevated pancreatic specific lipase. Current meds - Apoquel.

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached blood results. Urine - Hyposthenuria and Sp gravity - 1.011

Canine

Labs: ALT 615, AST 137, Precision PSL 6412, Amylase 1380, WBC 15.8

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

Urinary System

SEX

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. Aortic trifurcation was normal.

Neutered Male

AGE

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.0 cm in length.

9 Years

WEIGHT

Adrenal Glands

36.5 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm in length x 0.65 cm at the caudal pole in width.

INTERPRETED BY

The right adrenal gland was indistinctly visualized owing to patient size and conformation without over pathology, subjectively measuring 0.87 cm at the caudal pole in width.

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

Spleen

IMAGING

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.

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Crystal Hill

HOSPITAL NAME

Westoak AH

Liver

The liver exhibited moderate to potential marked generalized enlargement. The liver contour was symmetrical yet swollen. Increased portal vein prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

REFERRING VET

Dr. Kohlmaier/Fisher

The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls. Anechoic content was present with no evidence of sediment or calculi. The cystic and common bile ducts were normal.

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Gastrointestinal

DATE

3/3/22



PATIENT

Simba Icel

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. The stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The gastric body wall measured 0.61 cm.

SPECIES

Canine

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 jejunum wall measured 0.39 cm.

BREED

Golden Retriever

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

SEX

Neutered Male

The pancreas was ill-visualized owing to hepatomegaly and secondary regional perihepatic increased omental artifact. The pancreas exhibited heterogeneous to potential mild hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum.

AGE

9 Years

Free Abdomen

Small volume, primarily perihepatic free fluid was present. Regional hyperechoic perihepatic omentum noted. No overt lymphadenopathy present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

36.5 kg

- Hepatomegaly, exhibiting generalized parenchyma hypoechogenicity
- Regional perihepatic hyperechoic mesentery and primarily perihepatic mild volume free fluid
- Possible mild cholecystitis
- Gastritis
- Heterogeneous pancreas

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

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Crystal Hill

Given the hepatic presentation combined with ALT/AST elevation, considerations for the liver may include acute nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.), reactive hepatopathy/congestion, occult round cell neoplasia or other hepatopathy. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology, using a 25-gauge needle and leptospirosis titers/PCR.

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Sonographically, the appearance of the pancreas was not overtly significant pancreatitis, although lower grade pancreatic inflammation could certainly be possible.

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Dr. Kohlmaier/Fisher

Empirically, hospitalization with therapy for acute nonspecific hepatitis/mild pancreatitis with as needed gastrointestinal support would be reasonable pending hepatic cytology. Overall, guarded prognosis pending hepatic cytology and response to empirical medical therapy.

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

Westoak AH

REFERRING VET

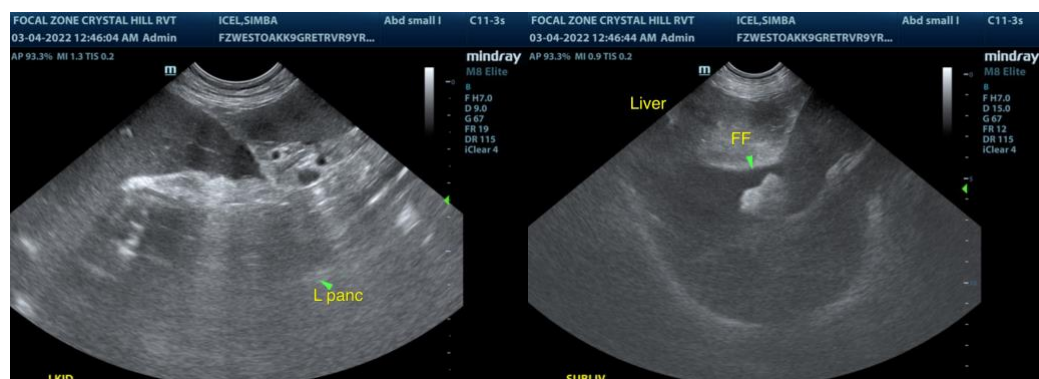
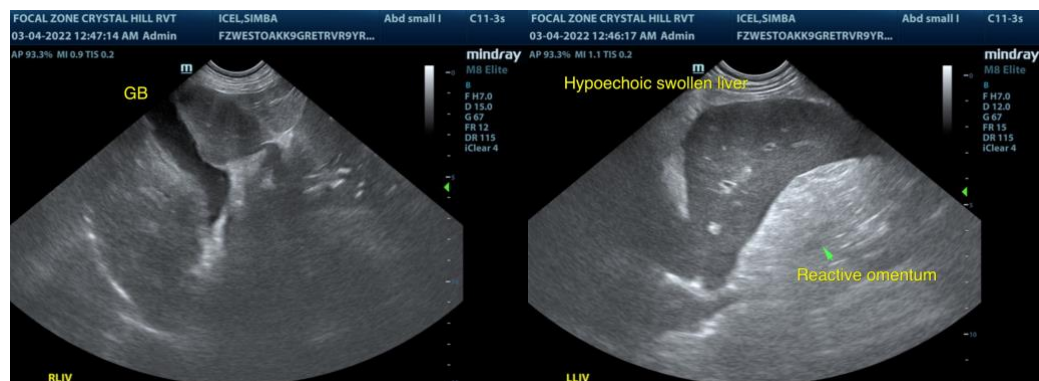
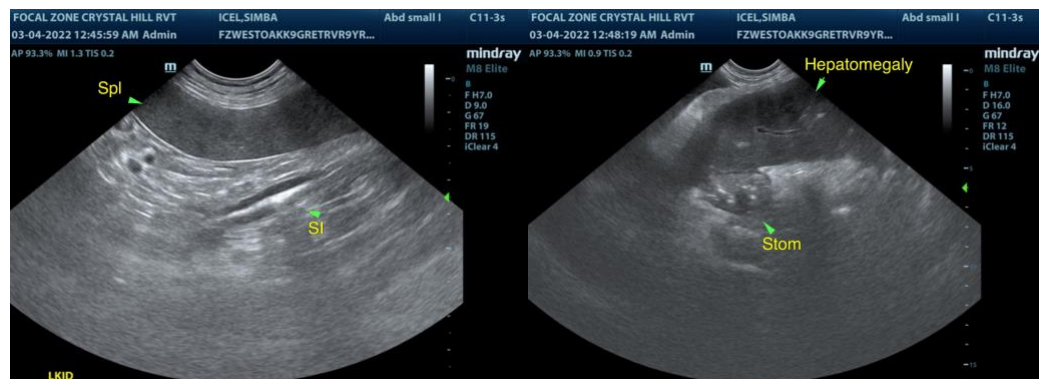
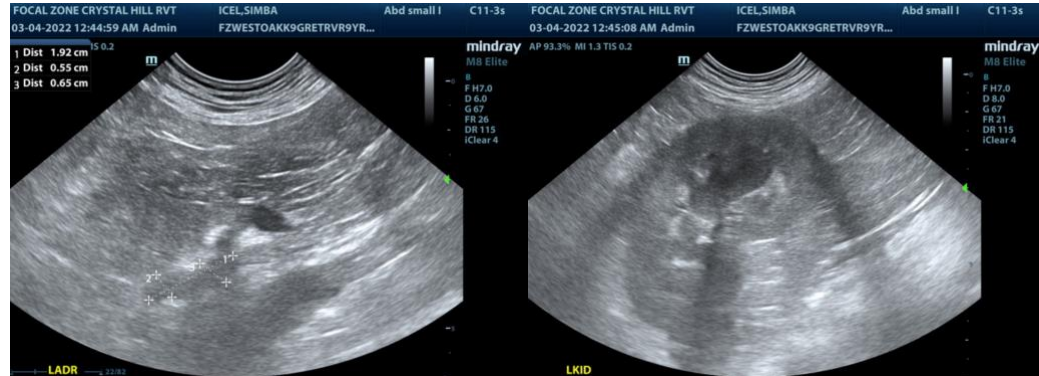
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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