


PATIENT PRESENTING CLINICAL SIGNS

Chloe Wallbank History: pu/pd, lethargic, fever 39.7. BW and U/A done. desmopressin 0.1mg TID novamoxin 500mg BID, metronidazole 375mg BID

SPECIES Abnormal PE/Chem/CBC/UA Results: u/a - sp gr 1.000, 4+ RBC BW mild increase ALT, repeat bw 1 week later ALT up 100 4dx + witness lepto negative

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boxer X

Urinary System
SEX

Spayed female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

AGE

7.5 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mild subjective loss of corticomedullary border demarcation. 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 or retroperitoneal inflammation. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

37 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands
INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.81 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland although not definitively visualized owing to patient size and confirmation.

IMAGING
PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Buck Animal Hospital

Liver
REFERRING VET

Dr. Galbraith

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10273ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

DATE

04/01/2022



PATIENT

Chloe Wallbank

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental chyme with no signs of ileus, obstruction or foreign material.

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

SPECIES

Canine

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 was evident.

BREED

Boxer X

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present. No evidence of peritonitis.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

7.5 years

- Hepatopathy-subjectively benign.
- Overtly normal bilateral kidneys with nonspecific mild loss of corticomedullary border demarcation-no overt evidence of pyelonephritis.

WEIGHT

37 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific yet consistent with benign hepatopathy given the progressive ALT elevation, nonspecific inflammatory/infectious/immune mediated hepatopathy, reactive hepatopathy or other hepatopathy possible without evidence of overt neoplastic criteria. Given the combination of polyuria/polydipsia, fever and elevated liver enzymes, leptospirosis titers/urine or blood PCR is recommended. Alternatively, coverage of leptospirosis which may include doxycycline could be considered. An ultrasound guided FNA of the liver using a 25g needle and assuming normal clotting status for screening cytology as well as urine C/S would be warranted.

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Hepatosupportive medications may prove beneficial. Overall, no overt evidence of significant visceral pathology, three view chest radiographs could be considered to rule out concurrent thoracic pathology as a potential cause of the patient's fever and lethargy.

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Crystal Hill

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. Galbraith

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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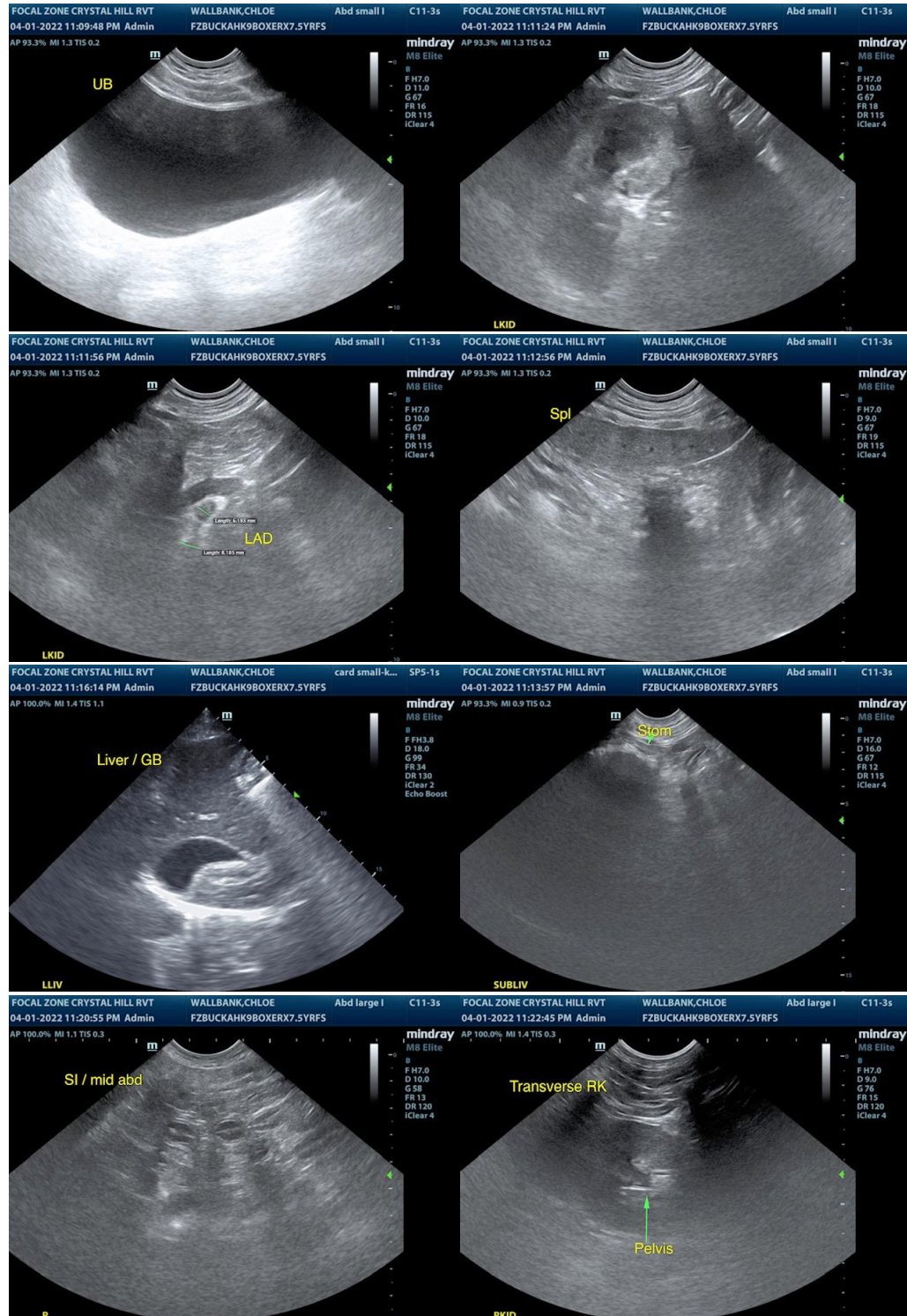
Dr. Galbraith

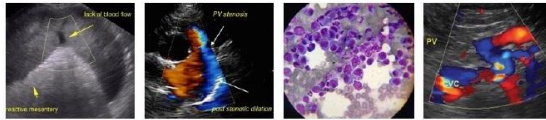
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PATIENT

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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.

SPECIES

Canine

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

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SEX

Spayed female

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