



PATIENT PRESENTING CLINICAL SIGNS

Holly Faust History: Vomiting several days after chewing bully stick, elevated liver values Cerenia, Pepcid, Carafate, i/d

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC wnl. ALT 2192 ALP 251 Na:K 37 BUN 8 CREAT 0.9

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED 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 was noted.

SEX The area of the aortic trifurcation was free of pathology.

Spayed female 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 6.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.40 cm width at the cranial pole.

INTERPRETED BY

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. A regional area of mild medial capsule symmetrical rounding with potential for mild parenchymal expansion was noted, this is not consistent with splenic pathology. 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

Rebekah Jakum, CVT
ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Lehigh Valley Animal
Hospital

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Hersh

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent yet nonorganized hyperechoic sludge. The cystic and common bile ducts were normal.

INVOICE

Gastrointestinal

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The stomach presented intact with mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a small amount of retained nonshadowing chyme along with luminal gas with no signs of ileus, obstruction, or foreign material.

DATE

04/18/2022



PATIENT

Holly Faust

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 0.35 cm in width.

SPECIES

Canine

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

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.

BREED

Pit Bull

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Mild retained gastric chyme and mild gas.
- Sonographically unremarkable small bowel-no evidence of mechanical or metabolic small bowel ileus.
- Hepatopathy.
- Mild gallbladder debris (non-mucocele).

WEIGHT

58 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obvious evidence of pyloric mechanical outflow obstruction was not noted. Lack of significant gastric distension and only minor retained chyme which although nonspecific, may suggest mild metabolic gastric hypomotility. The possibility of a small gastric foreign object overlaid with gas could be present but thought less likely. In the radiographs provided, a small linear like radio dense object was visualized in the potential area of the pylorus yet this liner object was not visualized in this study. Continued radiographic monitoring is recommended if clinically indicated. Potentially some contribution to the patient's vomiting may be metabolic in nature and secondary to underlying liver disease. Considerations for the liver may include nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.) given the primary and significant ALT elevation with potential for concurrent vacuolar hepatopathy and non obstructive cholestasis given the ALP elevation and presence of GB sludge. Assuming normal clotting status, an ultrasound guided hepatic FNA as well as leptospirosis titers/PCR if endemic to the area are recommended. Empirically, hospitalization with 24-48 hour IVF and hepatic/gastrointestinal support with monitoring for persistent/progressive retained gastric chyme as well as liver enzymes would be reasonable. Recheck sonogram if persistent gastric distension or progressive hepatic elevations would be appropriate.

INTERPRETED BY

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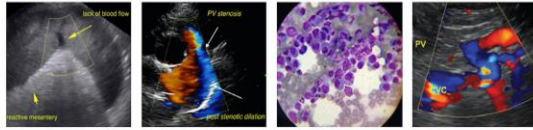
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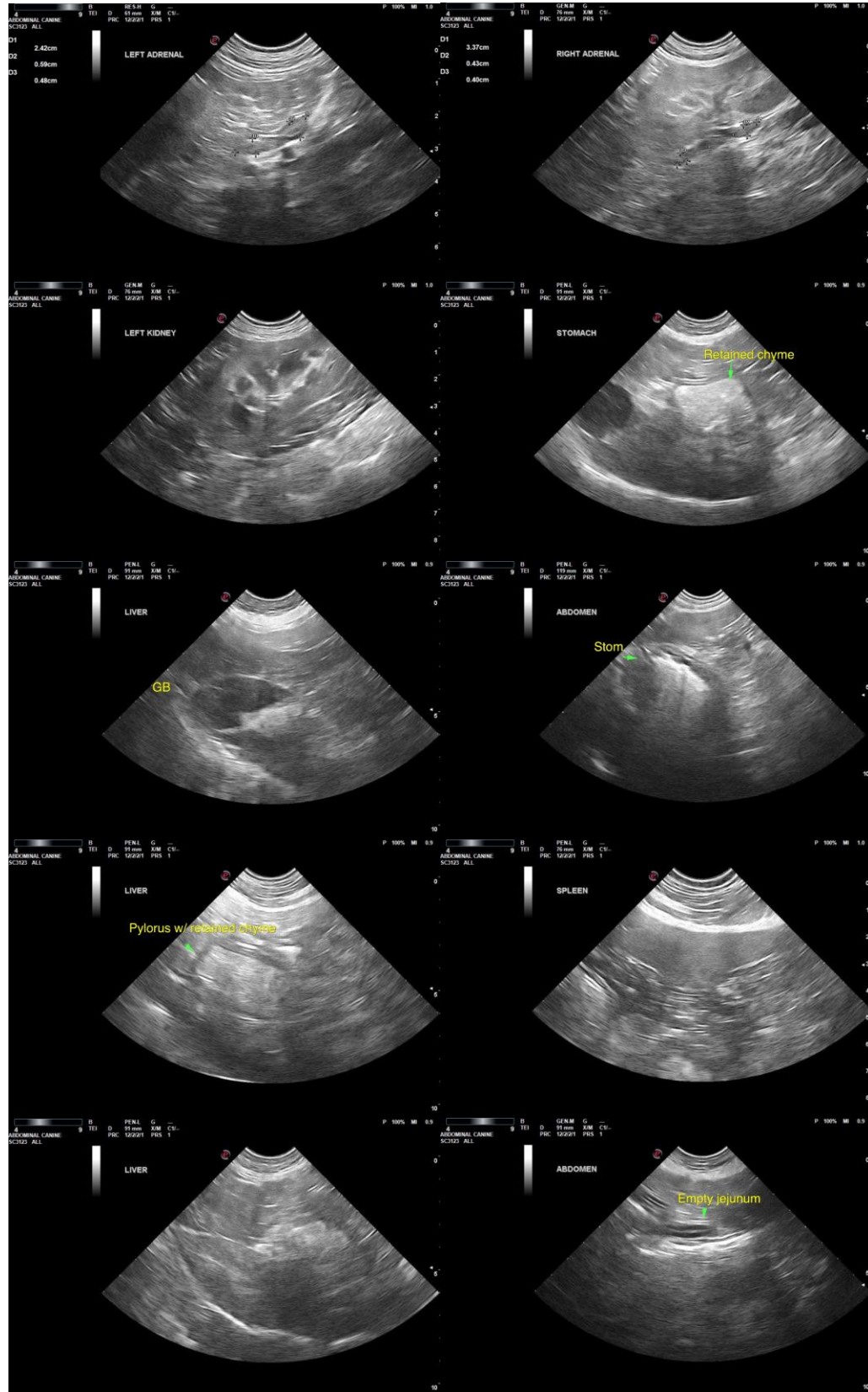
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PATIENT

Holly Faust

SPECIES

Canine

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.

BREED

Pit Bull

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.

SEX

Spayed female

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