



PATIENT PRESENTING CLINICAL SIGNS

Lucy Pasanen ~20 day duration vomiting, not eating dry food, 20# weight loss in 1 year, 4.14 no bowel movement
 ALP 1209, ALT 173, Na/K ratio 36

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 was noted.

Bloodhound

SEX No overt pathology was noted in the area of the uterine remnant. The area of the aortic trifurcation was free of pathology.
 FS

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 with no evidence of pelvic dilation. The left kidney measured 7.5 cm in length. The right kidney measured 6.9 cm in length.

2014

WEIGHT Adrenal Glands

120 The bilateral adrenal glands exhibited mild subjective subnormal size yet normal position and shape with homogeneous parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.32 cm width at the cranial pole. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.34 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel,
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 (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

Rebekah Jakum, CVT
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HOSPITAL NAME

Leighton AH

Liver/ Gallbladder

The liver exhibited mild enlargement with normal structure and maintained symmetrical capsule 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. Focal, small, thinly-walled intraparenchymal cyst, measuring 1.4 cm in diameter, was present. The cyst contained anechoic fluid. The gallbladder was non-distended in size with thin walls and mild gallbladder debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Mriss

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PATIENT *Gastrointestinal*

Lucy Pasanen The stomach exhibited subjective intact yet mildly thickened walls. The stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.7 cm to potential 1.0 cm width.

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 width measured 0.38 cm.

BREED

Bloodhound The visualized segments of colon were sonographically normal without overt evidence of colonic overdistention with retained strongly shadowing fecal matter. The descending colon wall width measured 0.21 cm.

SEX

FS *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.

AGE

2014 *Free Abdomen*

WEIGHT

120 No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy with solitary small intraparenchymal cyst
- Mild gallbladder debris (non-mucocele)
- Mildly thickened stomach
- Sonographically unremarkable small bowel and colon
- Subjective mild subnormal bilateral adrenal glands - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Lehighton AH

The mildly thickened stomach walls may indicate chronic gastritis, given the reported vomiting in this patient. The potential for early infiltrative gastric neoplasia is considered a less likely differential diagnosis yet cannot be definitively excluded. In light of the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to screen for occult Addison's Disease, given the mild subjective bilateral subnormal adrenal size, are warranted.

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Although nonspecific, the hepatic presentation may indicate vacuolar hepatopathy, inflammatory / immune-mediated disease, infectious hepatopathy, or other hepatopathy with occult hepatic neoplasia considered a less likely differential diagnosis.

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Ultrasound-guided FNA of the liver, using a 25-gauge needle and assuming normal clotting status, could be considered for screening cytology. Leptospirosis titers / PCR are suggested if endemic to the area or potential exposure. Three view chest radiographs are suggested, if not done, to rule out occult thoracic or esophageal pathology.

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PATIENT

Lucy Pasanen

Some or all of the following protocol may be considered empirically with an assessment of clinical response.

SPECIES

Canine

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

BREED

Bloodhound

SEX

FS

AGE

2014

WEIGHT

120

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HOSPITAL NAME

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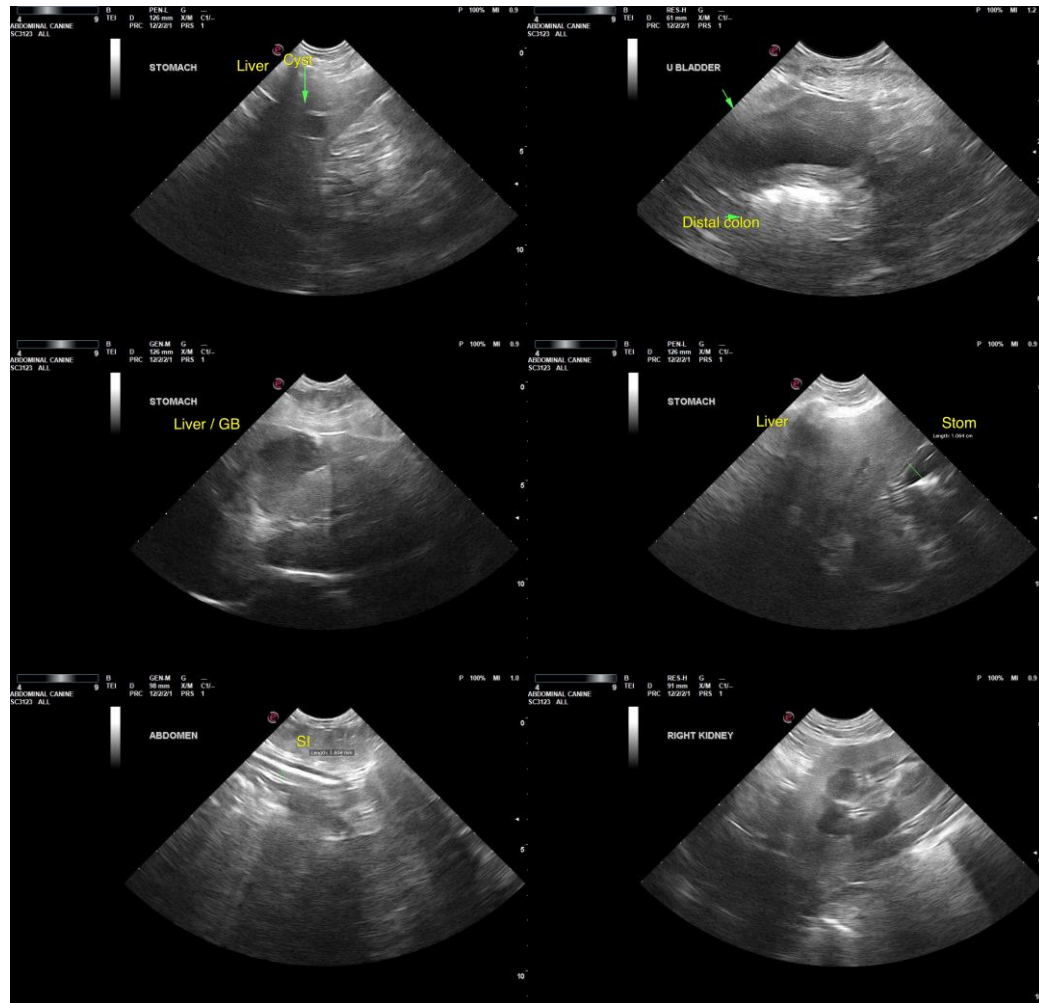
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SPECIES

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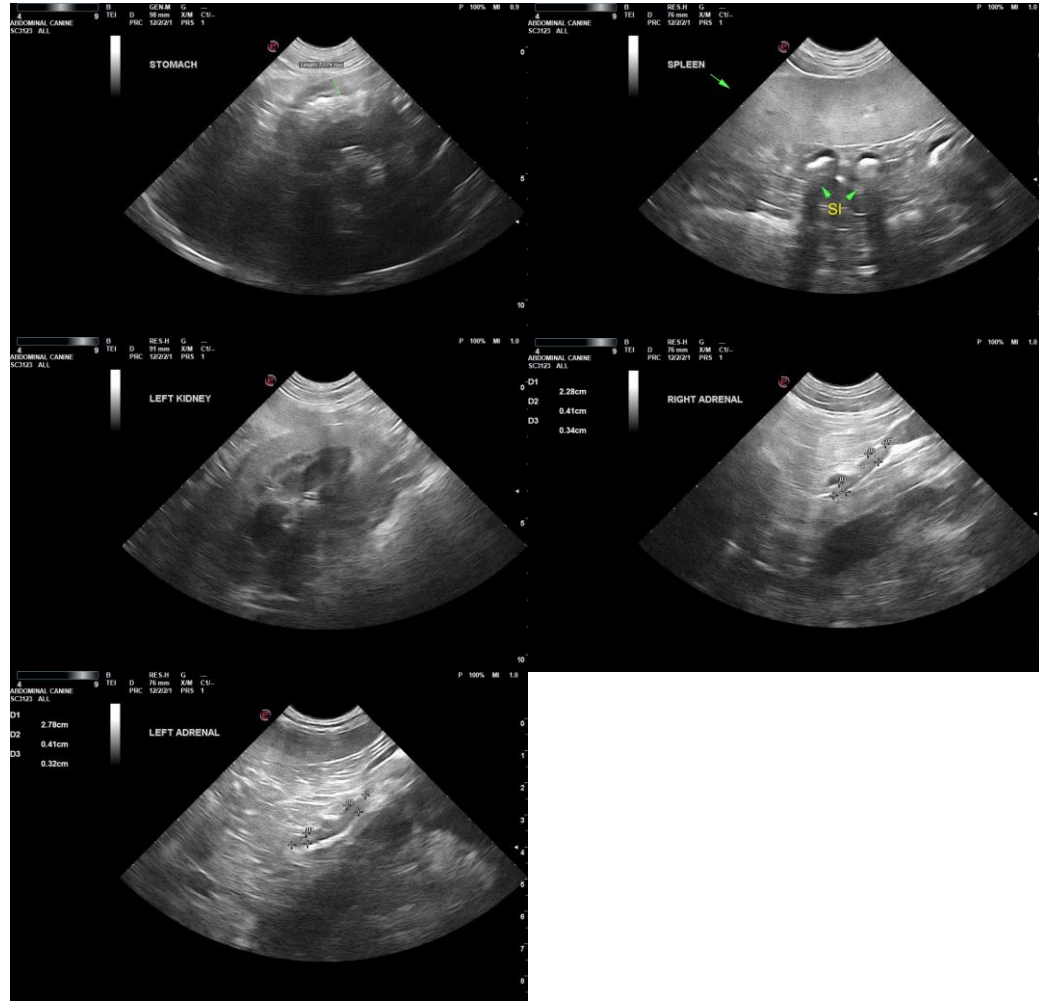
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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