

PATIENT PRESENTING CLINICAL SIGNS

Esme Chase History: 1 day duration vomiting, lethargic a week ago Amoxicillin, Metronidazole
 Abnormal PE/Chem/CBC/UA Results: ALT 1053 ALP 331 BUN 23 CREAT 1.3 PLT 437

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Mix

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.

SEX

FS

Normal size and margination was 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 4.7 cm in length. The right kidney measured 5.2 cm in length.

AGE

14 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

29 pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.46 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.

INTERPRETED BY

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

Spleen

The spleen presented overall normal in size and contour. Intermittent variably echogenic nonexpansive splenic nodules were present, an example measuring 0.91 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver was subjectively normal in structure and contour with potential for mild enlargement. 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.

HOSPITAL NAME

Annville Cleona VA

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

REFERRING VET

Dr. Keck

Gastrointestinal

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.

INVOICE

10483ag

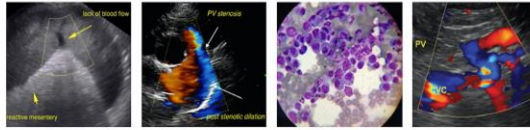
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

DATE

04/29/2022

Pancreas



PATIENT

Esme Chase

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.

Free Abdomen

SPECIES

Canine

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Hepatopathy exhibiting remodeled to non uniform parenchyma
- Mild gallbladder debris (non-mucocele)
- Variably echogenic non specific splenic nodules
- Overtly normal GI tract
- Mild chronic renal changes

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

29 pounds

Overall, the liver was nonspecific yet most consistent with benign likely chronic to potential acute on chronic hepatopathy. Primary considerations for nonspecific inflammatory hepatopathy or hepatobiliary disease i.e. cholangiohepatitis given then elevated ALT. Potential for concurrent vacuolar hepatopathy and nonclinical cholestasis given the ALP elevation and presence of mild gallbladder debris. No overt evidence of hepatic neoplastic criteria which is considered less likely. Assuming normal clotting status a hepatic FNA for screening cytology +/- leptospirosis titer/PCR if endemic to the area is recommended. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. The splenic nodules may indicate hyperplasia, hematopoiesis, lipogranulomas/myelolipomas, small hematomas or previous infarct with splenic neoplasia considered less likely. Sonographic monitoring of the splenic nodules for evidence of progression would be reasonable.

INTERPRETED BY

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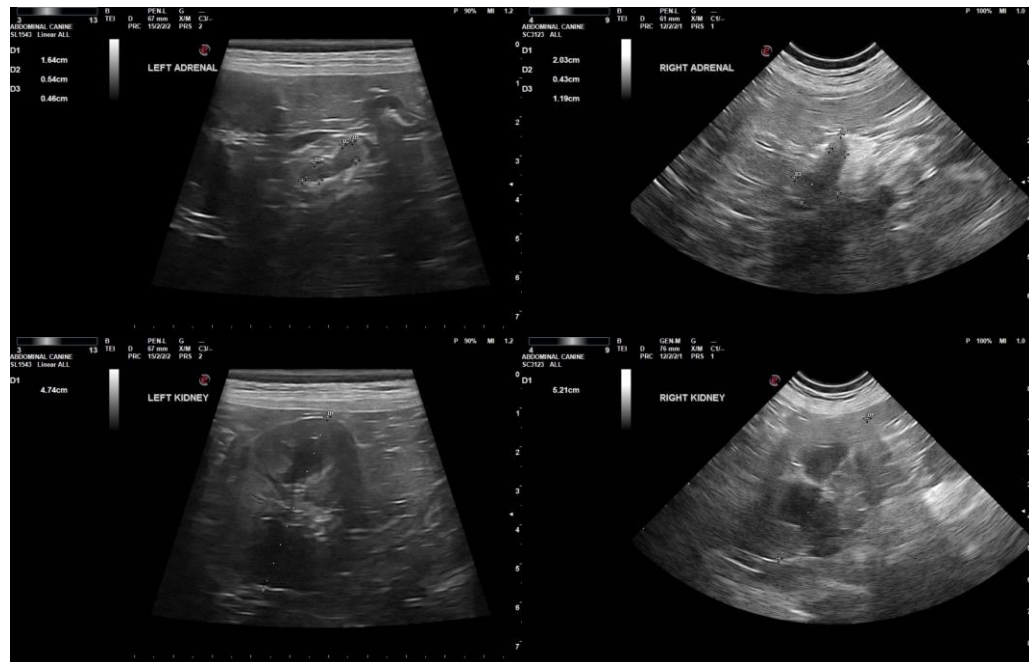
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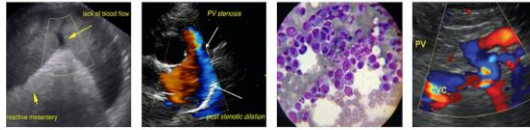
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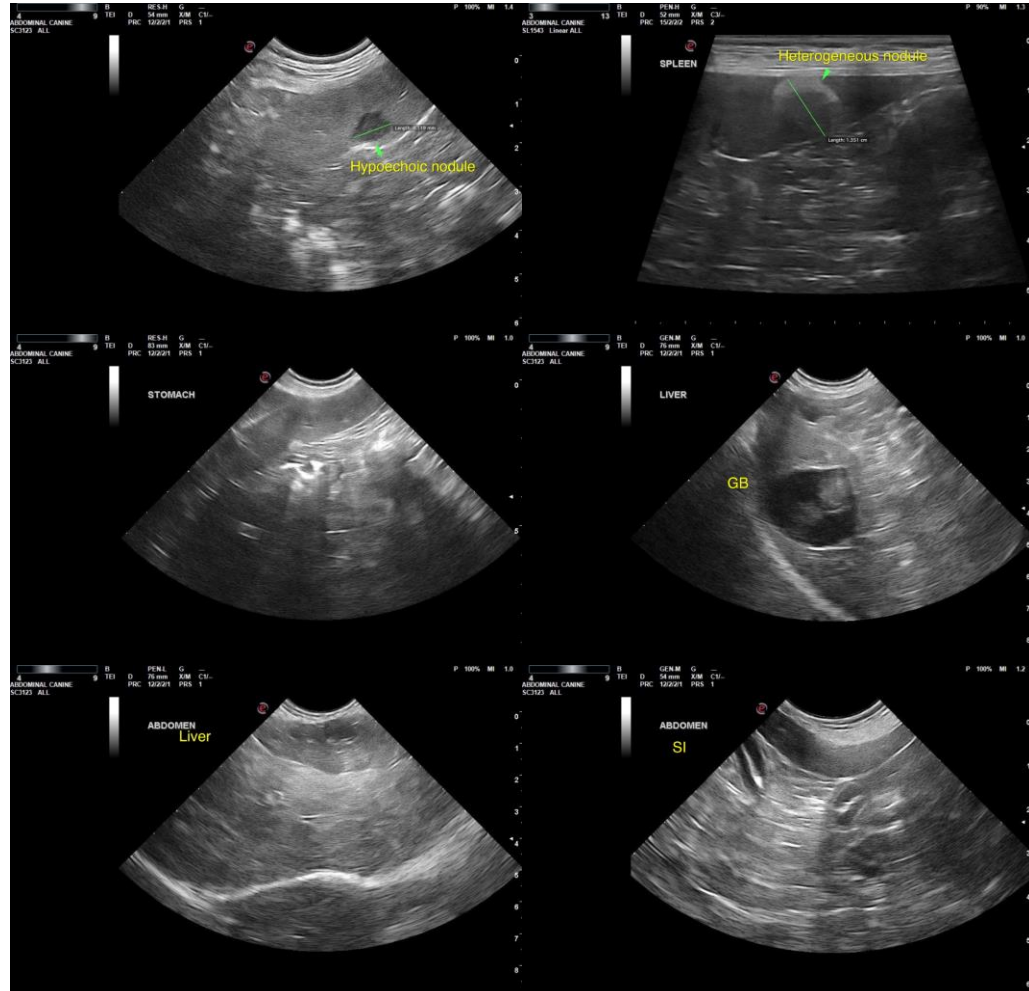
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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