



**PATIENT PRESENTING CLINICAL SIGNS**

Kramer Faketete

Icteric, vomiting

**SPECIES**

Canine

CBC- WBC 35.1, Lymphocytes 20.69, Monocytes 2.5, Platelets 162

Chemistry Panel- BUN 6, ALP 239, ALT 204, GGT 40, TBili 8.1, Cholesterol 86, Amylase >2500, Lipase >6000, abnormal Snap cPL, Na/K ratio 43

**BREED**

Pitbull

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

**AGE**

2014

No overt pathology was noted in the area of the residual prostate. The residual prostate measured 0.76 cm in diameter.

**WEIGHT**

71.5

The area of the aortic trifurcation was free of pathology and was without evidence of medial iliac or sublumbar lymphadenopathy.

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. Minor pyelectasia was noted in the left kidney. The left kidney measured 7.4 cm in length. The right kidney measured 7.5 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.38 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 0.48 cm width at the caudal pole and 0.76 cm width at the cranial pole.

**HOSPITAL NAME**

Maple Hills VH

**Spleen**

**REFERRING VET**

Dr. Banzhof

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.

**INVOICE**

13603

**DATE**

4/5/22



**PATIENT** *Liver/ Gallbladder*

**Kramer Faketete**  
**SPECIES** Canine  
**BREED** Pitbull

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended to potential mild subnormal in size containing anechoic content with probable mild nonorganized luminal sediment. The gallbladder walls appeared to be mildly prominent to subtly echogenic in appearance. The common bile duct was not definitively visualized without overt evidence of post hepatic common bile duct dilation or obstructive pattern.

***Gastrointestinal***

**SEX** MN  
**AGE** 2014

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. 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.

***Pancreas***

**WEIGHT** 71.5

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Acute hepatopathy
- Nondistended gallbladder exhibiting minor luminal debris and subjective mildly prominent to echogenic walls - possible acute on chronic cholecystitis
- Sonographically unremarkable pancreas
- Mild gastroenteritis pattern

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 ARDMS/RVT

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Maple Hills VH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Banzhof

Considerations for the hepatopathy may include vacuolar hepatopathy and nonobstructive hepatic cholestasis, acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.,) while the potential for occult hepatic neoplasia, given the lymphocytosis in this patient, cannot be excluded. Further assessment may include, assuming normal clotting status and if accessible, FNA cytology of the liver and Leptospirosis titers / PCR.

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**PATIENT**

Kramer Fakeete

Sonographically, no evidence of significant or active pancreatitis or evidence of pancreatic neoplastic criteria was noted. The potential for low-grade or chronic pancreatitis, which may present as sonographically normal, could be present.

**SPECIES**

Canine

Empirically, hospitalization with IV fluids, hepatosupportive medications including Denamarin and Ursodiol, gastrointestinal support +/- empirical antibiotics for acute hepatitis pending hepatic cytology if elected would be reasonable. CBC pathology review and potential internal medicine consultation is recommended, given the degree of lymphocytosis in this patient. Pending additional diagnostics, sonographic reassessment of the liver may be indicated if persistent / progressive hepatic enzyme elevation or cholestasis.

**BREED**

Pitbull

**SEX**

MN

**AGE**

2014

**WEIGHT**

71.5

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**REFERRING VET**

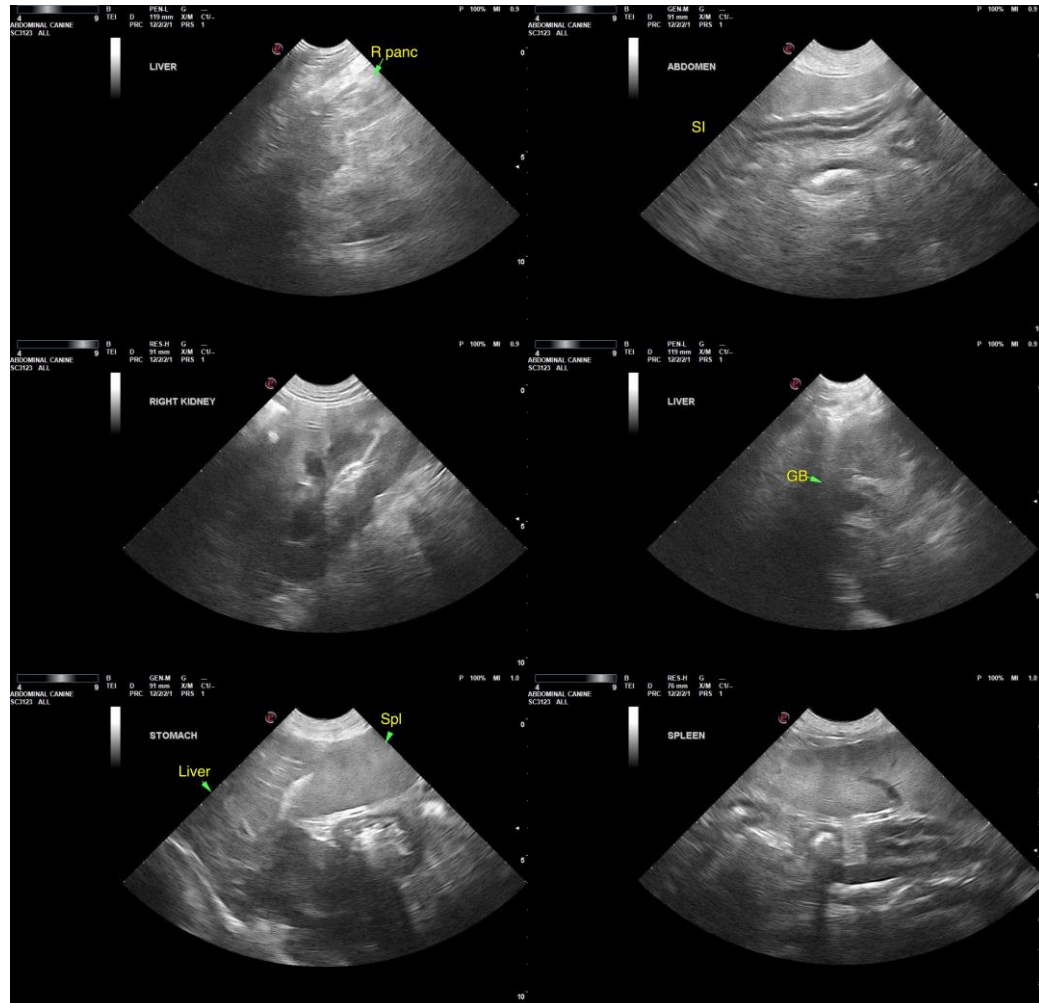
Dr. Banzhof

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**PATIENT**

Kramer Faketse

**SPECIES**

Canine

**BREED**

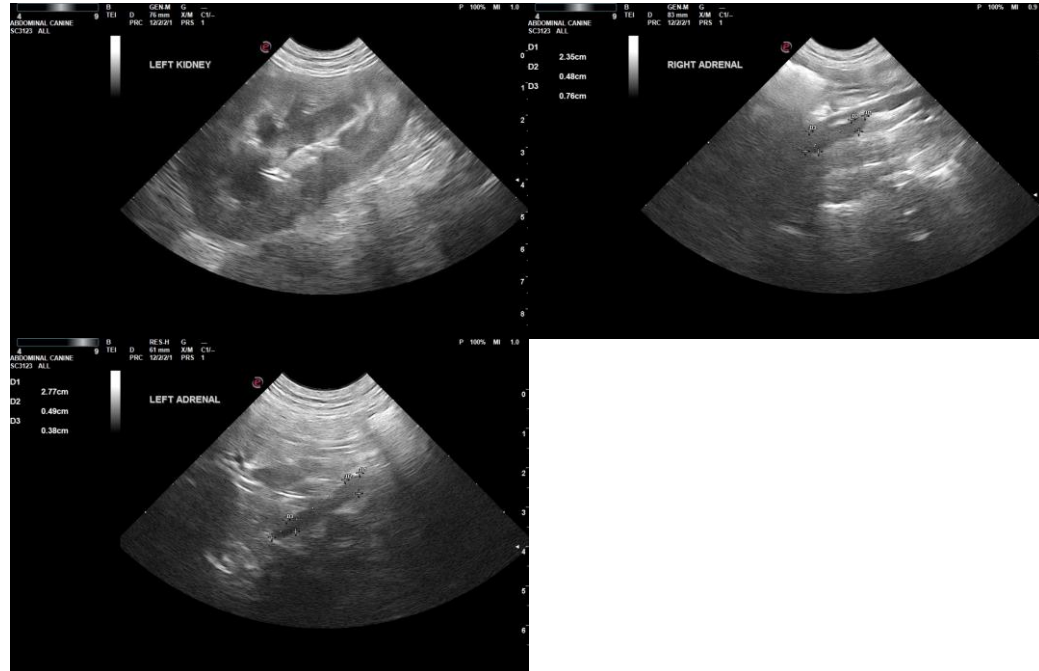
Pitbull

**SEX**

MN

**AGE**

2014



**WEIGHT**

71.5

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.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

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)**

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