



PATIENT PRESENTING CLINICAL SIGNS

Katie Hague History: mild ALT elevation, chronic worsening signs of nausea (lip licking, grass eating) after eating.
Abnormal PE/Chem/CBC/UA Results: please see attached labs

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Shiloh Shepherd

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

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 6.1 cm in length. The right kidney measured 7.0 cm in length.

AGE

8 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

390kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.96 cm width at the caudal pole and 2.5 cm length.

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. 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

Kelly Reschny RVT

HOSPITAL NAME

Wellington Animal Hospital

Liver

The liver was subjectively mildly enlarged in size with normal 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.

REFERRING VET

Dr. Dennis

Gastrointestinal

The visualized stomach presented intact yet potential mildly prominent wall layering. The ventral gastric body wall measured 0.72 cm in width. The lumen of the stomach contained mild luminal gas with no signs of retained ingesta/fluid, ileus, obstruction or foreign material.

INVOICE

10310ag

DATE

04/07/2022



PATIENT

Katie Hague

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 measured 0.40 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 was evident.

BREED

Shiloh Shepherd

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

- Low grade to mild hepatopathy-benign.
- Suspect mild gastritis, sonographically unremarkable small bowel and pancreas.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral abdominal pathology. Although not definitive, the ALT elevation in this patient may indicate primary inflammatory hepatopathy with potential for some degree of reactive hepatopathy possibly secondary to gastritis. The potential for generalized structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may present sonographically normal cannot be excluded.

WEIGHT

390kg

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(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs to rule out occult thoracic or esophageal pathology +/- resting cortisol level to assess for or rule out occult Addison's disease are warranted. Hepatosupportive medications such as Denamarin or Ursodiol may prove beneficial. Hepatic sampling may be indicated for further assessment or persistent ALT elevation. Potentially dietary intolerance may be a contributing factor, some or all of the following protocol may be considered.

IMAGING PERFORMED BY

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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.

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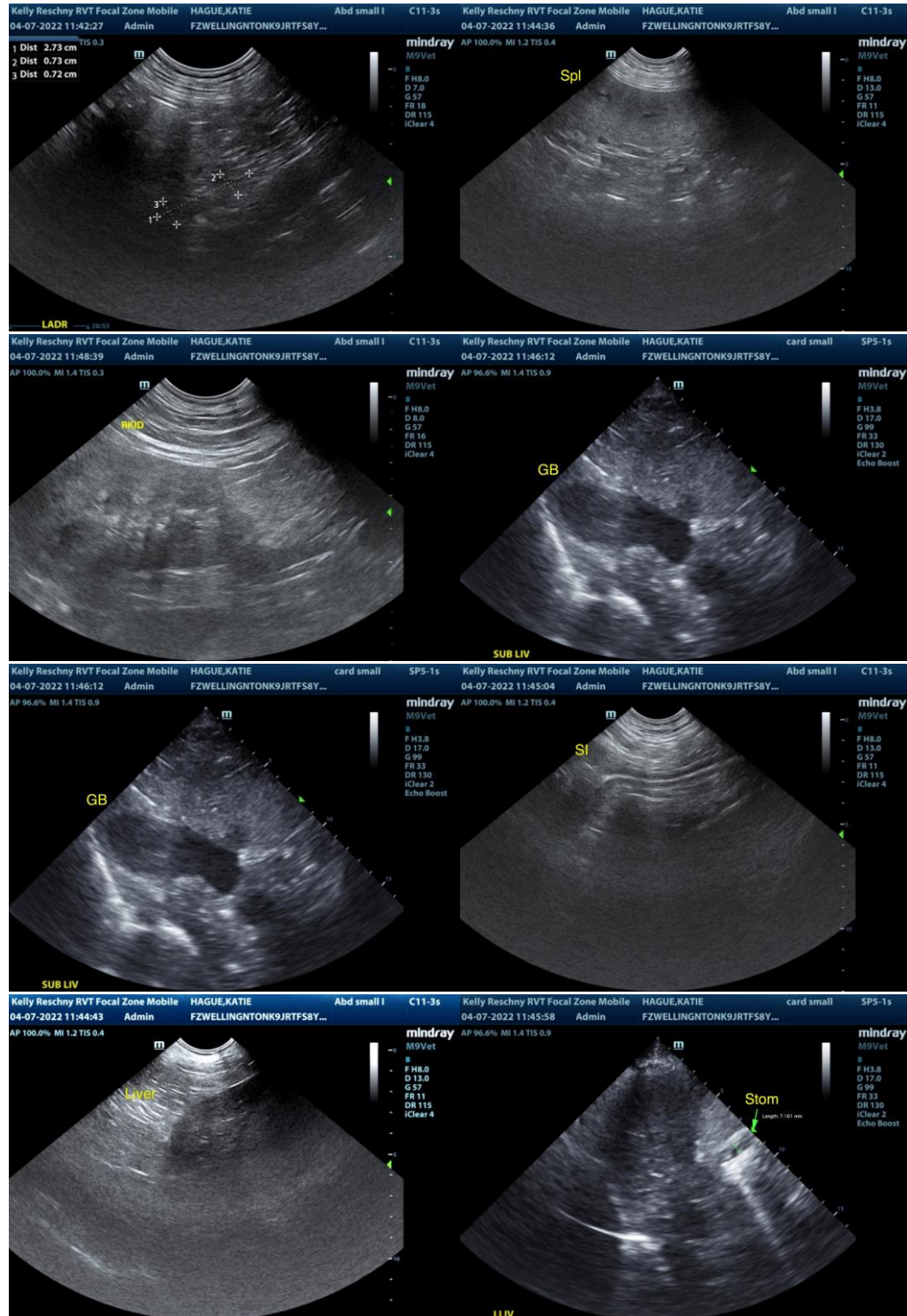
Dr. Dennis

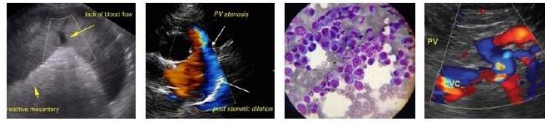
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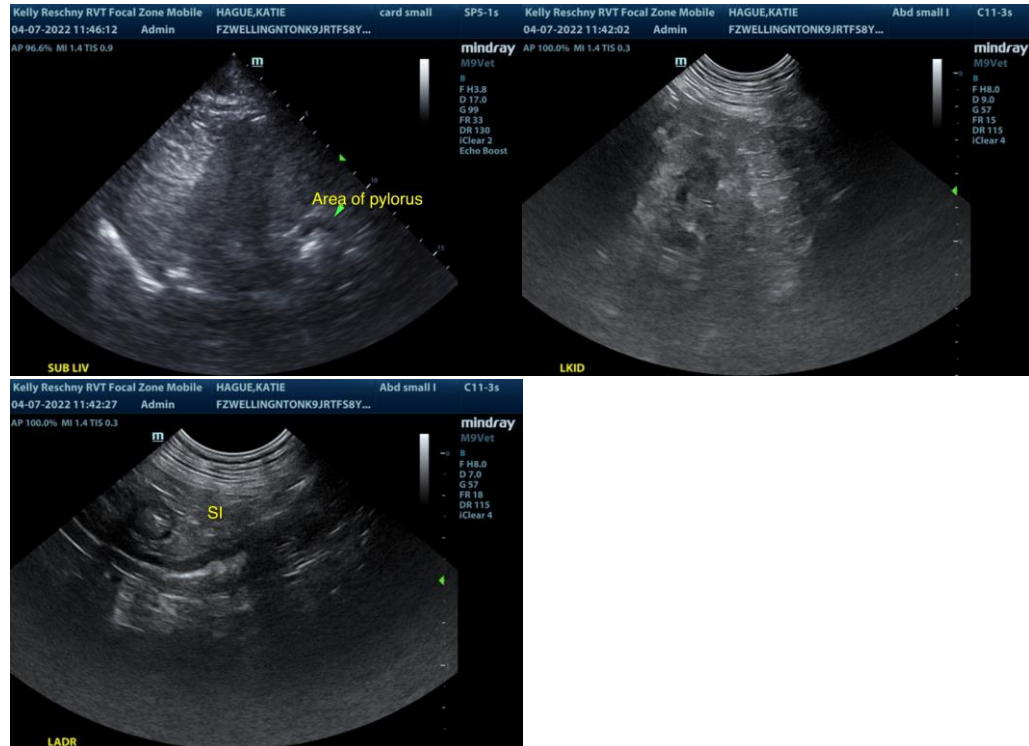
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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