



PATIENT

Luna Weatherley

SPECIES

Canine

BREED

Aussie Cattle Dog

SEX

Spayed Female

AGE

8 Years

WEIGHT

13.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Dyck

INVOICE

46521

DATE

4/8/23

PRESENTING CLINICAL SIGNS

Patient presented for 1 week history lethargy and anorexia. No other health concerns. Unsure vaccine history.

Abnormal PE/Chem/CBC/UA Results: Biochemistry revealed mildly elevated ALT, ALP, and GGT. PT/PTT wnl. Lepto witness lest wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. No mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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 4.7 cm. The right kidney measured 6.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.46 cm at the caudal pole.

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.

Liver

The liver presented subjective mild enlargement. Areas of subtle asymmetrical hepatic capsule contour noted. Generalized mildly heterogeneous, non-uniform hepatic parenchyma noted. Normal hepatic vascular volume. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Minor non-organized gallbladder debris present. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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.

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.



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Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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- Hepatopathy with mild nonuniform parenchyma - vacuolar hepatopathy, nonspecific hepatitis / cholangiohepatitis (viral, bacterial, Leptospirosis etc), hyperplasia, hematopoiesis, neoplasia (less likely), other
- Minor gallbladder debris - non mucocele
- Sonographically normal gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status, FNA of the liver is recommended for screening cytology to assess for inflammatory or neoplastic criteria. Hepatic biopsy would be required for definitive diagnosis. Leptospirosis urine PCR could be considered if clinical concern or possible exposure yet thought less likely with negative initial test and lack of renal component. No evidence of additional visceral pathology. Hepatosupportive medications, antibiotic trial initially for 2 weeks with liver reassessment, and as needed gastrointestinal support would be reasonable. Three view chest radiographs could be considered to rule out thoracic pathology as a contributing factor if not done.

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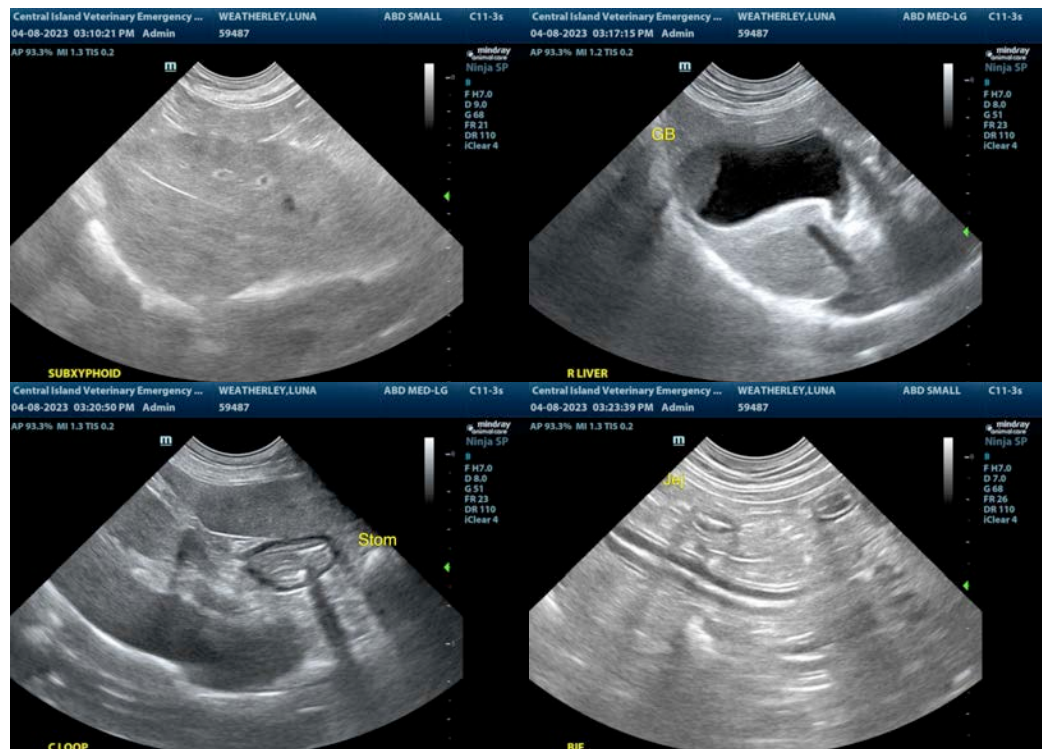
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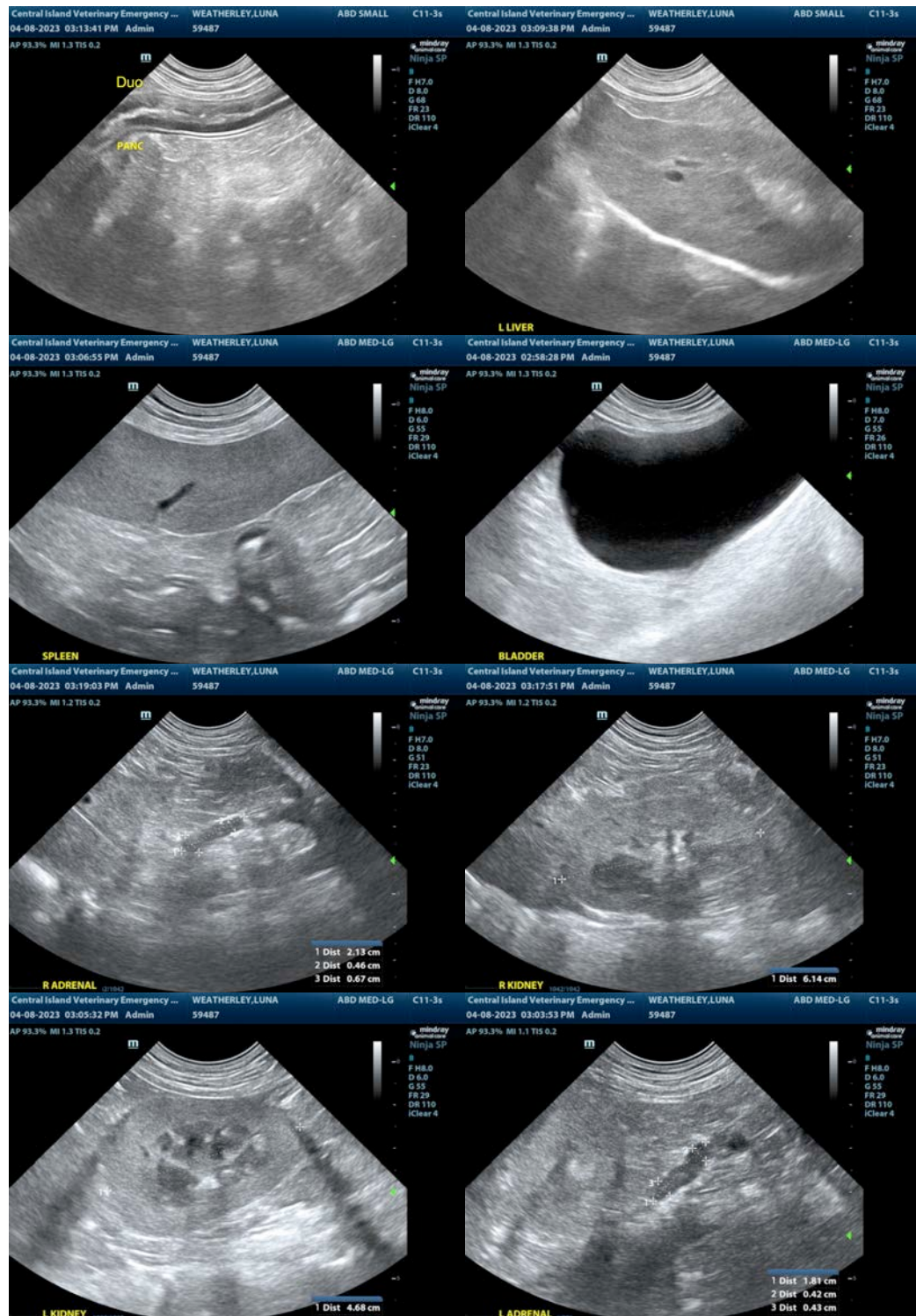
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com