

PATIENT PRESENTING CLINICAL SIGNS

Rudy Lawrence Ate spandex 4.6, lethargy, vomit, diarrhea, losing weight for 6 months Cerenia, Ampicillin, Metronidazole

SPECIES CBC – WBC 19.9 w/neutrophilia, suspect band neutrophils. Chem – ALP 1849, ALT not read. Total Bilirubin 7.1, BUN 11, Crea 1.0.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Golden Retriever X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

SEX

Neutered Male

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 7.2 cm. The right kidney measured 8.0 cm.

AGE

2013

No overt pathology in the area of the residual prostate.

WEIGHT *Adrenal Glands*

37.8 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.62 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.65 cm at the caudal pole.

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

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver exhibited mild subjective enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Areas of subtle caudal capsule asymmetry noted. Increased portal vein prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non distended in size with primarily anechoic content and mild debris. The common bile was not definitively visualized, yet without evidence of dilation, stasis or overt post-hepatic obstruction.

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Holland

Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach contained moderate gas and mild retained fluid. Fluid extended mildly into the upper duodenum.

INVOICE

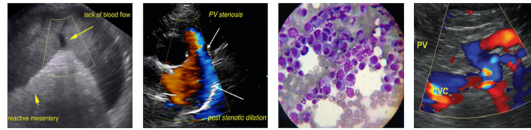
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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Minor segmental duodenal and jejunal ileus and segmental gas was present. No overt foreign material or small intestinal obstructive pattern.

DATE

4/9/22

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



PATIENT *Pancreas*

Rudy Lawrence 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.

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

Golden Retriever X

- Acute hepatopathy
- Gastroenteritis pattern with mild gastric stasis

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male Although non-specific, the appearance of the liver is consistent with acute hepatopathy with considerations including suspected acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), reactive hepatopathy, congestion, while occult neoplasia cannot be excluded. Further assessment of the liver (assuming normal clotting status) may include hepatic FNA for screening cytology, and Leptospirosis titers/PCR if potential exposure. No overt evidence of post-hepatic biliary obstruction or obvious gastrointestinal mechanical obstruction/foreign material.

WEIGHT

37.8 Pounds

Technically, given the patient's history, a small amount of non-obstructive gastric or gastrointestinal foreign material obscured by gas artifact could be possible. Alternatively, structurally insignificant gastrointestinal disease, given the patient's weight loss, may be considered. 3-view chest radiographs, GI panel to include PLI, TLI, cobalamin and folate +/- resting cortisol to rule out occult disease as contributing factors to the patient's weight loss are recommended. Empirically, hepatosupportive medications +/- antibiotics and continued as needed gastrointestinal support with assessment of clinical response would be reasonable.

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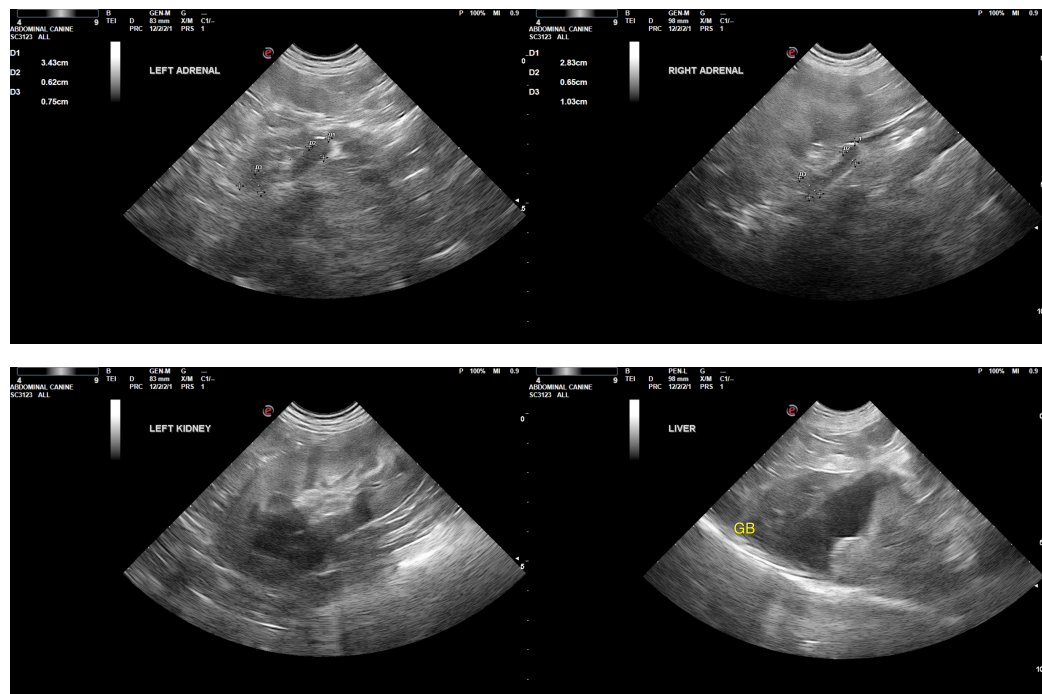
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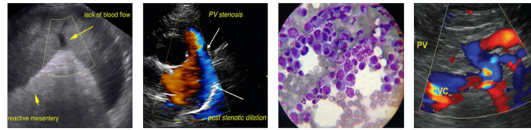
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PATIENT

Rudy Lawrence

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

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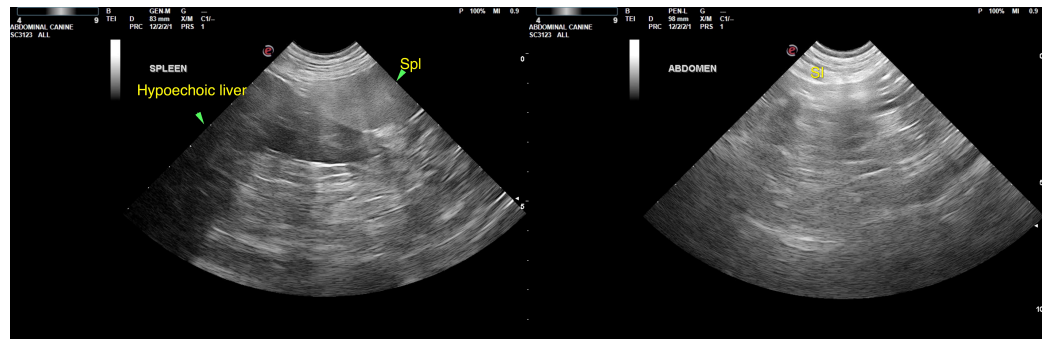
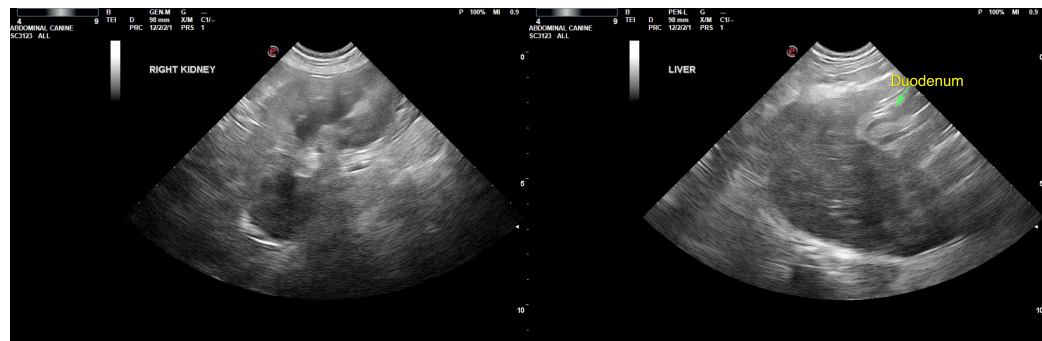
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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