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| PATIENT | PRESENTING CLINICAL SIGNS |
| Brooklyn Smith | Inapetence , diarrhea , lethargy , jaundice , petechiae |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: RBC 10.4 5.65 - 8.87 x10 ¹² /L Hematocrit 0.64 0.373 - 0.617 L/L Hemoglobin 226 131 - 205 g/L WBC 16.83 5.05 - 16.76 x10 ⁹ /L (neutrophilia, monocytosis) Biochemistry: ALT 586 10-125 U/L ALP 222 23-212 U/L GGT17 0-11 U/L Total Bilirubin 402 0-15 umol/L CHOL1.69 2.84-8.26 mmol/L AMY 221 500-1500 U/L LIP105 200-1800 U/L |
| Canine | |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Shep Mix | Urinary System |
| SEX | 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. |
| FS | |
| AGE | 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 8.1 cm in length. The right kidney measured 8.0 cm in length. |
| 8 | |
| WEIGHT | The area of the aortic trifurcation was free of pathology. |
| 32.2kg | Adrenal Glands |
| INTERPRETED BY | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.96 cm width at the cranial pole. The right adrenal gland was indistinctly visualized with no overt pathology. The right adrenal gland measured 0.70 cm width at the caudal pole. |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Spleen |
| IMAGING PERFORMED BY | 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. |
| Dr. Stan Gira | Liver/Gallbladder |
| HOSPITAL NAME | The liver presented normal in size. The hepatic parenchyma revealed mildly reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Minor 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 in size with isoechoic mildly thickened walls. Primarily anechoic luminal content with very minor echogenic debris was present. The common bile duct was not definitively visualized. |
| Sabadilla Animal Clinic | Gastrointestinal |
| REFERRING VET | |
| Dr. Veronika Pak | |
| INVOICE | |
| 13673ag | |
| DATE | |
| 05/01/2023 | |



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| PATIENT | The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric gas distension with primarily anechoic fluid was present. |
| Brooklyn Smith | |
| SPECIES | 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. |
| Canine | |
| BREED | The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Segmental soft fecal matter was present in the colon lumen with lumen dilation. No pathology visualized at the level of the ileocolic junction. |
| Shep Mix | |
| SEX | Pancreas |
| FS | The left pancreatic limb exhibited mildly prominent size with non-homogenous to hypoechoic parenchyma. |
| AGE | Free Abdomen |
| 8 | No omental masses or peritoneal effusion was present. |
| WEIGHT | Subjective mild increased generalized omental echogenicity was present. |
| 32.2kg | Intermittent mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <ul style="list-style-type: none"> • Hepatopathy-suspect acute. • Non-distended gallbladder with mildly thickened wall-suspect cholecystitis. • Overtly normal area of CBD. • Mildly prominent non-homogenous/hypoechoic left pancreas-possible concurrent low grade left pancreatitis. • Gastroenterocolitis pattern. |
| IMAGING PERFORMED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Dr. Stan Gira | The primary etiologies for the hepatopathy and gallbladder presentation may include acute hepatitis/cholangiohepatitis (viral/bacterial/leptospirosis/toxin) with possible contributing factors including vacuolar hepatic changes, non-obstructive cholestasis and occult infiltrative hepatic neoplasia. |
| HOSPITAL NAME | |
| Sabadilla Animal Clinic | Some degree of mild left limb pancreatitis is possible although the degree of sonographic changes of the left pancreatic limb is not overtly suggestive of pancreatitis as a primary clinical factor. |
| REFERRING VET | Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A spec cPL +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended if evidence of weight loss. |
| Dr. Veronika Pak | |
| INVOICE | Empirically hospitalization with IVF, hepatosupportive medication, antibiotic trial to cover for acute hepatitis/cholangiohepatitis and leptospirosis with as needed GI support with assessment of clinical response and potential recheck is recommended. |
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PATIENT

Brooklyn Smith

SPECIES

Canine

BREED

Shep Mix

SEX

FS

AGE

8

WEIGHT

32.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Sabadilla Animal
Clinic

REFERRING VET

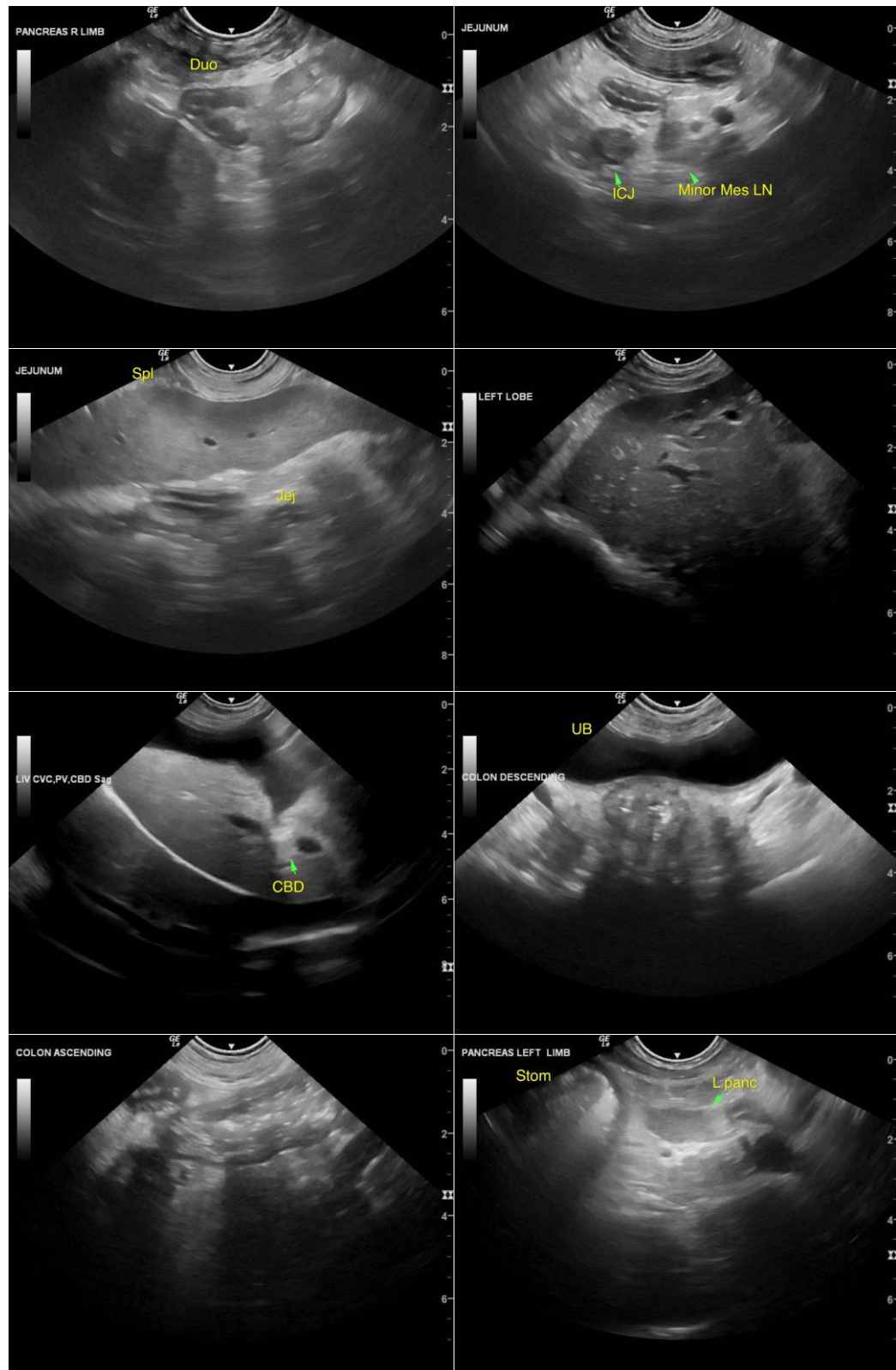
Dr. Veronika Pak

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PATIENT

Brooklyn Smith

SPECIES

Canine

BREED

Shep Mix

SEX

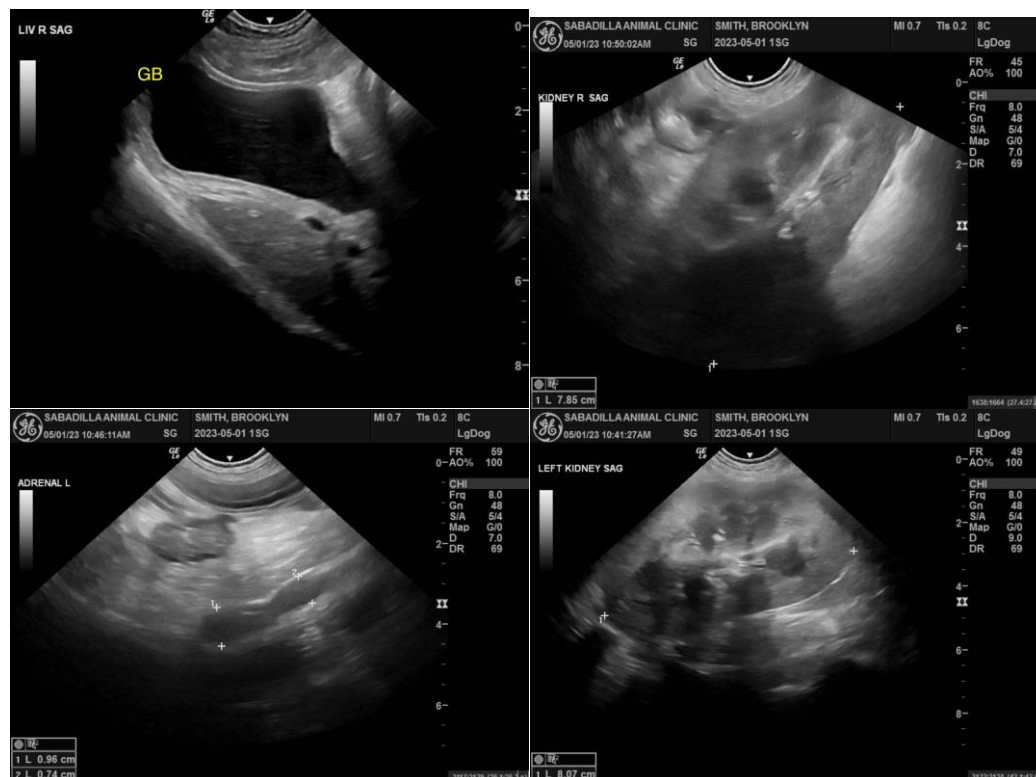
FS

AGE

8

WEIGHT

32.2kg



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,
DVM, DABVP
(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.

IMAGING PERFORMED BY

Dr. Stan Gira

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