

PATIENT

Cookie Matrone

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

9

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

13771ag

DATE

05/10/2023

PRESENTING CLINICAL SIGNS

Vomiting Bloody diarrhea Severe dental calculus

Abnormal PE/Chem/CBC/UA Results: Blood work-elevated ALT, ALP K, GGT, globulin CPLI-negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.2 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild luminal gas was present.

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 semi formed to soft feces in lumen.

Pancreas



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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

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Sonographically unremarkable non-distended gallbladder.
- Mild heterogenous pancreas.
- Gastroenterocolitis pattern.

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Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

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The appearance of the liver is consistent with benign hepatopathy with considerations including metabolic, reactive or vacuolar hepatopathy, inflammatory hepatopathy, cholestasis or other hepatopathy with infiltrative neoplasia thought less likely. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment.

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Empirical therapy for hemorrhagic gastroenteritis or acute inflammatory bowel episode should prove beneficial. If persistent or recurrent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a resting cortisol level to assess for or rule out occult disease. No evidence of intra-abdominal neoplastic or GI obstructive criteria.

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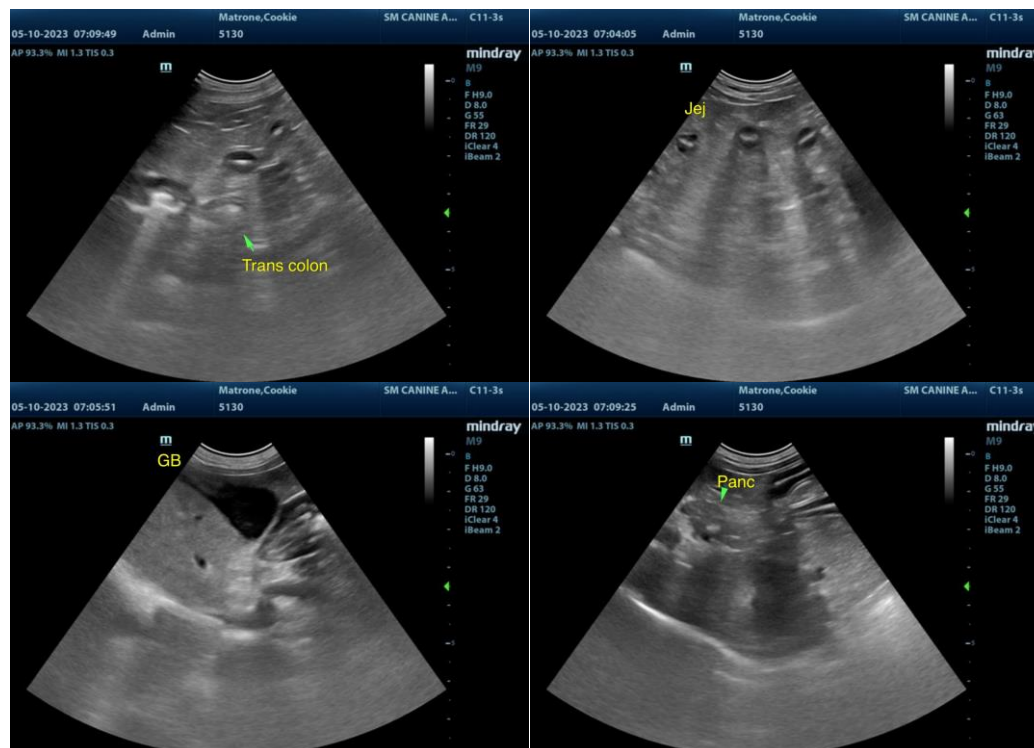
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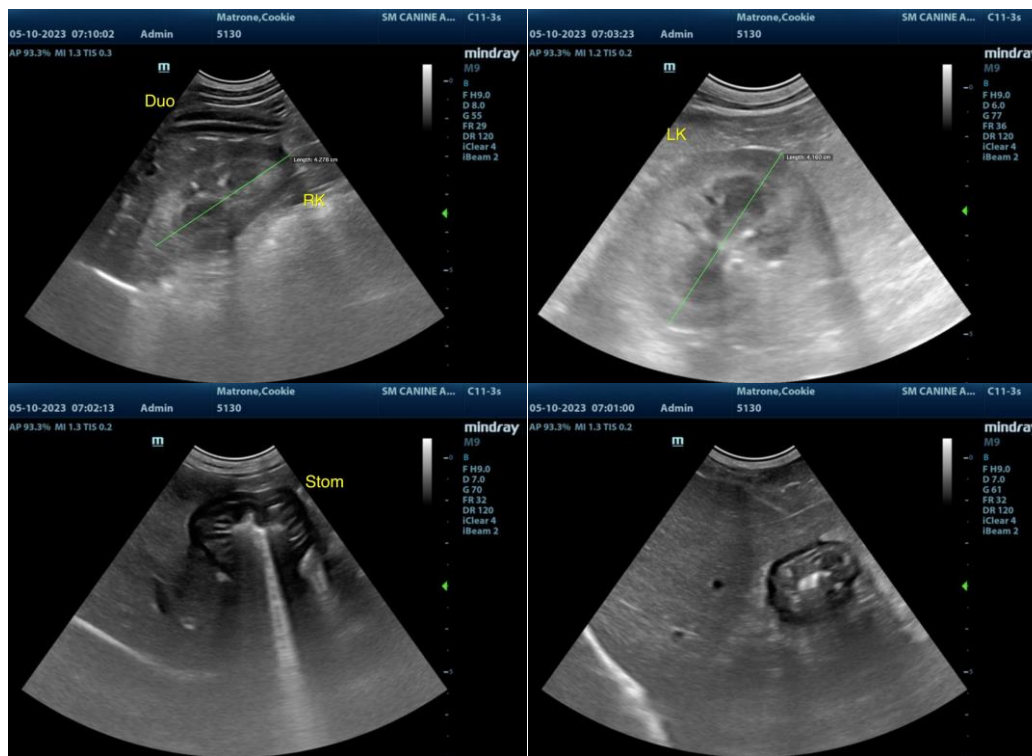
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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