



**PATIENT**

Trouble Quinn

**PRESENTING CLINICAL SIGNS**

History: Lethargy , inappetence , fever of unknown origin , 4Dx negative , no other history .  
Abnormal PE/Chem/CBC/UA Results: ALT 815 ( 10 - 125 )

**SPECIES**

Canine

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

**BREED**

Brittany Spaniel

**SEX**

Spayed Female

The aortic trifurcation was free of pathology.

**AGE**

4 Years

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 6.9 cm in length. The right kidney measured 6.7 cm in length.

**Adrenal Glands**

**WEIGHT**

21.6 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.46 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.61 cm width at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited potential for mild enlargement with 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**

Stan Gira

**HOSPITAL NAME**

Resolution VU, LTD

**Liver**

The liver exhibited mild generalized enlargement. The hepatic parenchyma revealed mild uniform reduced echogenicity with subtle increased prominence of portal vascular borders. Maintained symmetrical yet mildly rounded hepatic contour noted. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

**REFERRING VET**

Stan Gira, Sabadilla AC

The gallbladder was non distended in size with mild gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**INVOICE**

15150

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild retained nonspecific hyperechoic ingesta.

**DATE**

5/13/22



## PATIENT

Trouble Quinn

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal ileus was present.

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

## SPECIES

Canine

## Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

## BREED

Brittany Spaniel

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

## AGE

4 Years

- Hepatopathy- subjectively acute on chronic, hepatitis/cholangiohepatitis (viral, bacterial, leptospirosis, toxin, etc.), reactive hepatopathy or other with occult neoplasia considered a less likely differential diagnosis.
- Subjective mild splenomegaly- nonspecific yet not overtly suggestive of neoplastic criteria. Benign hyperplasia, hematopoiesis, patient variant or incidental splenitis possible.
- Mild gastroenteritis pattern
- Suspect mild pancreatitis

## WEIGHT

21.6 Pounds

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the spleen and liver may include pending cytology. Leptospirosis titers/PCR may be considered if clinically applicable. Low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec CPL is warranted.

Pending additional diagnostics, hospitalization with hepatogastrintestinal support +/- appropriate antibiotics for acute on chronic hepatitis and assessment of clinical response with monitoring of liver enzymes would be reasonable.

Stan Gira

## HOSPITAL NAME

Resolution VU, LTD



## REFERRING VET

Stan Gira, Sabadilla AC

## INVOICE

15150

## DATE

5/13/22



**PATIENT**

Trouble Quinn

**SPECIES**

Canine

**BREED**

Brittany Spaniel

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

21.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Stan Gira

**HOSPITAL NAME**

Resolution VU, LTD

**REFERRING VET**

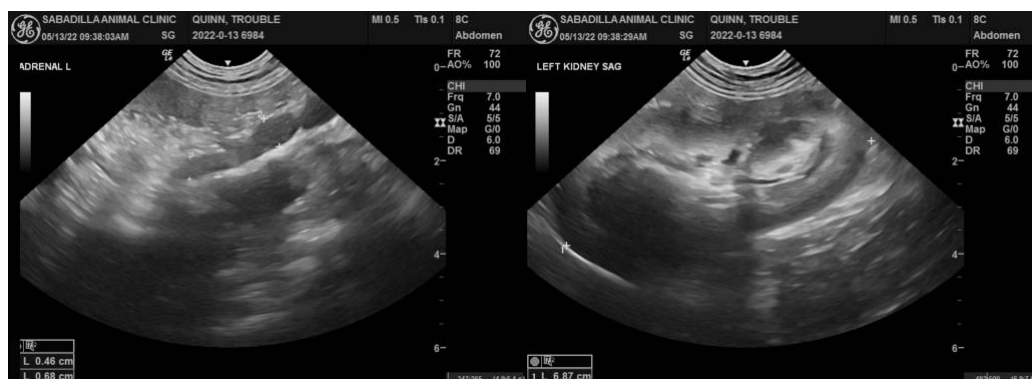
Stan Gira, Sabadilla AC

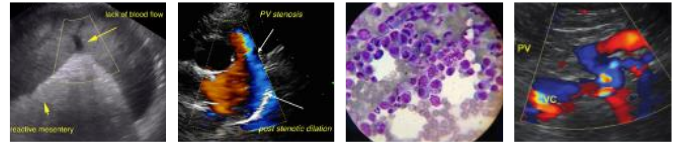
**INVOICE**

15150

**DATE**

5/13/22





**PATIENT**

Trouble Quinn

**SPECIES**

Canine

**BREED**

Brittany Spaniel

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

21.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Stan Gira

**HOSPITAL NAME**

Resolution VU, LTD

**REFERRING VET**

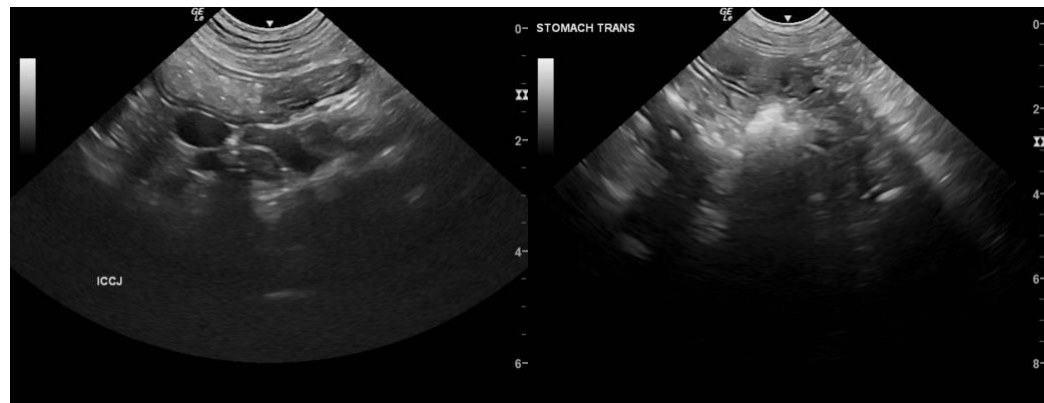
Stan Gira, Sabadilla AC

**INVOICE**

15150

**DATE**

5/13/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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