

PATIENT PRESENTING CLINICAL SIGNS

Penske Lehman History: acute hepatitis, vomiting

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

Bulldog

SEX

FS

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 5.8 cm in length. The right kidney measured 5.8 cm in length.

AGE

5 yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

50

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

INTERPRETED BY

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

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

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Shawanesse

Liver

The liver was subjectively normal to mildly subnormal in size with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Dillsburg VC

Gastrointestinal

REFERRING VET

Dr. Hlatky

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic yet nonshadowing ingesta with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.47 cm in width.

INVOICE

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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. The duodenum wall measured 0.42 cm in width. The jejunum wall measured 0.40 cm in width.

DATE

05/16/2022

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

Pancreas



PATIENT

Penske Lehman

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

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Bulldog

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting potential borderline to mild subnormal size
- Sonographically unremarkable gallbladder
- Overtly normal GI tract with mild gastric ingesta

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 yr

Overall, the appearance of the liver was non specific yet suspected to be consistent with acute hepatopathy i.e. acute hepatitis (viral, bacterial, Leptospirosis, toxin). Correlation with hepatic enzymes suggested. No evidence of post hepatic obstruction or portosystemic shunt. A GI panel to include PLI/TLI/Cobalamin/Folate, Leptospirosis titers/PCR if endemic to the area/potential exposure and a hepatic FNA assuming normal clotting status are recommended.

WEIGHT

50

The gastric ingesta is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion recommended. Given the reported vomiting, some degree of gastric stasis is suspected. The sonographic appearance of the ingesta is most consistent with food and without evidence of overt GI foreign material.

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Potential for low grade pancreatitis could be present yet sonographically normal.

As needed hepato-gastrointestinal support is recommended. Hepatic core or surgical biopsy may be required for definitive diagnosis if persistent/progressive hepatic enzyme elevations.

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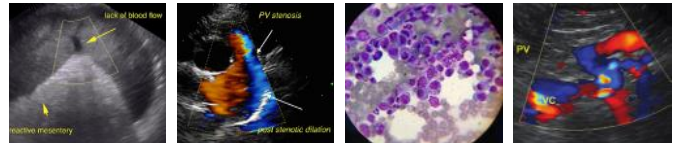
Dr. Hlatky

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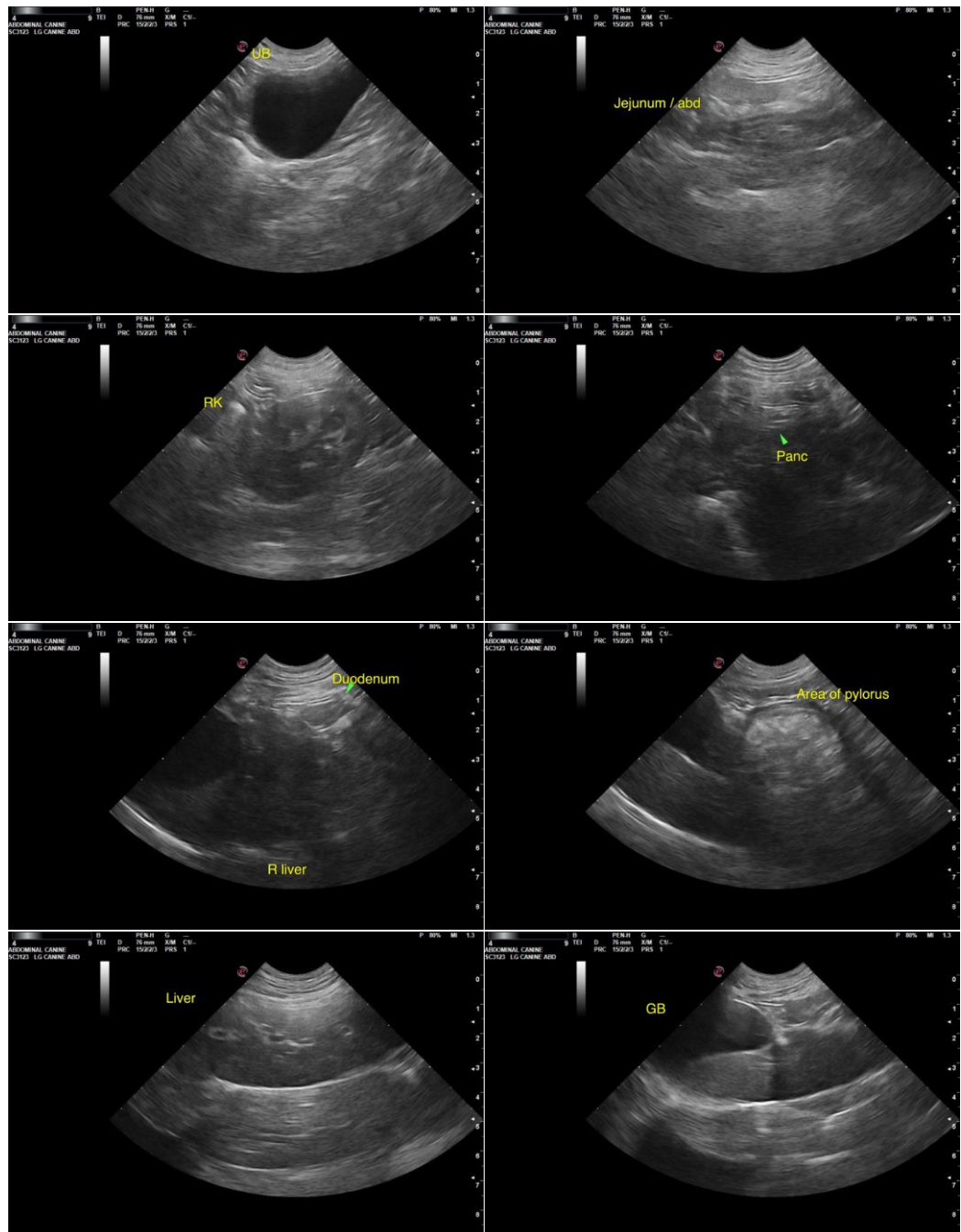
Dr. Hlatky

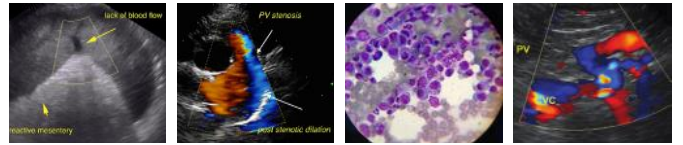
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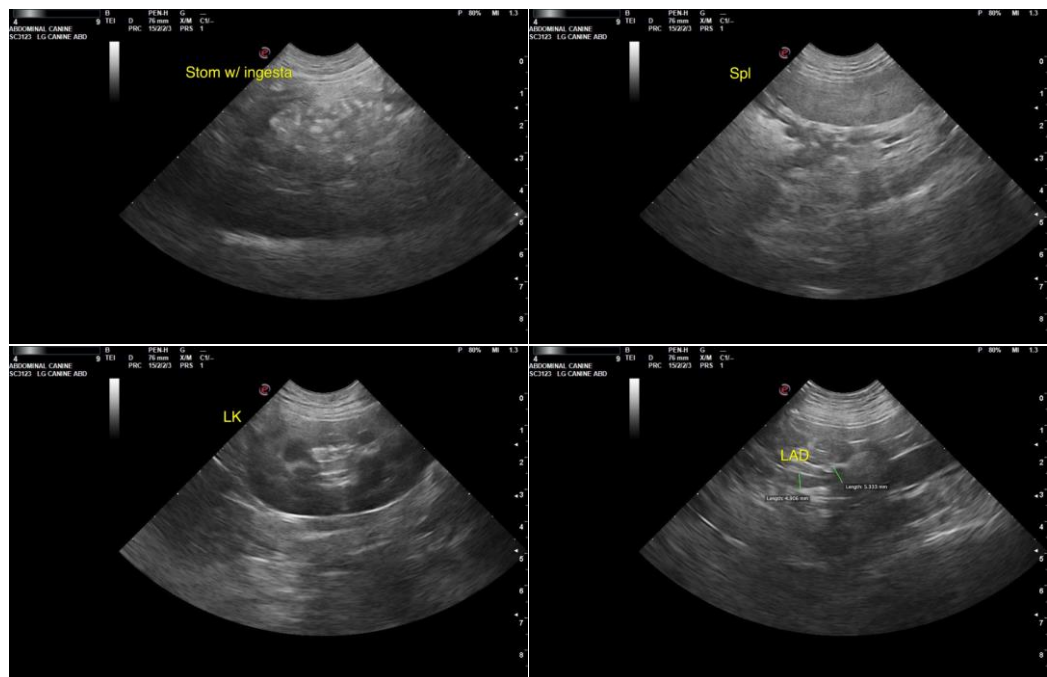
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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