



PATIENT PRESENTING CLINICAL SIGNS

Ziggy Creasy History: Lethargic, panting, episodes of collapse with tremors

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT: 200, Alk: 858, RBC: 5, HCT: 32, WBC: 10.8, netu: 4.7, lymph: 2.25, mono: 3.76

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Spaniel Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.6 cm in length.

FS The area of the aortic trifurcation was free of pathology.

AGE 11 yr The area of the uterine remnant were free of pathology.

WEIGHT 30 lbs *Adrenal Glands*

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length and 0.84 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length and 0.75 cm width at the caudal pole.

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

IMAGING PERFORMED BY A Rodruiguez 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.

HOSPITAL NAME *Liver*

Foxfield Veterinary Service The liver exhibited mild to potential moderate generalized enlargement with symmetrical to mildly rounded capsule contour. Subjective diffuse mild increased parenchyma echogenicity with a mild coarse echotexture was present. A solitary nondisruptive isoechoic intraparenchymal nodule noted dorsal to the gallbladder measuring 1.6 cm in diameter. 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 with areas of congealed luminal debris. The cystic and common bile ducts were normal.

REFERRING VET *Gastrointestinal*

Dr. Rodriguez The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

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DATE

05/16/2022



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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.

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

SPECIES

Canine

Pancreas

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.

BREED

Spaniel Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

11 yr

- Hepatopathy exhibiting mild increased parenchyma echogenicity and solitary isoechoic intraparenchymal nodule
- Mild congealed gallbladder debris (non-mucocele)
- Age related kidneys
- Overtly normal GI tract with gastric ingesta

WEIGHT

30 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation was nonspecific exhibiting potential acute and chronic criteria. Considerations may include vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy with mild benign parenchyma remodeling, focal subtle area of nodular to regenerative hyperplasia, hematopoiesis or other hepatopathy with infiltrative neoplasia possible yet thought less likely. Assuming normal clotting status, an ultrasound guided FNA of the liver parenchyma is warranted for screening cytology. Leptospirosis titer/PCR if endemic to the area or possible exposure could be considered. Hepatic function is likely normal assuming normal ALB, GLU, BUN and CHOL levels.

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(Canine and Feline)

The gastric ingesta was nonspecific and sonographically consistent with food. This may correlate with post prandial presentation however if documented NPO potentially some degree of metabolic gastric stasis could be present. No overt evidence of mechanical gastric or GI obstruction or foreign material.

IMAGING

PERFORMED BY

A Rodriguez

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Although considered less likely, resting cortisol to rule out occult Addison's disease as well as three view chest radiographs if not done to rule out occult thoracic pathology as well as assessment of cardiopulmonary status is recommended. Thorough neurological exam is suggested.

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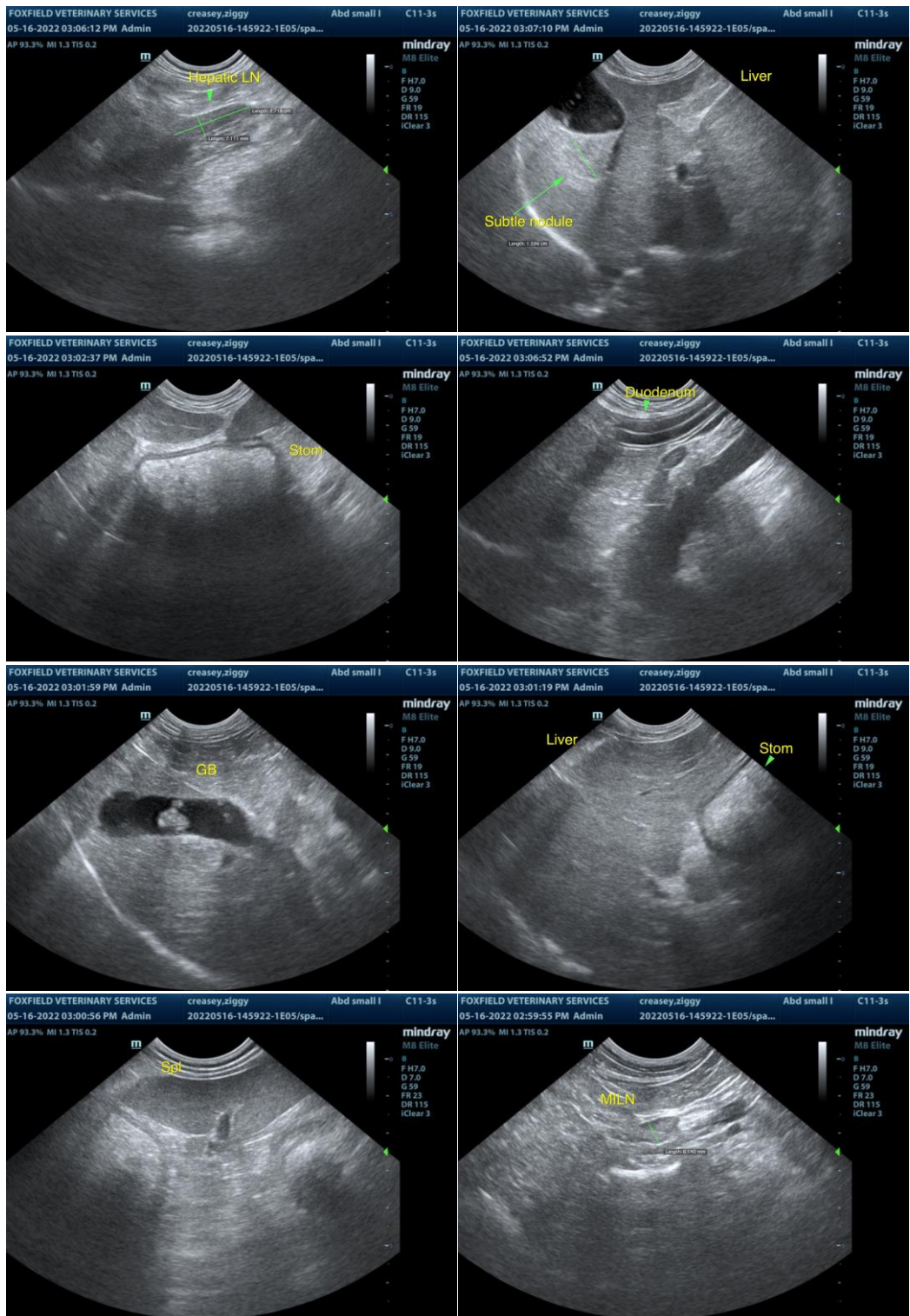
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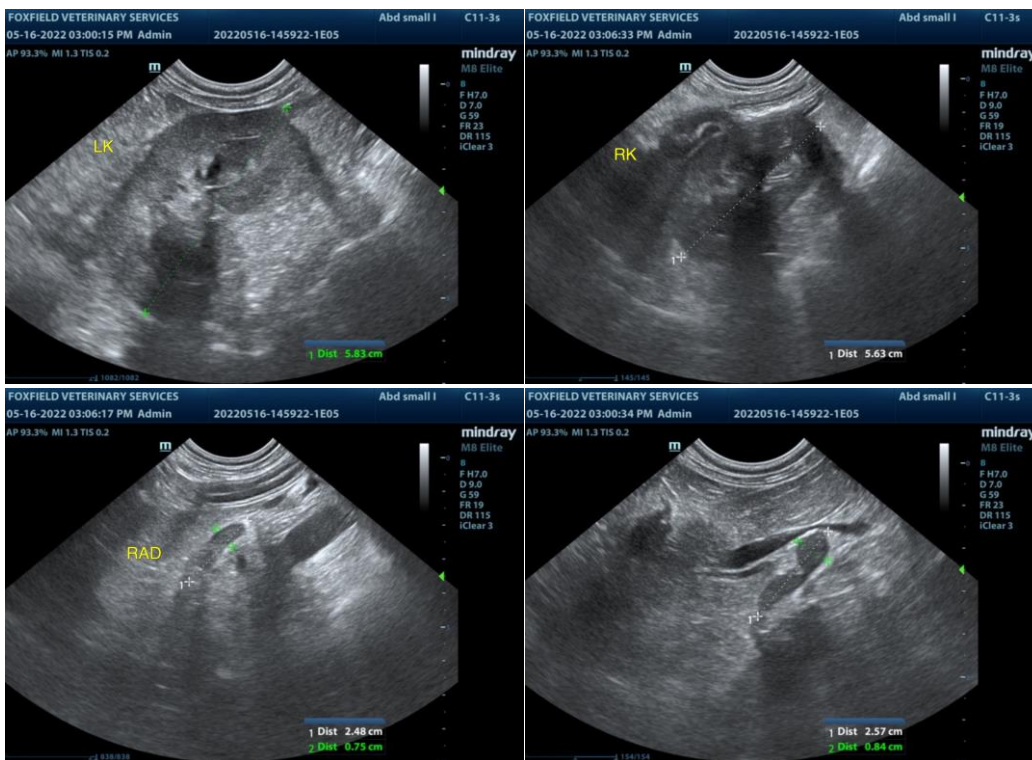
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com