



PATIENT PRESENTING CLINICAL SIGNS

Murphie Rankin History: Jaundiced, lethargic, vomiting, anorexia. Today has pitting edema almost everywhere. Was on IVF, now on Metronidazole, Ampicillin, Baytril and GI meds. Spent weekend at Emergency clinic.

SPECIES Abnormal PE/Chem/CBC/UA Results: Was ALT 952(18-121) AST 236(16-55) ALP 894(5-160) T bili 182.5(0-5.2) Conjugated Bili 116.3(0-3.4) Spec CPL normal, U/A Sp grave - 1.015, pH 7, UBG 12, Blood 10, rods and cocci, Platelets 195. Recheck blood early this am at Emergency clinic showed: ALT 803, ALP 710, GGT 16, T bili 270, Cholesterol 5.87, Potassium 3.4, WBCs 19.69(increased neuts and monocytes), BUN low 1.6

BREED

St. Bernard X Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

FS

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.

AGE

6.5 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Minor pyelectasia noted in the left kidney. The left kidney measured 7.9 cm in length.

WEIGHT

46.9 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was indistinctly visualized yet was without overt pathology. The left adrenal gland measured 0.86 cm width at the caudal pole and 2.9 cm length. No overt pathology in the area of the right adrenal gland.

Spleen

IMAGING PERFORMED BY

Crystal Hill

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

Hartzell Animal
Hospital

Liver

REFERRING VET

Dr. McSpadden

The liver was subjectively subnormal in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

10499ag

The gallbladder was non-distended in size with minor gallbladder wall edema. Primarily anechoic luminal content without evidence of luminal debris was present. No evidence of post hepatic obstruction was present. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

05/02/2022



PATIENT

Murphie Rankin

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 1.1 cm in width including prominent gastric mucosa.

SPECIES

Canine

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 jejunum wall measured 0.34 cm in width.

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

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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.

SEX

FS

Free Abdomen

Small pockets of mild peritoneal free fluid were present. No overt lymphadenopathy was present.

AGE

6.5 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

46.9 kg

- Hepatopathy exhibiting subjective subnormal hepatic size with nonuniform to mixed echogenic parenchyma
- Minor gallbladder wall edema-concurrent cholecystitis, edema secondary to portal hypertension or fluid overload possible
- Gastritis/gastroenteritis pattern with potential mild gastric stasis
- Mild peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the liver is most suggestive of chronic hepatopathy although a potential acute on chronic hepatic insult cannot be excluded. Chronic hepatitis, fibrosis or cirrhosis may be considered top differential diagnoses. Acute hepatic insult such as toxin or similar could be possible. Leptospirosis titers/PCR may be considered if endemic to the area or potential exposure. Bile acid testing is suggested to assess hepatic functionality as acute on chronic hepatic failure is of concern. Empirical continued hepatosupportive medications, appropriate antibiotics if clinical concern for underlying infectious hepatic etiology and as needed GI support with monitoring of clinical response and hepatic enzymes would be reasonable. A guarded prognosis is indicated.

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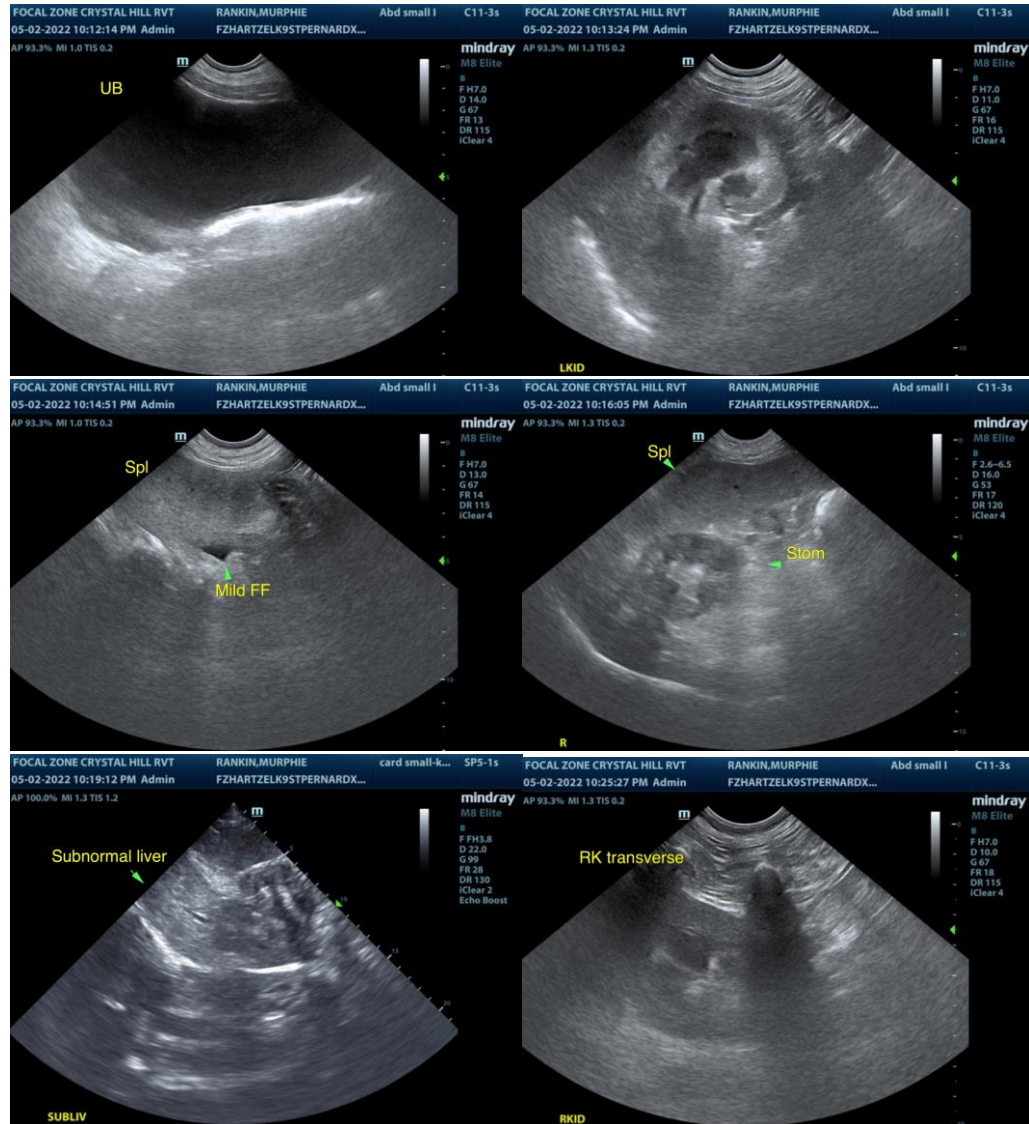
Dr. McSpadden

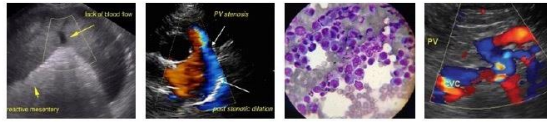
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SEX

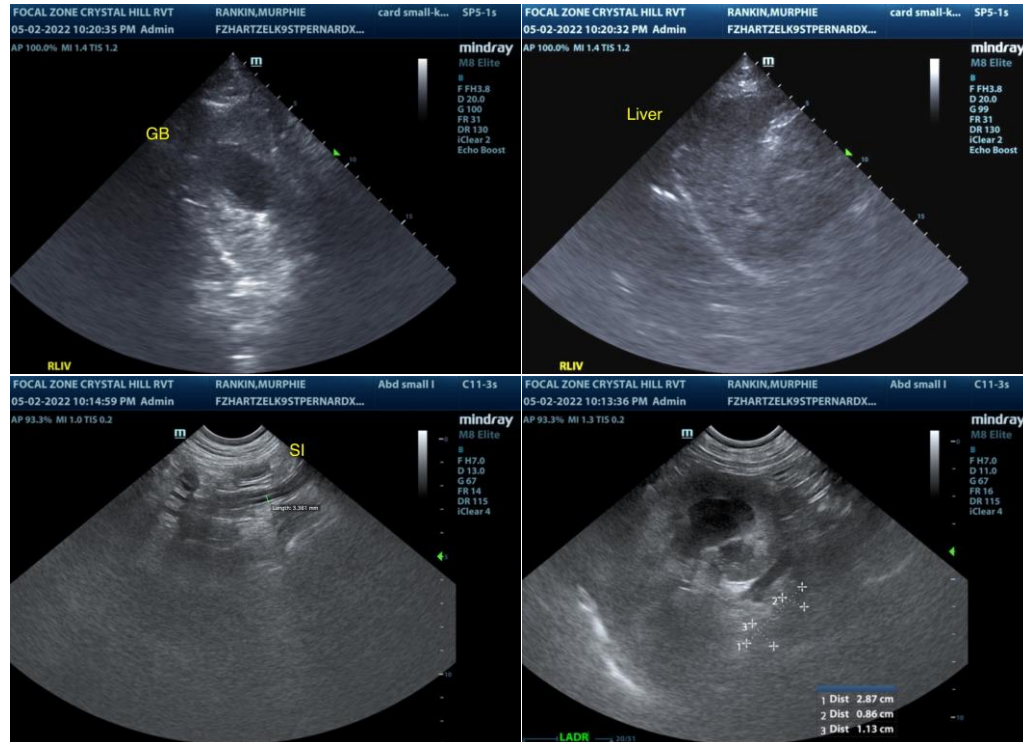
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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