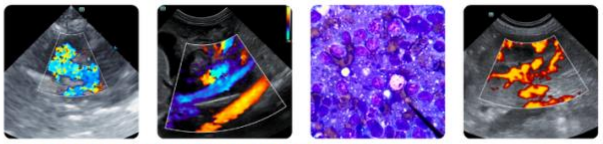


PATIENT

Layla Dickson

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

4 Years

WEIGHT

30.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Johnson

INVOICE

16434

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Presented for 1 week history of decreased appetite, 4 days of vomiting, and 2 days of diarrhea. Icteric on exam, with severely elevated bilirubin, ALP, and mildly elevated ALT and ALP. Scant peritoneal effusion with irregular appearance to hepatic parenchyma.

Bloodwork trends: May 21: PT >100 sec (>17 sec); PTT >300 sec (>102 sec); plt 24 (clumping on smear); ALT 734 (>125); ALKP 1644 (>212); GGT 28 (>11); Bili 121 (>15). May 22 (after fresh frozen plasma transfusion): PT-40 sec; PTT 119 sec; plt 27 (3/hpr, occ small clumps); ALT 560; ALKP 1489; GGT 26; Tbili 130 U/A: USG 1.020; pH 7.0; trace protein; bilirubin 100 umol/L; urobilinogen 140 umol/l; cytology-NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 change were noted.

Normal size and margination was 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 7.1 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.71 cm width at the caudal pole.

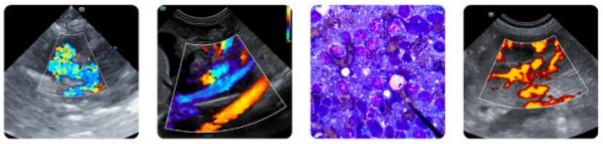
Spleen

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 revealed moderate to significant generalized hepatomegaly with symmetrical to rounded capsule contour and nonhomogenous to mild variably echogenic hepatic parenchyma exhibiting multiple discrete hypoechoic nonhomogenous intraparenchymal nodules with an example measuring 3.1 cm in diameter.

The gallbladder was non-distended to subnormal in size. The gallbladder wall was edematous/thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may



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include acute inflammation, edema and anaphylaxis. Mild anechoic bile was present. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended with mild lumen gas and with no signs of ileus, obstruction or foreign material. No overt obstruction to pyloric outflow.

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 0.41 cm wall width. The jejunum wall measured 0.41 cm wall width. No evidence of pathology in the area of the ileocolic junction.

Normal visible colon wall layers were present. The colon was nondistended containing generalized soft to nonformed fecal matter consistent with the patient's history.

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.

Free Abdomen

A hypoechoic to swollen hepatic lymph node was present measuring 3.3 cm x 2.0 cm. Concurrent intermittent mildly enlarged to hypoechoic gastric and jejunocolic lymph nodes were present. Scant perihepatic/peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked hepatomegaly exhibiting discrete nodular parenchyma.
- Edematous gallbladder.
- Hypoechoic to swollen hepatic and intermittent mild gastric/jejunocolic lymphadenopathy.
- Sonographically unremarkable gastrointestinal tract with non-formed fecal matter in colon.
- Sonographically normal spleen.
- Scant perihepatic/peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the hepatopathy and gallbladder edema may include non-specific hepatitis (viral, bacterial, leptospirosis, toxin), vacuolar/cholestatic hepatopathy, discrete areas of nodular hyperplasia, hematopoiesis, fibrosis, occult neoplasia or combination. Lymphatic hyperplasia, lymphadenitis or metastatic lymphadenopathy are possible. No evidence of post-hepatic or gastrointestinal obstruction.

Ideally, further assessment would include hepatic and accessible lymph node FNA cytology +/- leptospirosis titers/PCR if clotting status and platelets can be stabilized.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for non-specific hepatitis with gastrointestinal support with clinical and sonographic monitoring pending further assessment of clotting status would be reasonable.

A guarded prognosis is indicated.

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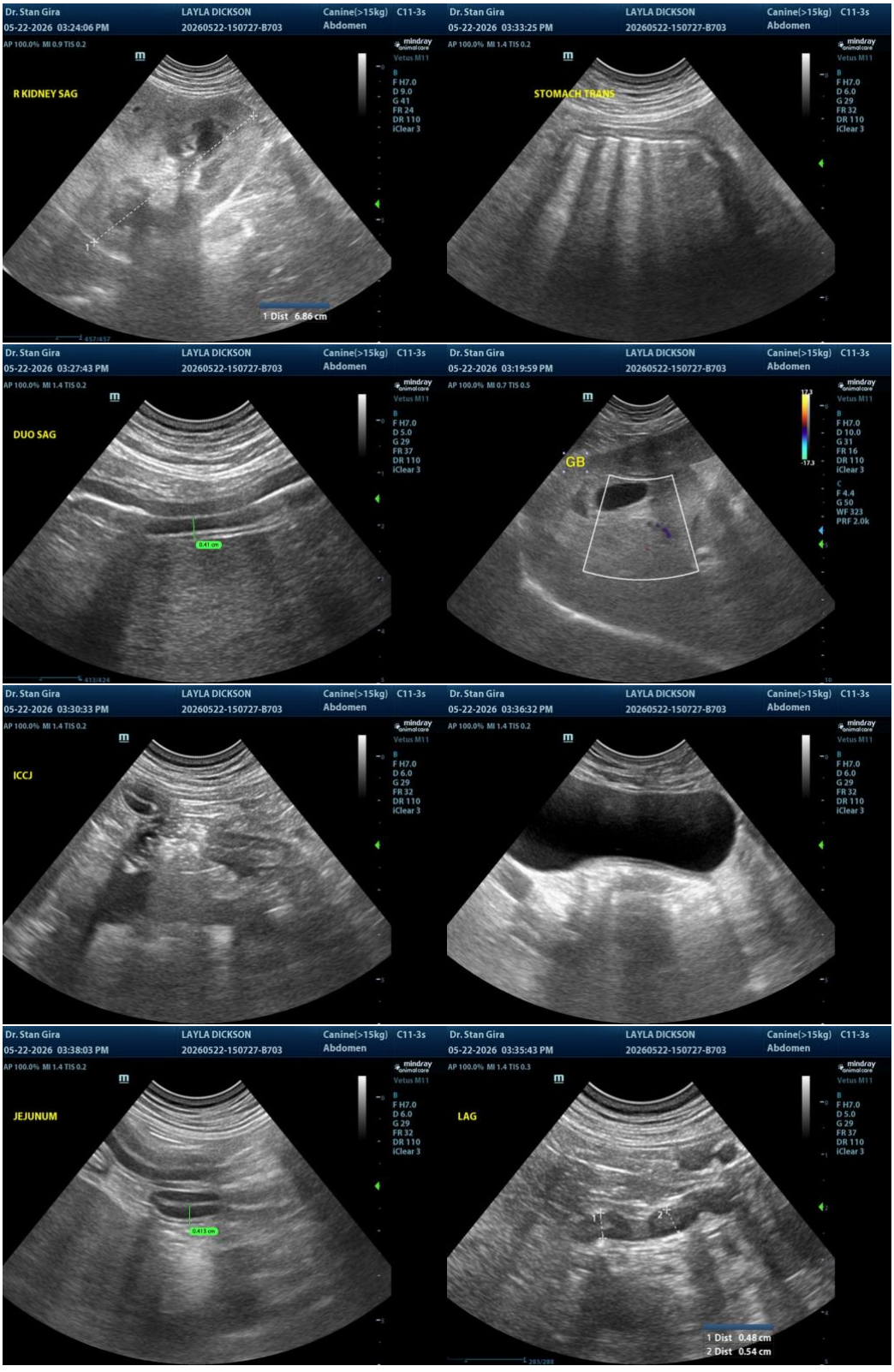

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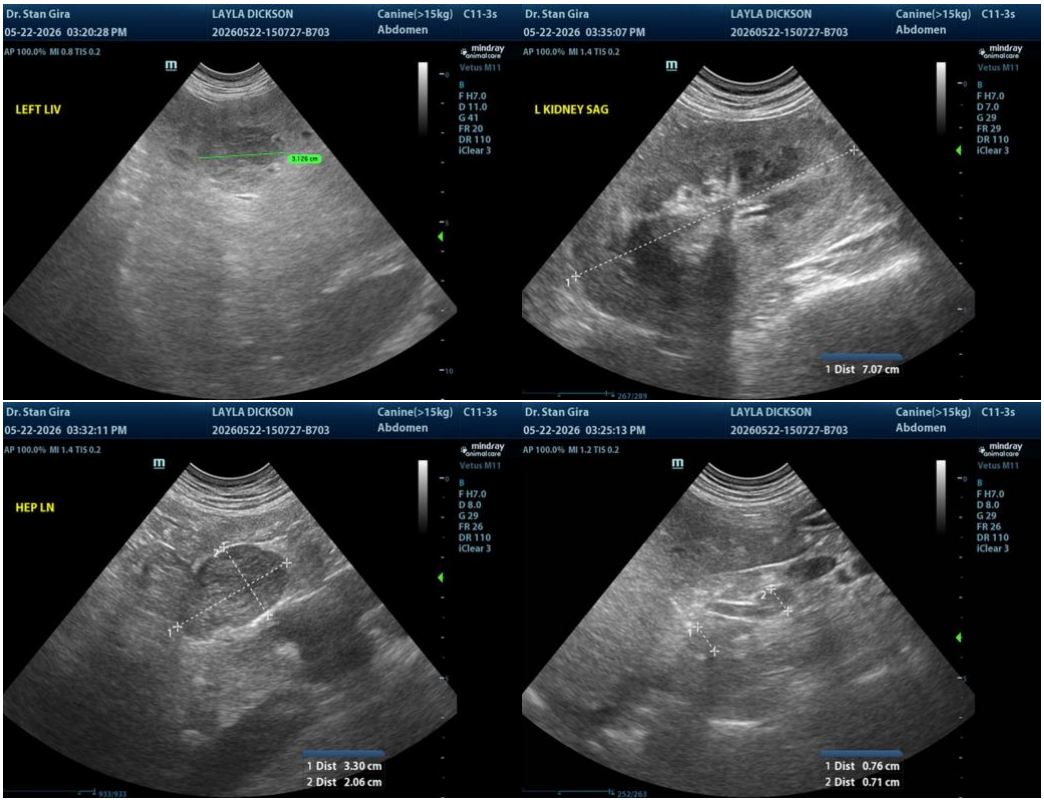

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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