



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Roxy Paul
SPECIES Canine
BREED Shep X

History: Last few weeks decreased eating, board line anorexia. Abnormal: ABNORMAL CONDITION
Comments: she was 'fuller' in the cranial/mid abdomen - no specific mass effect and no fluid wave noted she didn't specifically splint hard but she did turn and look and hold her breath with cranial palpation compared to caudal palp no burping/lip smacking with palp but Joy did say she sounds much more gurgly. no Hx of diarrhea as a primary presenting sign. if anything, right now the bms are smaller and may be off in color or consistency based on what table food/snacks/treats they are just trying to get her to eat. anus WNL

Abnormal PE/Chem/CBC/UA Results: Neutrophils 13.2 Monocytes 2.0 Urea (BUN) 2.8 ALT 195 ALP 318 Billirubin - total 5.7

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female **Urinary System**

AGE 10 Years
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.

WEIGHT 67 Pounds
Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.0 cm in length.

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
Both adrenal glands were isoechoic to adjacent periadrenal omentum and indistinctly visualized yet without overt pathology. The right adrenal gland subjectively measured 2.2 cm in length x 0.77 cm at the caudal pole in width. The left adrenal gland measured 2.3 x 0.50 in width.

IMAGING PERFORMED BY Spleen

Kelly Reschny
HOSPITAL NAME Norwich AH
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. No overt evidence of splenic masses or nodules.

REFERRING VET Liver

Dr. Kungl
The liver exhibited generalized enlargement with severely heterogeneous to nodular parenchyma and areas of mild hepatic capsule asymmetry. Subjective lobar biliary tree mineralization in the mid to potential right liver. No overt evidence of hepatic vascular congestion.

INVOICE 15731
The gallbladder was non-distended in size. The gallbladder walls exhibited potential for mild thickened to hyperechoic appearance. No overt evidence of peripheral gallbladder inflammation. Subjective primarily anechoic content present in the gallbladder. The cystic and common bile ducts were overtly normal.

DATE 5/24/22



PATIENT *Gastrointestinal*

Roxy Paul The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with minor retained anechoic fluid noted.

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.

BREED

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

BREED

Pancreas

The pancreas was indistinctly visualized owing to regional peripancreatic increased omental artifact and presence of peritoneal free fluid.

SEX

Spayed Female

Free Abdomen

No overt evidence of masses or lymphadenopathy in the area of the iliac trifurcation. Moderate volume peritoneal free fluid, exhibiting mild echogenic changes, suggestive of cellularity. Generalized mild hyperechoic to subtly nonuniform mesentery noted. No overt evidence of lymphadenopathy.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

67 Pounds

- Severely heterogeneous/nodular liver with subjective lobar biliary tree mineralization
- Nondistended gallbladder
- Moderate volume peritoneal free fluid, exhibiting mild echogenic changes suggestive of mild cellularity
- Mild age-related spleen- no overt neoplastic criteria
- Gastritis/gastroenteritis pattern

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes are nonspecific with potential considerations, including chronic vacuolar hepatopathy, chronic inflammatory/immune mediated disease, diffuse significant nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia or other hepatopathy. The effusion in this case may be secondary to portal hypertension, assuming normal albumin levels, although the possibility of diffuse intraabdominal neoplastic process (i.e., carcinomatosis or similar) is possible.

IMAGING PERFORMED BY

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Further assessment may include abdominal effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells, as well as (assuming normal clotting status) hepatic FNA for screening cytology. Three-view chest radiographs suggested to rule out concurrent occult thoracic pathology and assess cardiopulmonary status. Potential for chronic renal failure possible given the low BUN levels, potential correlation with bile acid testing could be considered. However, given the sonographic presentation of the liver, in conjunction with abdominal free fluid, a very guarded to potential unfavorable prognosis is likely indicated.



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Shep X

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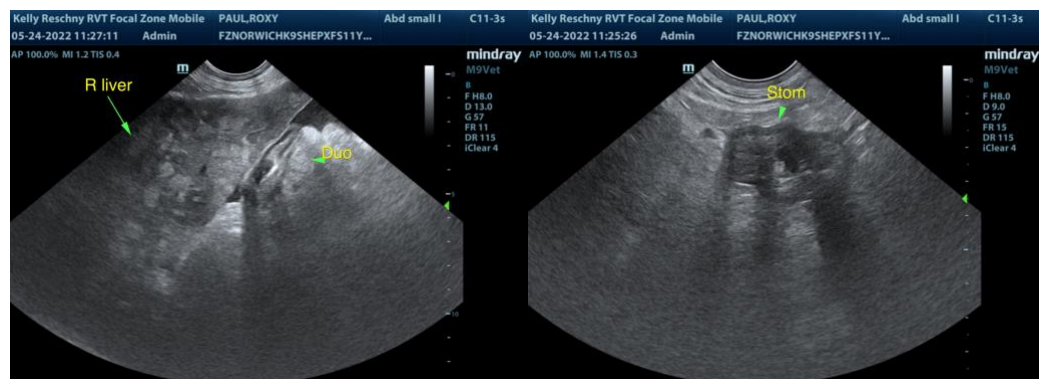
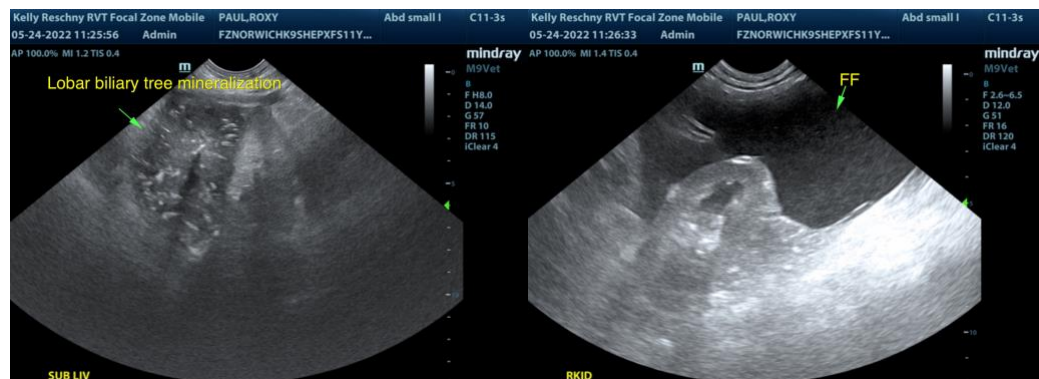
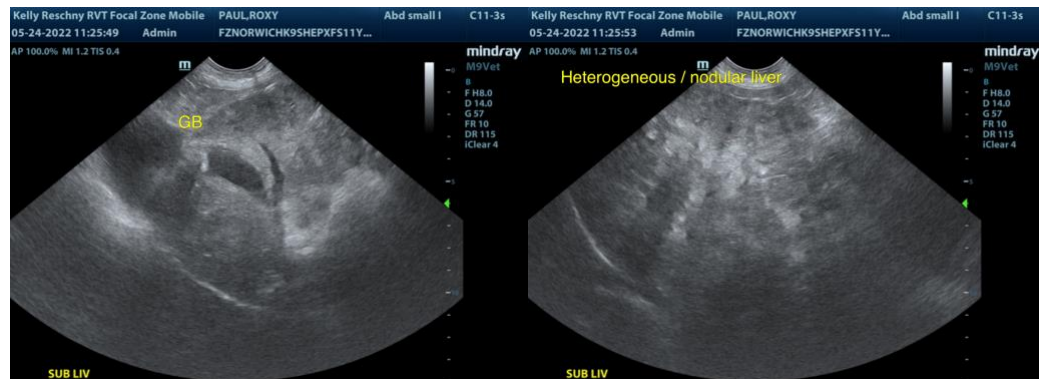
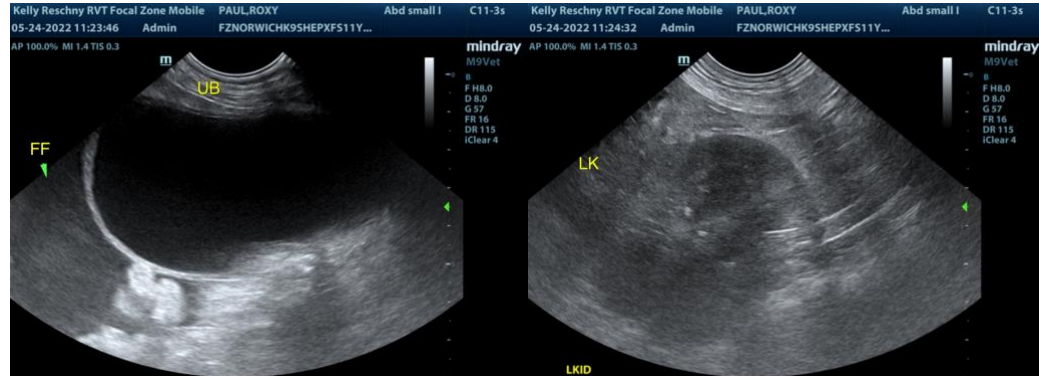
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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