



PATIENT

Remi Quintos

SPECIES

Canine

BREED

Mix

SEX

Intact Female

AGE

10 Months

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Wepprich

INVOICE

37504

DATE

5/7/22

PRESENTING CLINICAL SIGNS

ADR, lethargic, decreased appetite x 3-4 days, no reported vomiting or diarrhea at home but having diarrhea in hospital. Fever 104.5. Heat cycle noted at home (no bleeding but vulvar enlargement) 1 month ago. no current vaginal discharge. right axillary lymphadenopathy
Abnormal PE/Chem/CBC/UA Results: CBC - neut 18.5k, monocytosis 1.2k, Plt 138k (low) chem - ALT 467, ALP 750 Abd radiographs wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

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 6.5 cm. The right kidney measured 7.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 0.85 cm in width.

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

The liver exhibited subjective mild enlargement with maintained symmetrical capsule contour. Uniform mildly reduced hepatic parenchyma echogenicity noted compared to the spleen and falciform fat with subtle increased prominence of the portal vasculature borders. No masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.



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Pancreas

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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.

Other

BREED

Mix

The visualized uterus and area of the left and right ovaries were overtly normal without evidence of pathology.

SEX

Intact Female

A solitary enlarged mid to caudal abdominal mesenteric lymph node was present, measuring 3.7 cm x 0.37 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

No peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy – benign, metabolic reactive vacuolar hepatopathy, non-specific hepatitis (viral, bacterial, Leptospirosis, toxin, etc.).
- Overtly normal gastrointestinal tract – gastroenteritis/inflammatory bowel episode, infectious gastrointestinal disease or other gastroenteropathy without evidence of mechanical obstruction or foreign material.
- Focal mild mesenteric lymphadenopathy – suspect reactive lymphadenitis, potentially secondary to inflammatory bowel episode or infectious gastroenteritis, hyperplasia, immunologic immaturity (given the patient's age) all possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver, assuming normal clotting status, may include ultrasound guided FNA using 25-gauge needle for cytology +/- Leptospirosis titers/PCR if endemic to the area or possible exposure. Supportive care for acute hepatopathy and gastroenteritis recommended, including hepatosupportive medications +/- appropriate antibiotics with monitoring of hepatic and clinical response.

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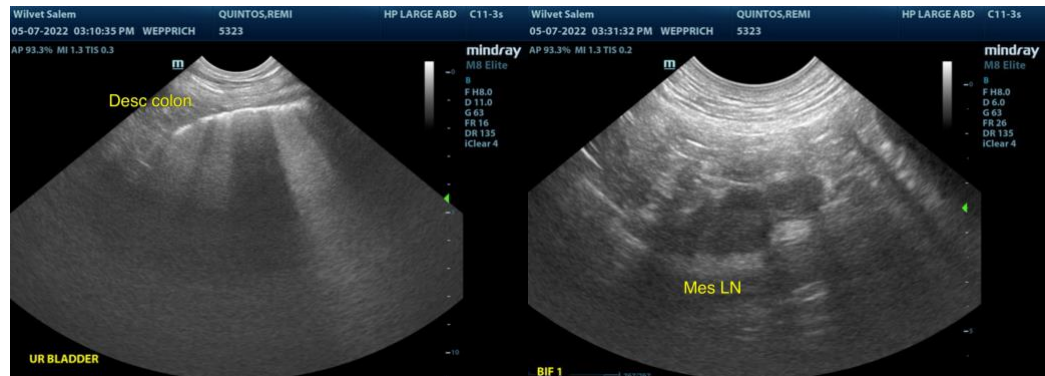
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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