



PATIENT

Max Maskal

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

14103

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Max has a liver shunt (previous US by Animal Sounds 3/3/2021, then had US at OVRA. In the last week (6/9) was feverish and lethargic - had elevated PMN count, but chemistries were normal. Started on enrofloxacin at 5 mg/kg once daily. On 6/12 started to have hematuria at home, and on 6/13 had some swelling and pain over the right maxillary PM2 and 3. UA showed TNTC RBC with increased WBC and cocci bacteria. Labwork done 6/14 shows regenerative anemia with an even high WBC count, also TP dropped.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings RBC 34%, down from 43%. Reticulocytes 131,000. PMN 32,000, platelets 140,000. TP 4.6, cholesterol 69, liver enzymes are normal. Current Medications Amoxicillin/clavulanic acid 250 mg 2 1/2 twice daily started 6/14; vitamin K 25 mg 3 twice daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended yet with subjective normal tone. No overt evidence of inflammatory or neoplastic mural changes was noted. Primarily anechoic urine with mild nondependent particulate sediment, which may indicate mild cellular debris/protein, was present in the bladder. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The residual prostate was without pathology measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Both kidneys were overtly normal in size with subjective minor areas of asymmetrical renal margination. A subjective maintained 1:3 cortex / medulla ratio with loss of corticomedullary border demarcation and subjective mild increased medullary echogenicity were present in both kidneys. Minor dilation of the renal pelvis extending mildly into the lateral diverticuli was present in both kidneys. The left kidney measured 9.3 cm in length. The right kidney measured 8.1 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 2.7 cm length x 0.70 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 2.9 cm length x 0.78 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.



PATIENT

Liver/ Gallbladder

Max Maskal

The liver exhibited previously noted mild subnormal size with a maintained symmetrical contour and normal subjective hepatic parenchyma echogenicity exhibiting mild coarse echotexture. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 years

WEIGHT

79 lbs.

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.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal free fluid were present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mildly distended urinary bladder with mild nondependent particulate sediment
- Nonspecific loss of renal corticomedullary border demarcation with mild bilateral pyelectasia
- Previously noted mild subnormal liver size - consistent with previously diagnosed portosystemic shunt
- Overtly normal spleen / gastrointestinal tract / peritoneal cavity

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys were nonspecific, yet given the reported hematuria and urinalysis abnormalities, and without evidence of lower urinary tract inflammatory changes or other lower urinary tract pathology, potential for nonspecific nephropathy / nephritis such as pyelonephritis or other could be present. Urine C/S on a sterile urine sample is recommended. Concurrent baseline UPC level could be considered, given the decreased total protein levels and if evidence of proteinuria without significant inflammatory cells. Ideally based on urine C/S results, appropriate antibiotic protocol potentially up to 4+weeks may be indicated if clinical concern for pyelonephritis.

REFERRING VET

Dr. Jones

INVOICE

14103

DATE

6/15/22

No other overt evidence of intraabdominal pathology as a potential cause of the patient's clinical signs and lab work abnormalities. CBC pathology review could be considered. If not done, three view



PATIENT

Max Maskal

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

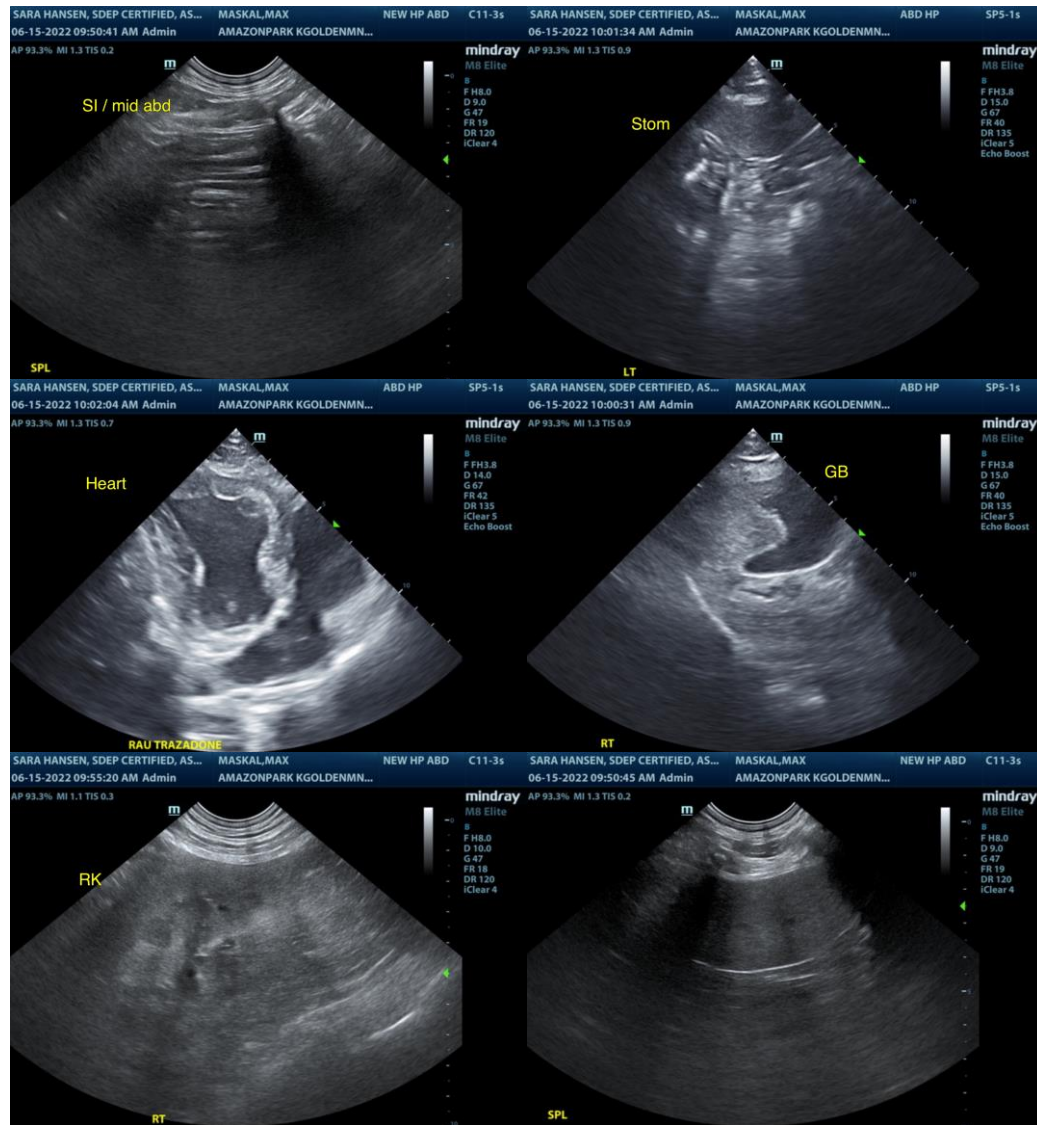
INVOICE

14103

DATE

6/15/22

chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. Infectious disease serology including Leptospirosis titers/PCR could also be considered if clinically indicated.





PATIENT

Max Maskal

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

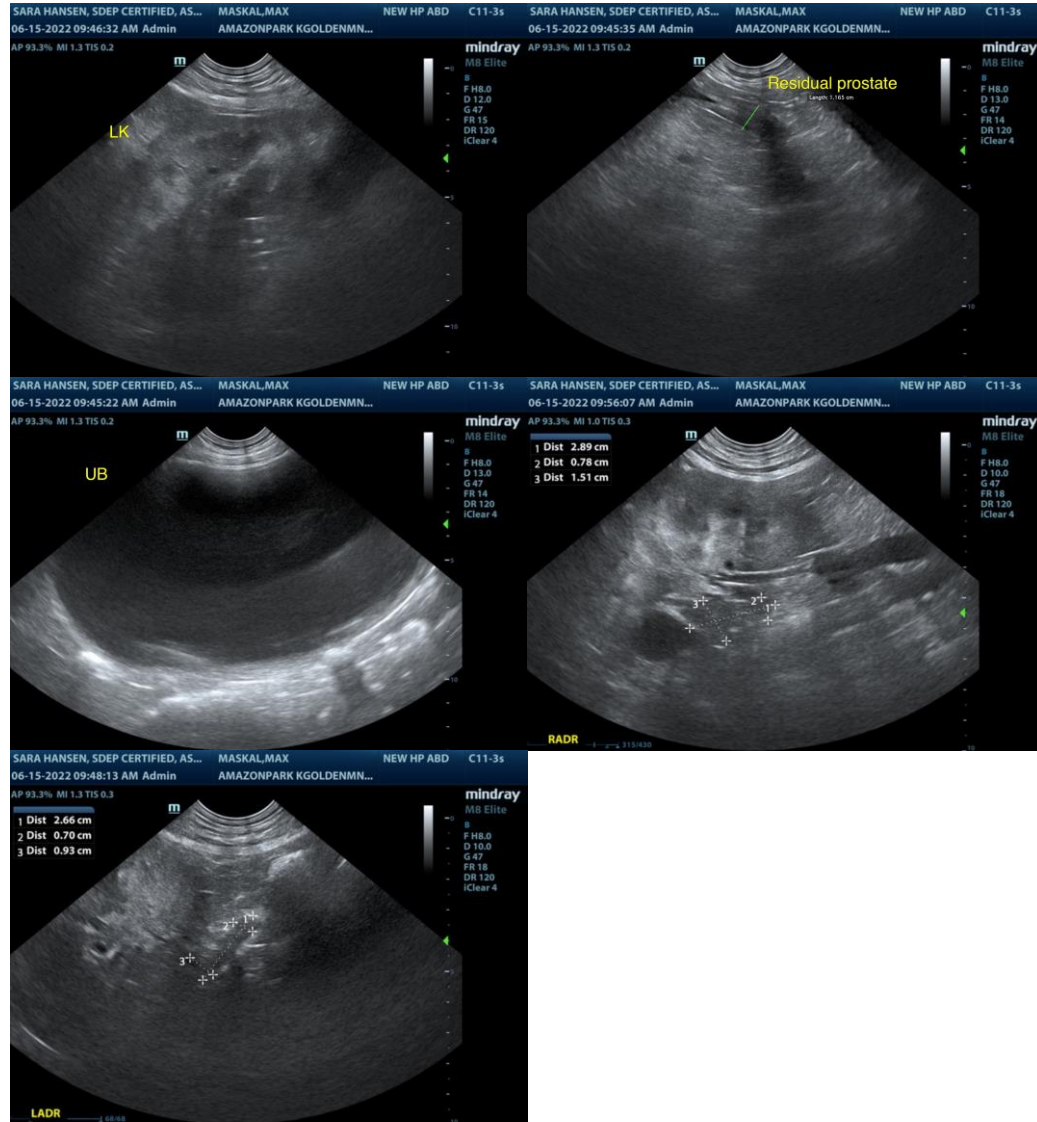
Dr. Jones

INVOICE

14103

DATE

6/15/22

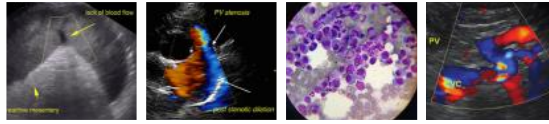


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



PATIENT

Max Maskal

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 years

WEIGHT

79 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

14103

DATE

6/15/22