

**PATIENT**

Frankie Trenz

SPECIES

Canine

BREED

Pointer Mix

SEX

NM

AGE

4 years

WEIGHT

45 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Katie Merkes

INVOICE

14127

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Acute icterus and elevated liver values after getting into the garbage last week. Has not eaten in the last 5 days, on and off vomiting. Owner unsure of what could have been in the garbage.

Abnormal PE/Chem/CBC/UA Results: Elevated liver values, icteric

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

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 5.9 cm in length. The right kidney measured 6.2 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 2.0 cm length x 0.60 cm width at the caudal pole.

A possible indistinct nondisruptive, homogeneous nodule was present in the cranial pole of the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of parenchymal mineralization or vascular invasion. The nodule measured 0.74 cm in diameter. The overall right adrenal gland measured 1.9 cm length x 0.76 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 was normal in size and contour. Normal hepatic vascular volume was present. Mild decreased hepatic parenchyma echogenicity exhibiting uniform to mildly coarse parenchyma echotexture. No masses or nodules were noted. The gallbladder was distended in size with overtly normal gallbladder walls containing anechoic content primarily with mild nondependent nonmineralized luminal debris. No evidence of peripheral gallbladder inflammation was noted. Subtle dilation of the cystic biliary duct was present, yet the common bile duct appeared to be overtly normal. No evidence of post hepatic obstruction was noted.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a minor retained anechoic fluid. No evidence of gastric distention with retained ingesta or gastric 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy
- Distended gallbladder with mild luminal debris
- Mild gastritis pattern, sonographically unremarkable small bowel
- Possible Indistinct nonspecific right adrenal nodule - potential emerging adenoma, likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include acute hepatitis (viral, bacterial, Leptospirosis, hepatotoxic insult, may be considered a top differential diagnosis given the patient history.) Vacuolar hepatic changes, nonobstructive cholestasis, or other hepatopathy are possible with no overt evidence of neoplastic criteria or post hepatic obstruction.

Further assessment may include hepatic FNA for screening cytology primarily to assess for or possibly identify inflammatory cell type if present +/- Leptospirosis titers/PCR if potential exposure. Consider potential Xylitol toxicity if hypoglycemia is present.

Symptomatic therapy may include hospitalization with IV fluids, hepatic and gastroprotectants +/- empirical antibiotics if clinical concern for underlying infectious hepatopathy. Recheck sonogram would be warranted if persistent / progressive hepatic enzyme elevations despite supportive care or if worsening icterus.

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svsmobileimaging.com 309-737-3070



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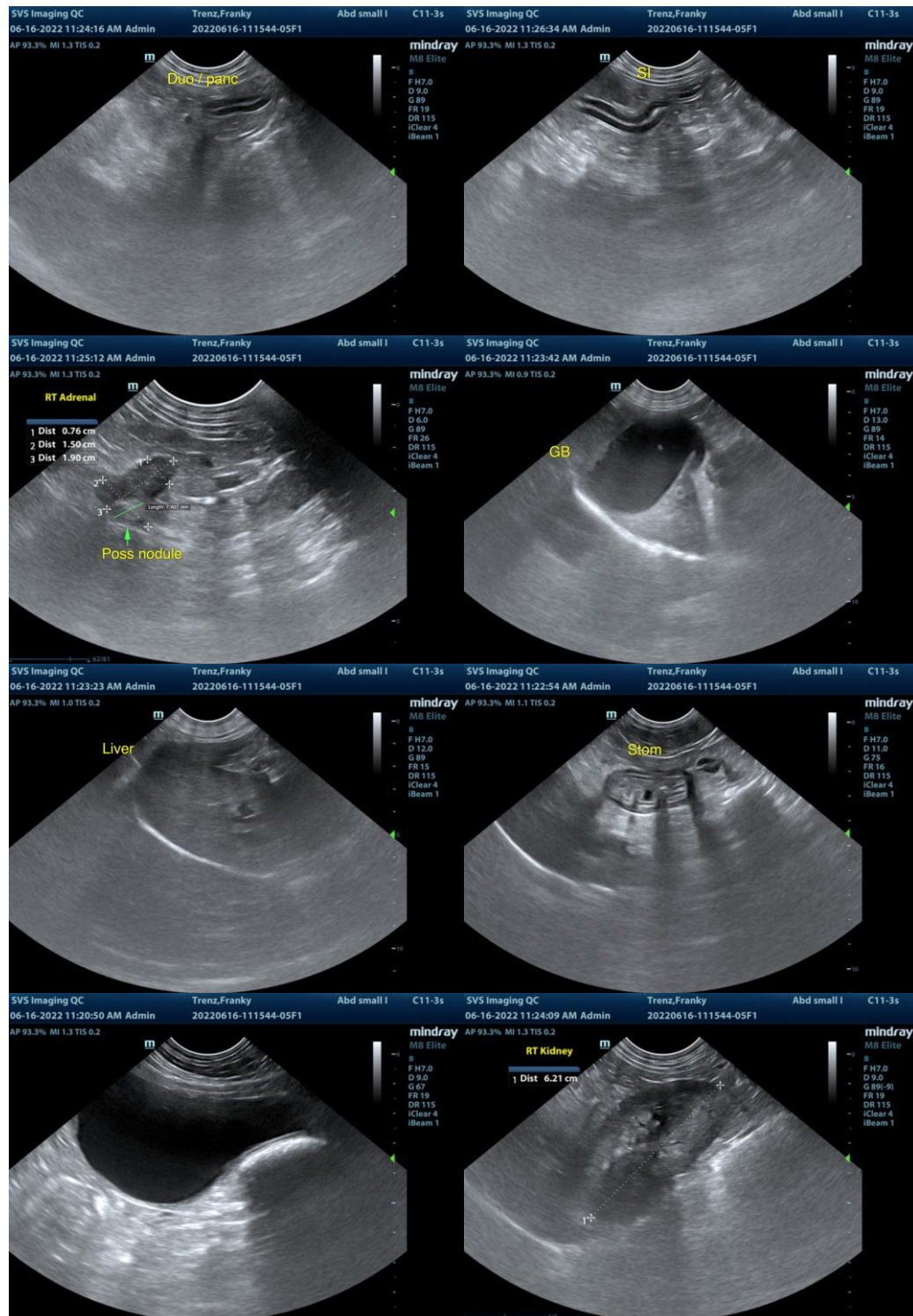
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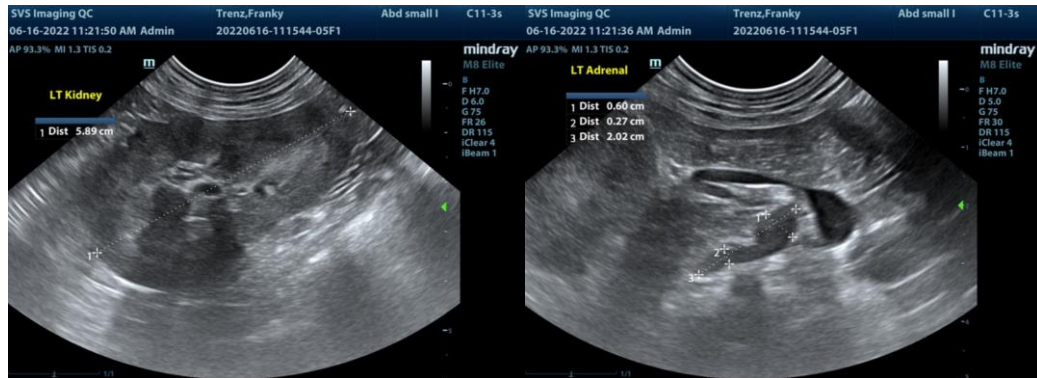
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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