



PATIENT

Rainbow Chase

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

6yr

WEIGHT

20kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Loeffler

INVOICE

10963ag

DATE

06/26/2022

PRESENTING CLINICAL SIGNS

History: S: Rainbow, 6yo MN Australian Shepherd, presented for increased thirst and urination, decreased appetite for last few days. Urinated in the apartment today even though he had been taken out frequently. No incontinence. No vomiting or diarrhea. Ate 3-4 grapes 1-2 weeks ago. BW done recently at Bellingham Veterinarian when seen for limping and prior to starting Carprofen. Diet: OTC kibble, no change. started feeding plain cooked chicken a few days ago when he stopped eating kibble
Meds: none currently. Previously on Novox Carprofen 75mg SID for arthritis was given for a few weeks, tapered and stopped on Wednesday 6/22

Abnormal PE/Chem/CBC/UA Results: PE remarkable only for obesity; excellent coat/skin condition
CBC: wnl Chem10: ALKP 471, ALT didn't read, rest wnl Lytes: wnl ALT single slide on dilution: 1834 (ref 10-125) Additional sedation required for cysto: DexDomitor 10ug/kg IM - not adequate Collected free catch urine UA: USG 1.016, pH 8, 25 Leu/uL, 250 Ery/uL, Pro 30 mg/dL, Glu 1000 mg/dL, WBC 11/hpf, RBC 44/hpf, suspect cocci and rods, squamous epi <1/hpf, non-squamous 3-5/hpf, non-hyaline casts >1/hpf. negative for ketones and bilirubin. No crystals.

In house Lepto test strong POSITIVE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 6.0 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was normal measuring 1.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.53 cm width at the cranial 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



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor luminal debris. The cystic and common bile ducts were normal.

SPECIES

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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.

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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.

SEX

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

MN

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy
- Minor gallbladder debris-incidentally potentially secondary to fasting or nonclinical cholestasis (non-mucocele)
- Sonographically normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the liver presentation was nonspecific yet most likely consistent with relatively acute hepatitis. General considerations may include viral or bacterial etiologies, leptospirosis, hepatotoxic insult, etc. Given the strong in house positive Lepto test, leptospirosis may be considered a top differential. Empirical therapy for leptospirosis pending PCR test with as needed hepatic and gastrointestinal support would be reasonable.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Continued monitoring of hepatic and renal parameters is recommended.

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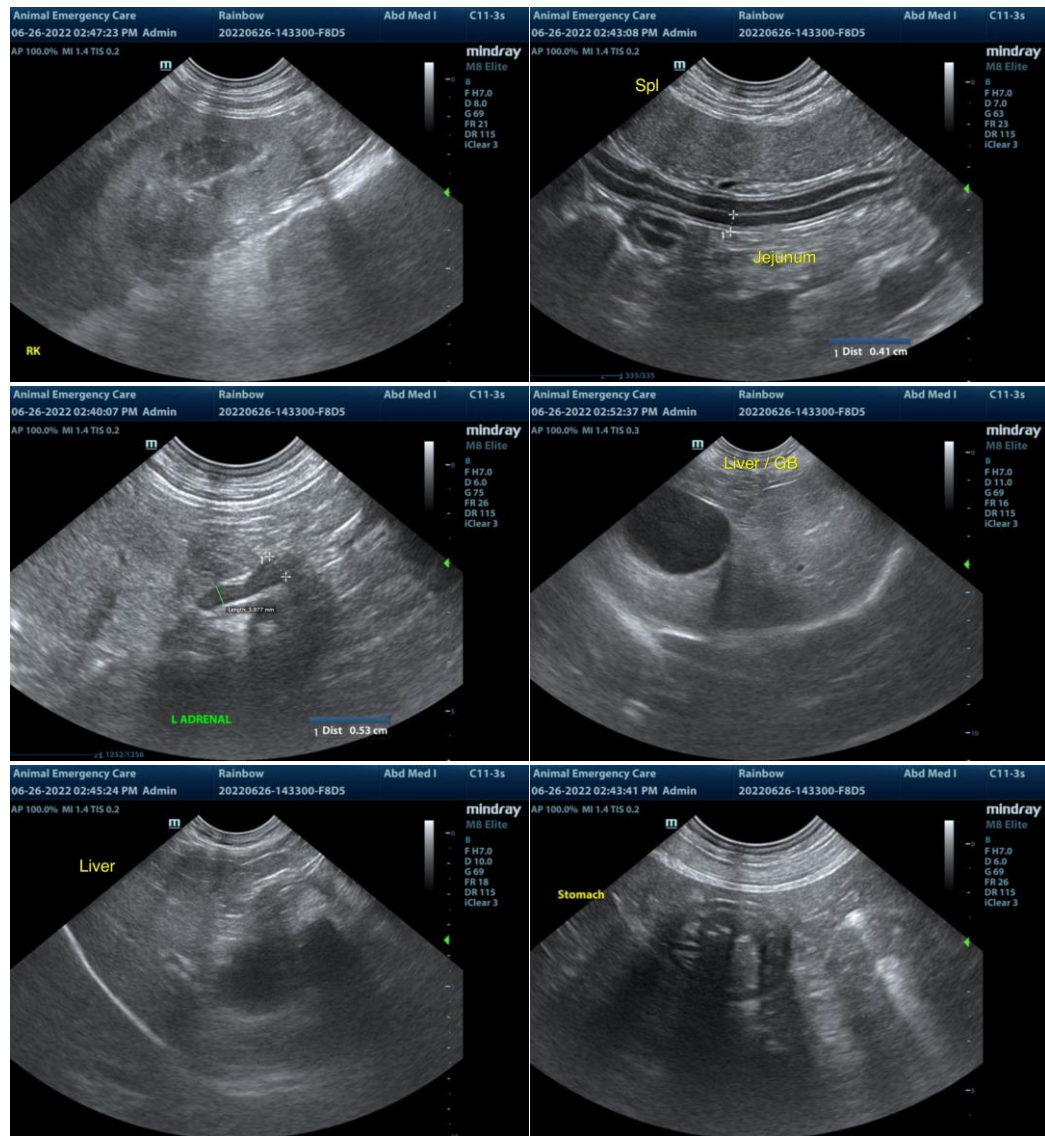
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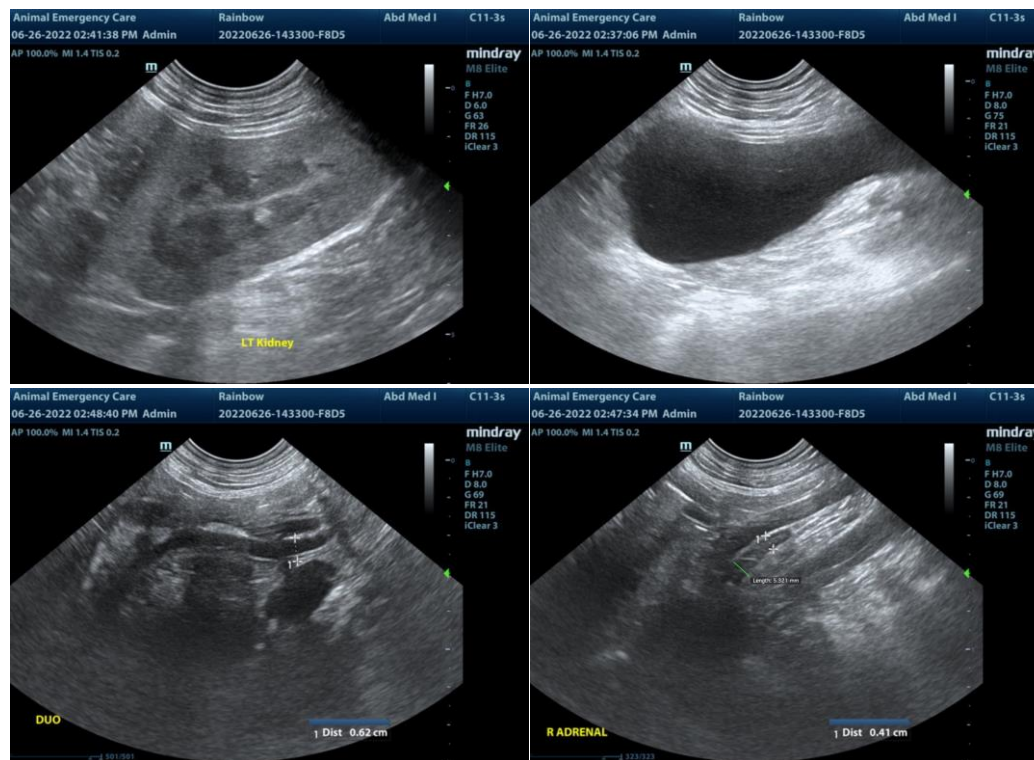
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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