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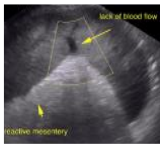
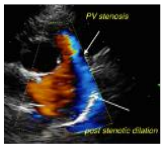
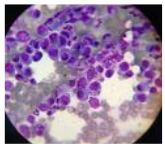
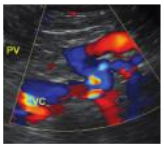
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eva Klark

SPECIES

Canine

BREED

Mini Aussie Shep

SEX

Spayed Female

AGE

5 Years

WEIGHT

16.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. CVN

HOSPITAL NAME

Animal Emergency Hospital, Volusia

REFERRING VET

Dr. VanNieuwal

INVOICE

16351

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: History of vomiting, decreased appetite, lethargic and losing weight for about two weeks. Last two days not eating much at all. Just left halifax vet clinic and transferred to ER. They recommended IV fluids, cerenia, IV meds abt for hepatitis with pancreatitis- increased liver enzymes. On rads liver looked mildly enlarged, stomach has fluid but no obvious FB
Abnormal PE/Chem/CBC/UA Results: AMYL LIP ALP ALT GGT TBILLI all elevated

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.

Normal size and margination was 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 4.8 cm in length. The right kidney measured 5.2 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 0.5 cm width at the caudal pole and 0.41 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

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

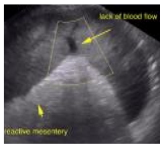
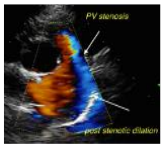
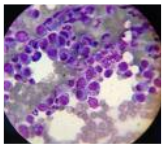
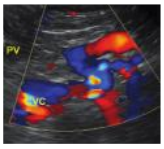
The liver revealed generalized enlargement and maintained symmetrical capsule contour. Mild generalized increased hepatic parenchymal echogenicity was noted, exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling. No masses or nodules noted.

The gallbladder was non-distended containing primarily anechoic content with mild luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach contained a moderate amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction.

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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- subjectively benign, vacuolar hepatopathy, inflammatory hepatic parenchymal or hepatobiliary process, i.e., cholangiohepatitis, or other hepatopathy possible without evidence of neoplastic criteria.
- Mild gallbladder debris (non-mucocele)
- Mildly heterogeneous pancreas
- Hypomotile stomach
- Empty, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA, using a 25-gauge needle, could be considered for screening cytology, primarily to assess for or possibly identify inflammatory cell type, if present.

The appearance of the pancreas was not consistent with significant or active pancreatitis and without evidence of pancreatic neoplastic criteria. Low-grade to potential chronic pancreatitis could be present yet sonographically normal.

The hypomotile stomach is suggestive of a metabolic stasis suspected to be secondary to mild gastritis.

A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assess for occult structurally insignificant small intestinal disease as a contributing factor to the patients weight loss, could be considered. Three-view chest radiographs would be warranted (if not done) to rule out occult thoracic pathology as a contributing factor.

Empirically, hepato-gastrointestinal supportive care with assessment of clinical response, pending additional diagnostics, would be reasonable.

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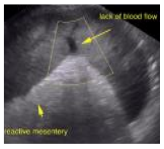
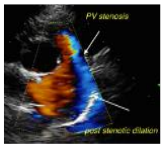
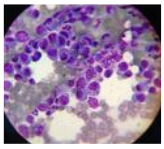
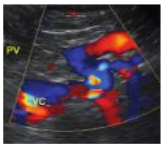

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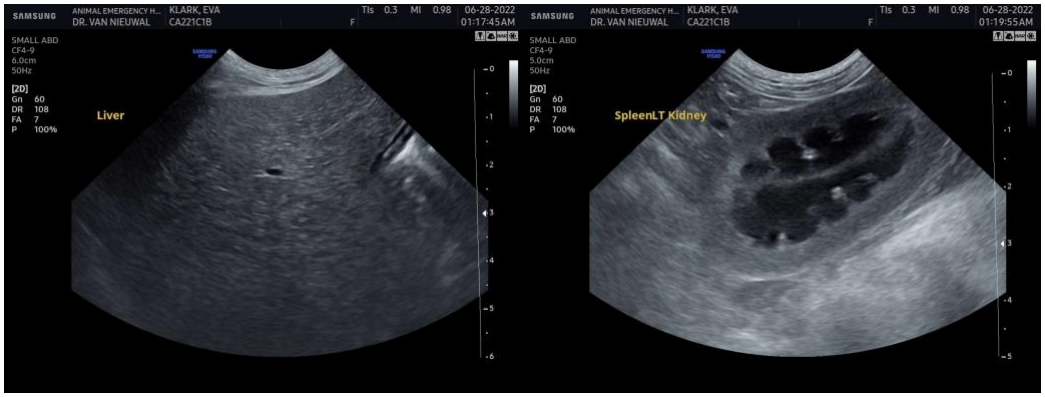

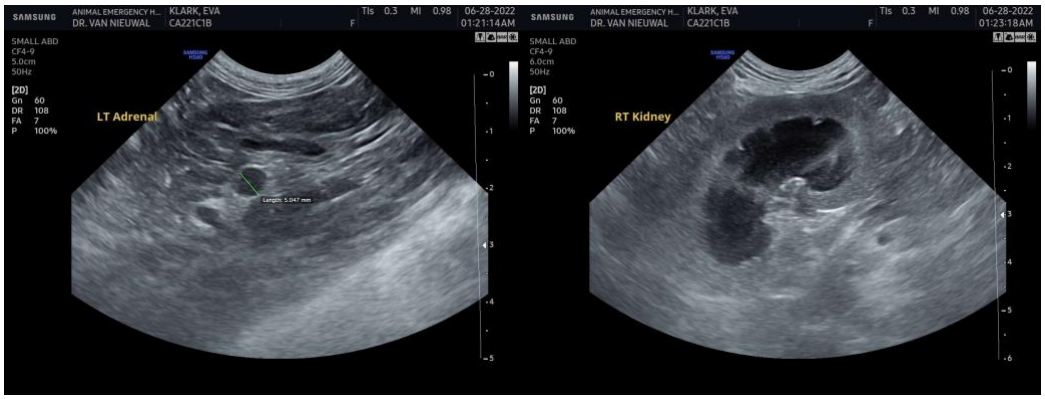

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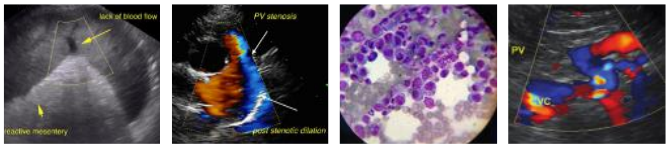

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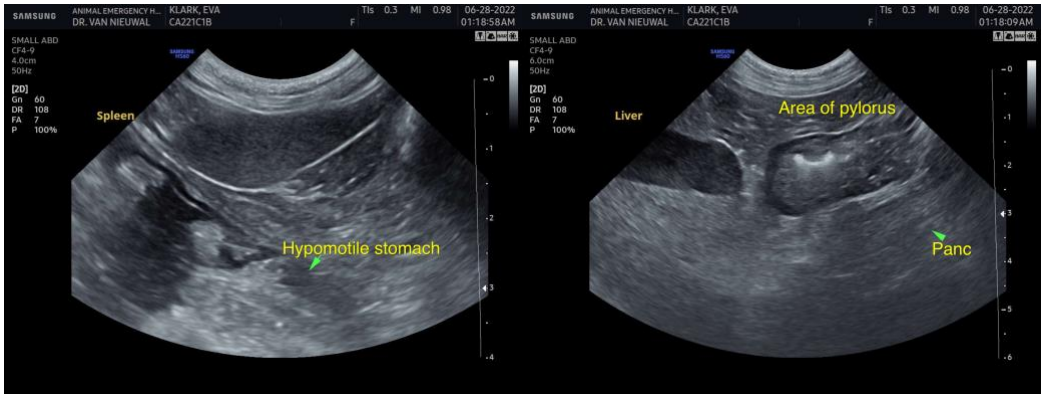

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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