



PATIENT PRESENTING CLINICAL SIGNS

Charlie Higgs

3 day history hyporexia, polydipsia and lethargy. No known toxin exposure, no travel outside Alberta. Goes to off leash parks.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Abdo discomfort. Moderate elevations in ALP and ALT. Total bilirubin marked elevation 156. Mild hemoconcentration. 4 DX negative.

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 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.

AGE

2 Years

The residual prostate was free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy.

WEIGHT

16.9 kg

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 5.5 cm. The right kidney measured 5.2 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.50 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Sarah Barthelémy

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.

HOSPITAL NAME

Fish Creek PH

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr. Johnson

Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. Mildly prominent to hyperechoic gallbladder wall. The cystic and common bile ducts were normal. No evidence of post-hepatic obstructive criteria.

INVOICE

43679

DATE

7/1/23



PATIENT

Gastrointestinal

Charlie Higgs

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained anechoic fluid along with pockets of luminal gas, non-specific hyperechoic ingesta, and hyperechoic linear-like echoes. The area of the pylorus exhibited intact wall layering without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

SPECIES

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BREED

Labradoodle

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 potential semiformed to soft fecal matter.

SEX

Pancreas

Neutered Male

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.

AGE

2 Years

Free Abdomen

WEIGHT

16.9 kg

Scant caudal abdominal anechoic free fluid noted cranial to the urinary bladder.

No overtly visualized omental lymphadenopathy.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

R. McKenzie Daniel,
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(Canine and Feline)

- Acute hepatopathy - nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc) suspected, vacuolar hepatopathy, nonobstructive cholestasis, infiltrative neoplasia (less likely) or other hepatopathy possible
- Nondistended GB, possible mild cholecystitis - no signs of post hepatic obstruction
- Hypomotile stomach with retained fluid and nonspecific ingesta / linear echoes
- Normal small bowel / pancreas - no evidence of intestinal ileus / obstruction
- Scant caudal abdominal free fluid

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Johnson

Assuming normal clotting status, FNA cytology of the liver and Leptospirosis titers / PCR is warranted. No overt mechanical pyloric outflow obstruction although potential gastric foreign material given the linear type of lumen echoes which might indicate grass or similar is possible. Hospitalization with IV fluids, nonspecific hepatitis protocol including hepatic support and antibiotic protocol pending additional diagnostics and monitoring of liver enzymes along gastrointestinal support with 12 hour documented NPO and sonographic reassessment / monitoring of the stomach is recommended.

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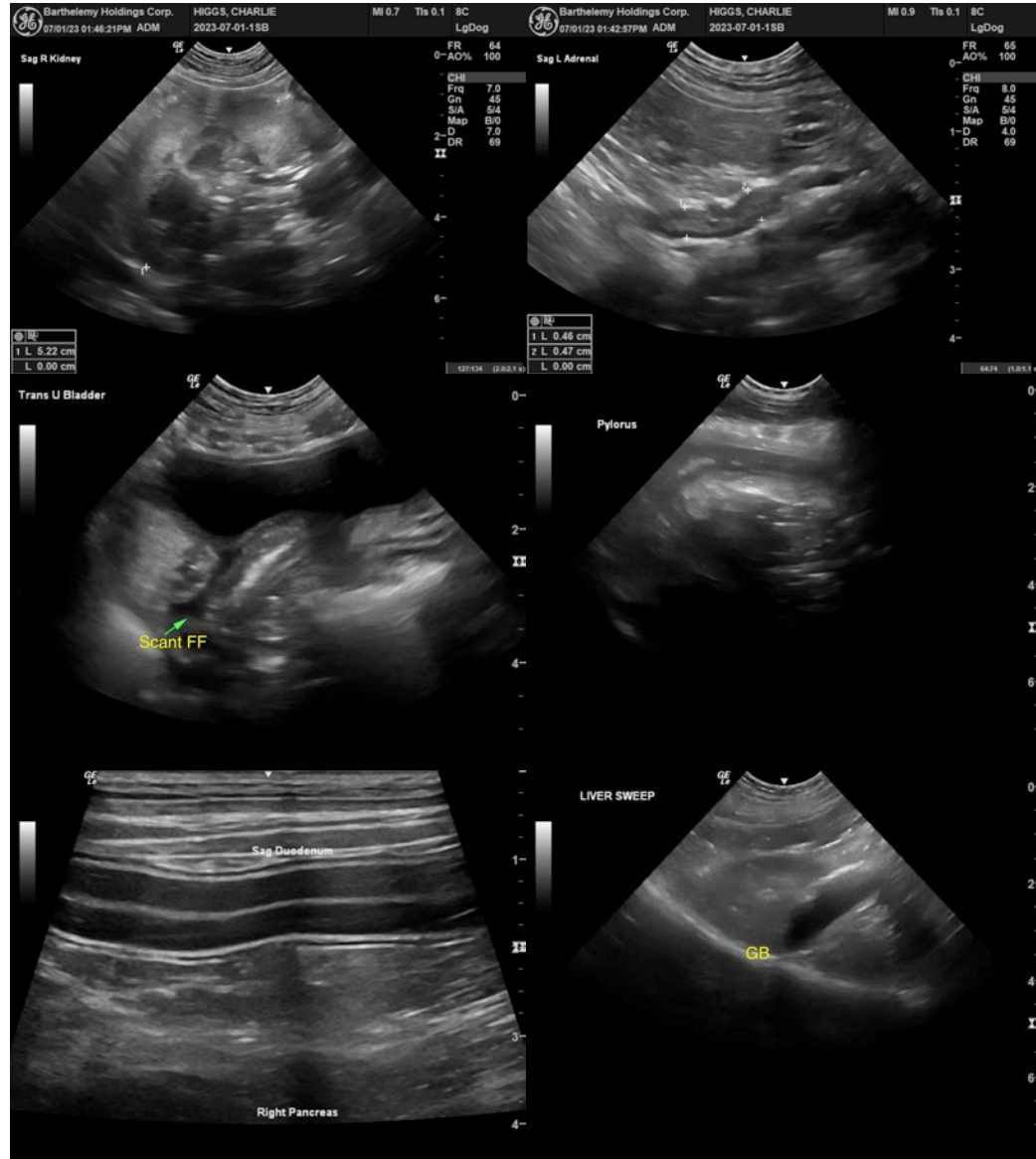
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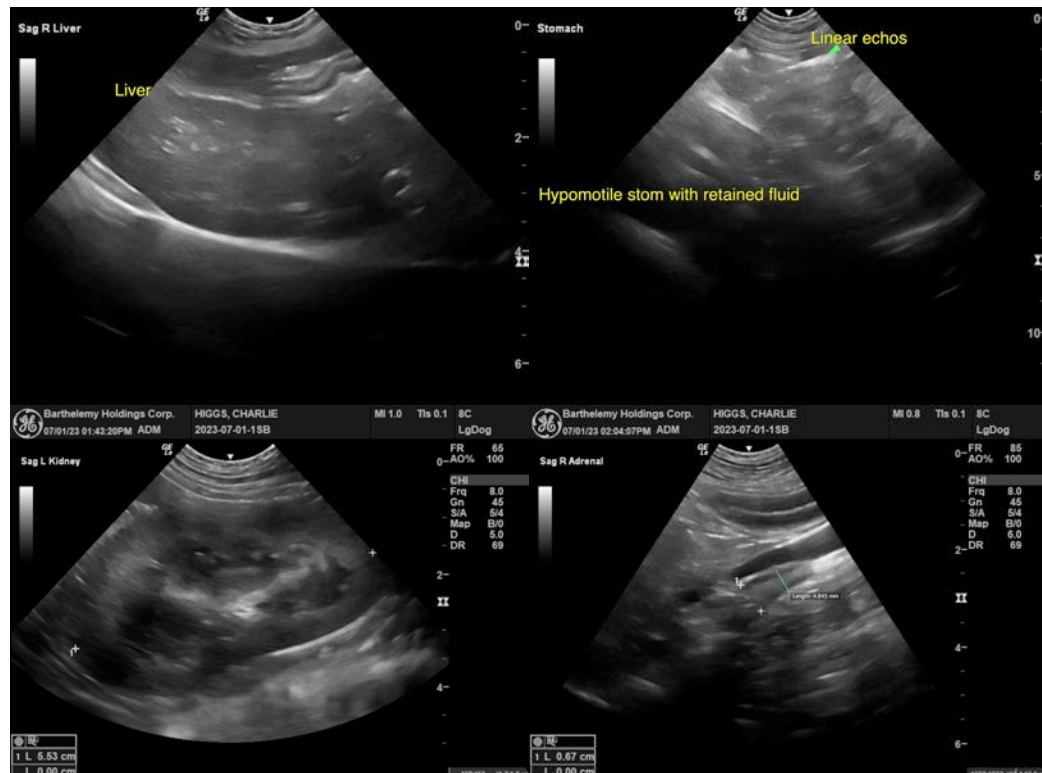
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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