



PATIENT PRESENTING CLINICAL SIGNS

Cassie Carson Lethargy, enlarged abdomen, inappetence

SPECIES Abnormal PE/Chem/CBC/UA Results: RBC 4.47 5.65-8.87 x10¹²/L, HCT31.1 0.373-0.617 L/L, Hemoglobin 10.8 131-205 g/L, Reticulocyte 137.7 10-110 K/uL, ALT 639 10-125 U/L, ALP > 2000 23-212 U/L, Total Bilirubin 17 0-15 umol/L

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Rottweiler Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

Spayed Female

AGE The area of the aortic trifurcation was free of pathology.

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WEIGHT Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 8.0 cm in length.

49.1 kg

INTERPRETED BY

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

Adrenal Glands

Both adrenal glands are overtly normal in size, position, and shape. The left adrenal gland measured 0.75 cm in width at the caudal pole and 0.55 cm in 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 0.73 cm width at the caudal pole and 0.88 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Stan Gira

Spleen

The spleen exhibited borderline enlargement with areas of mild splenic capsule symmetry non-homogenous to nodular splenic parenchyma. Example of splenic nodule 1.3 cm in diameter. 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.

HOSPITAL NAME

Sabadilla Animal Clinic

REFERRING VET

DR. Zoe Williams

Liver/ Gallbladder

The liver was enlarged in size with a primarily maintained hepatic capsule contour. Non-homogenous to variably echogenic mildly hypoechoic hepatic parenchyma compared to the spleen exhibiting moderate coarse echotexture. Mild parenchyma remodeling. Adequate to normal hepatic vascular volume. No definitively visualized hepatic mass or nodules. The gallbladder was non-distended in size mildly hyperechoic to prominent gallbladder wall with anechoic luminal content. Without evidence of gallbladder sediment or peripheral inflammation. The cystic and common bile ducts were normal.

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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.



PATIENT

Cassie Carson

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.

SPECIES

Canine

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

Pancreas

BREED

Rottweiler Mix

The pancreas base and right pancreatic limb exhibited mild prominent size with capsule symmetry non-homogenous mildly hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

Spayed Female

Free Abdomen

AGE

11

Intermittent, hepatic, jejunal, and medial iliac lymph nodes. Example of hepatic lymph node 2.7 cm in diameter. These lymph nodes were homogenous, mildly hypoechoic, and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of peri lymphatic inflammation was evident.

WEIGHT

49.1 kg

No evidence peritoneal effusion or omental masses.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Enlarged non-homogenous liver – non-specific, vascular hepatopathy, inflammatory/immune-mediated disease, toxic hepatopathy i.e., copper, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, or other hepatopathy all potentials.
- Suspect mild chronic cholecystitis.
- Non-homogenous/nodular spleen – hyperplasia, hematopoiesis, splenitis, infiltrative splenic neoplasia possible.
- Prominent to heterogeneous pancreas base/right pancreatic limb – potential concurrent chronic/ chronic active pancreatitis.
- Mild chronic renal changes.
- Overtly normal gastrointestinal tract, potential non-specific mild gastroenteritis.
- Mild hepatic, jejunal, and medial iliac lymphadenopathy – hyperplasia, reactive lymphadenitis, early neoplastic lymphadenopathy possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatosplenic FNA cytology is recommended. Empirically, hospitalization with IV fluids hepatic supportive medications, and +/- empirical antibiotic protocol to cover for non-specific hepatitis/cholangiohepatitis with as-needed gastrointestinal support would be reasonable. CBC pathology review as well as three-view thoracic radiographs to assess or rule out intrathoracic pathology as a potential contributing factor to the clinical signs is recommended. Guarded prognosis pending hepatosplenic cytology.



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SPECIES

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Rottweiler Mix

SEX

Spayed Female

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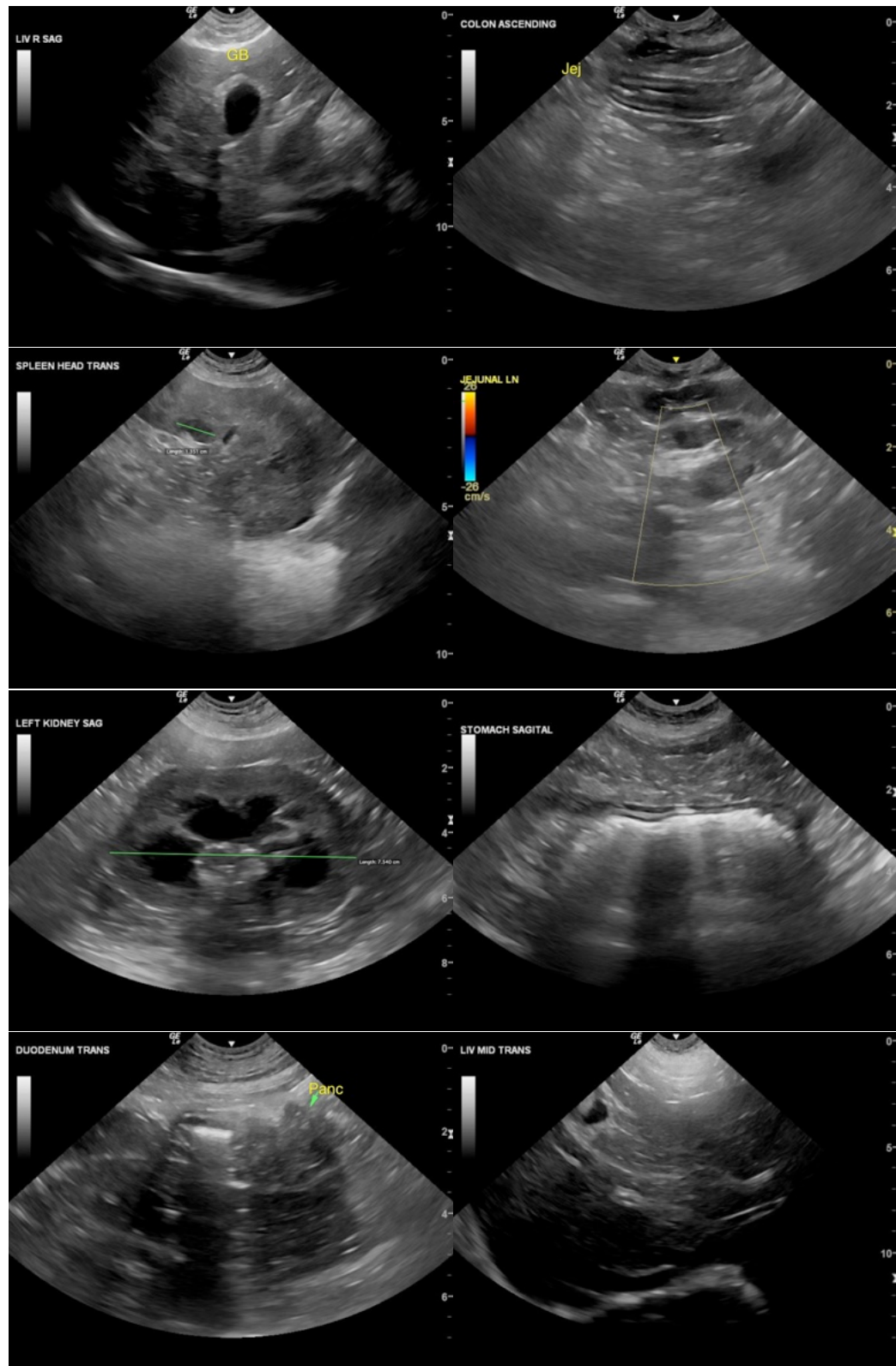
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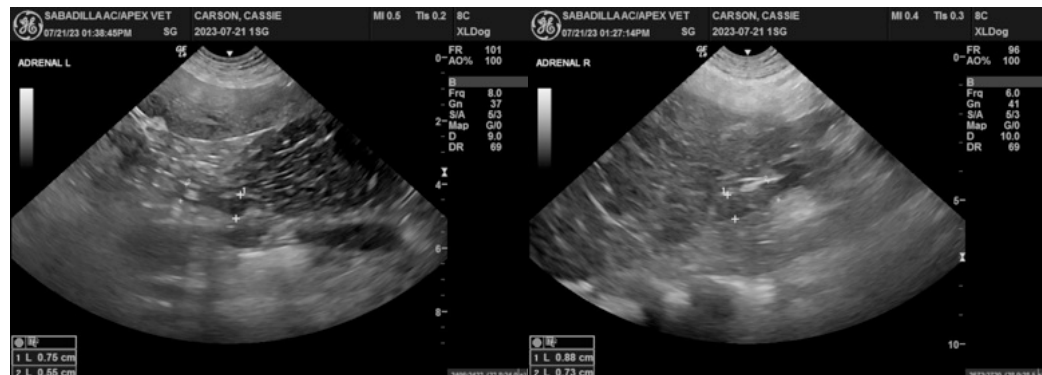
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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