



PATIENT PRESENTING CLINICAL SIGNS

Tank Miele Has not been to a vet in 6 years-vaccines are NOT up to date Anorexia, vomiting (not in 4 days), lethargy Severe periodontal disease, no fever 8% dehydrated, possible nausea-or licking from mobile teeth. Abdomen empty to palpate, rectal unremarkable. Lepto antibody pending. meds:IV fluids with ampicillin, cerenia, butorphanol. PLE? PLN?

SPECIES Canine Abnormal PE/Chem/CBC/UA Results: wbc 23.2, neuts 16.7, bands 0.7 SDMA 26, glucose 7.7, BUN 22 Ca 1.9, Na 132, K 2.9, albumin 20, globulin 42 ALT 362, alp 468, T bili 9.6, Conj bili 4.5 Urine s.g. 1.052

BREED Yorkie with 10-15 wbc/hpf Xrays unremarkable. Empty GI tract

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder, trigone, and cystourethral junction 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.

MN

AGE

7 yr

No overt pathology was noted in the area of the residual prostate, although indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

WEIGHT

3.5 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. Pinpoint areas of medullary mineral were noted bilaterally. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm length x 0.43 cm width at the caudal pole.

HOSPITAL NAME

Heqadon Forest AH

Spleen

REFERRING VET

Dr. Van Monjou

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. Normal hepatic vascular volume was noted. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

INVOICE

14395

Liver/ Gallbladder

DATE

7/26/22

The liver was subjectively normal in size and contour. Subjective mild decreased hepatic parenchyma echogenicity with subtle increased prominence of the portal vascular borders was present. Mild coarse parenchyma echotexture was noted with no masses or nodules. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls containing very minor, mildly



PATIENT hyperechoic yet nonmineralized, congealed gallbladder debris. The cystic and common bile ducts were normal. No evidence of post hepatic obstruction was noted.

Tank Miele

Gastrointestinal

SPECIES The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The ventral gastric wall width measured 0.30 cm.

Canine

BREED The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent small intestinal mucosa. No evidence of loss of intestinal wall layering, mechanical / metabolic ileus, or other small intestinal pathology. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.37 cm width.

Yorkie

SEX Normal visible colon wall layers were present with semi-formed to soft fecal matter in lumen.

MN

Pancreas

AGE 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.

7 yr

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

3.5 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

- Hepatopathy - potentially acute, subjectively benign
- Nondistended gallbladder containing mild congealed debris (non-mucocele)
- Overtly normal gastrointestinal tract with intact to subjectively prominent small intestinal walls

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Crystal Hill

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet potentially indicative of acute hepatopathy given mild decreased hepatic parenchyma echogenicity. Considerations may include metabolic, reactive, or vacuolar hepatopathy, nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc.,) with occult infiltrative neoplasia considered an unlikely differential diagnosis. Correlation with pending Leptospirosis testing and/or ultrasound-guided hepatic FNA for cytology, assuming normal clotting status and using a 25-gauge needle.

REFERRING VET

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Potential for nonspecific inflammatory enteropathy or gastroenteropathy is possible. Sonographically, the appearance of the small intestine was not classically consistent with protein-losing enteropathy. However, potential intestinal protein loss, given the albumin level, cannot be excluded. Assessment for evidence of proteinuria if not done is suggested.

DATE

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No overt evidence of active pancreatitis was noted, although low-grade to chronic pancreatitis could be present yet sonographically normal.



PATIENT

Tank Miele

Spec cPL or a full GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment, especially if evidence of weight loss. Pending Leptospirosis testing, empirical hepatosupportive medications and therapy for nonspecific hepatitis with monitoring of liver enzymes would be reasonable.

SPECIES

Canine

BREED

Yorkie

SEX

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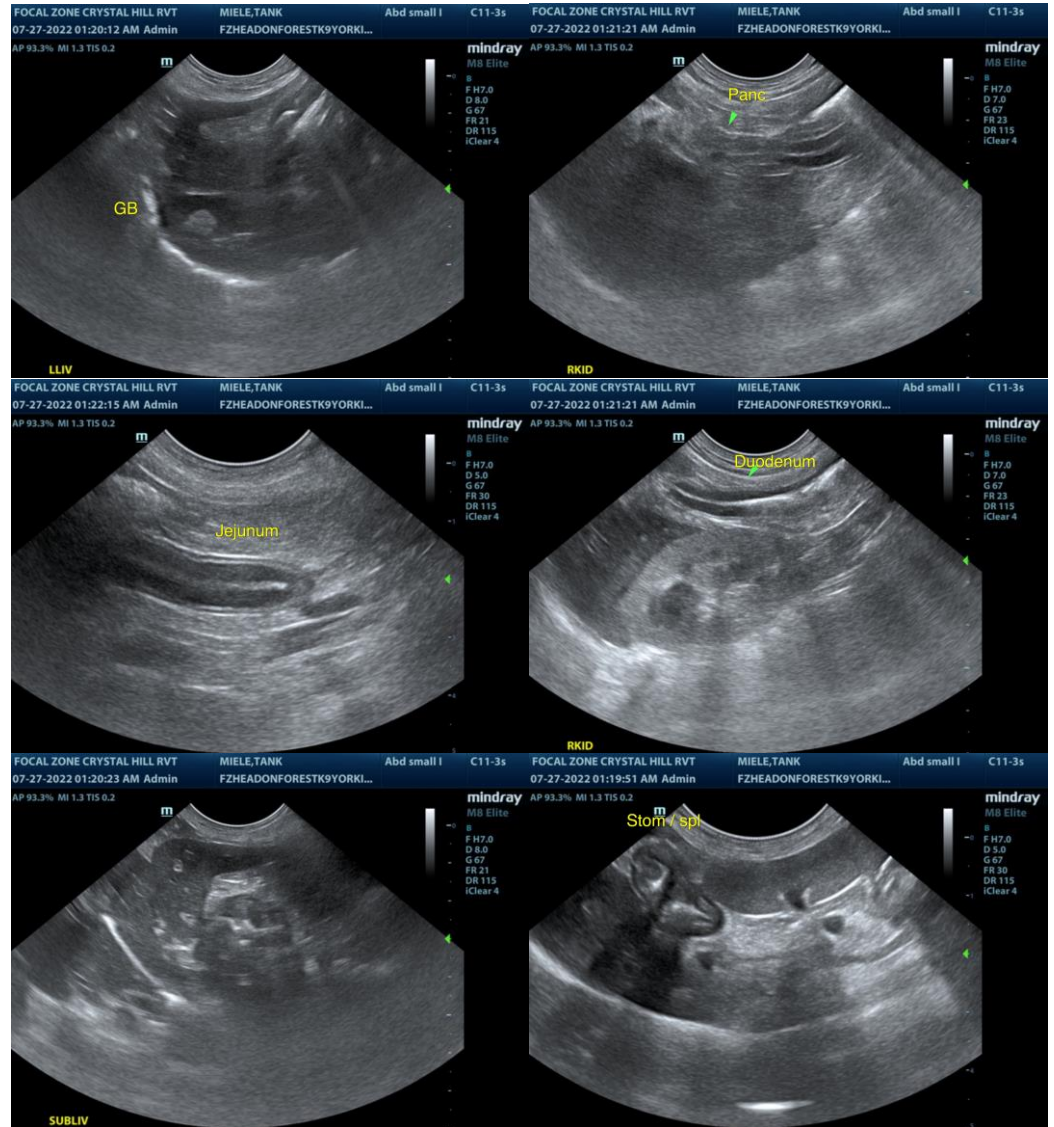
Dr. Van Monjou

INVOICE

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DATE

7/26/22





PATIENT

Tank Miele

SPECIES

Canine

BREED

Yorkie

SEX

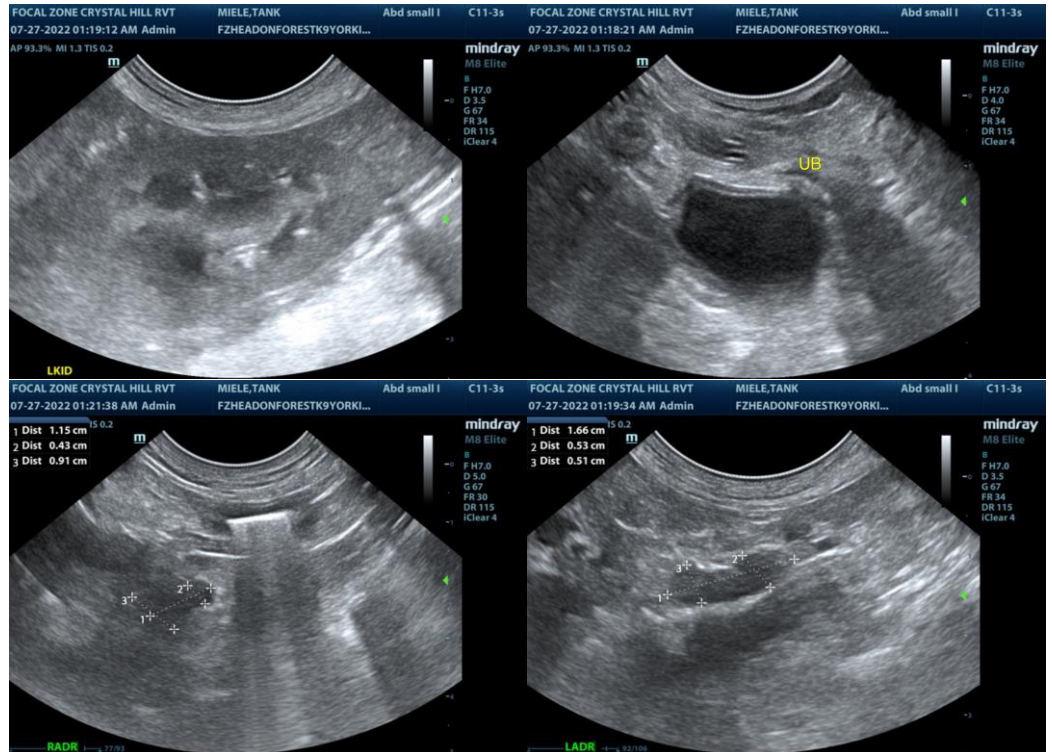
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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