


PATIENT

Dallas Newton

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

SF

AGE

12 years

WEIGHT

22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

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INVOICE

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DATE

7/27/23

PRESENTING CLINICAL SIGNS

Managing PLE - previous hypoalbuminemia, currently stable. Heart murmur, but no CHF yet. Dental disease. Chronic eye issues. Metronidazole, Sucralfate, Provable, previously on Prednisone, currently on Budesonide, Vit B12, Plavix, Gabapentin/Tramadol as needed, Purina HA and/or RC hydrolyzed diet. Hx of prilosec; also enrofloxacin, clavamox and proviable probiotics for previous UTIs

Abnormal PE/Chem/CBC/UA Results: 6/26/23 - PrecisionPSL 301 (HIGH) 24-140 U/L 7/14/23- PrecisionPSL 233 (HIGH) 24-140 U/L Has improved, no clinical signs of GI upset 6/26/23 - WBC 16.0 (HIGH) 4.0-15.5 10^3 /uL RBC 4.7 (LOW) 4.8-9.3 10^6 /uL HGB 9.5 (LOW) 12.1-20.3 g/dL Lipemia and hemolysis present in this sample invalidate the HGB assay, MCH and MCHC calculations. HCT 31 (LOW) 36-60 % Verified by Microhematocrit Method NRBC 2 (HIGH) 0-1 /100 WBC Platelet Count 808 (HIGH) 170-400 10^3 /uL Platelet Estimate Increased Neutrophils 12,800 (HIGH) 80 2,060-10,600 /uL Mild toxic changes. Dohle bodies are incorporated into the semi-quantitative grading system of toxic change. Bands 480 (HIGH) 3 0-300 /uL Lymphocytes 1,600 10 690-4,500 /uL Monocytes 960 (HIGH) 6 0-840 /uL 7/14/23 WBC 15.1 4.0-15.5 10^3 /uL RBC 5.9 4.8-9.3 10^6 /uL HGB 13.6 12.1-20.3 g/dL HCT 38 36-60 % MCV 65 58-79 fL MCH 23.2 19-28 pg MCHC 36 30-38 g/dL Platelet Count 737 (HIGH) 170-400 10^3 /uL Platelet Estimate Increased Neutrophils 12,382 (HIGH) 82 2,060-10,600 /uL Bands 0 0-3 Lymphocytes 1,208 8 690-4,500 /uL Monocytes 755 5 0-840 /uL Eosinophils 755 5 0-1,200 /uL Basophils 0 0 0-150 /uL Reticulocyte Count Reticulocyte Total 2.2 (HIGH) 0-1 % Absolute Reticulocytes 129,800 (HIGH) <60,000 /uL 6/26/23 senior profile labwork - Alk Phosphatase 135 (HIGH) 5-131 IU/L BUN 21 6-31 mg/dL Creatinine 0.3 (LOW) 0.5-1.6 mg/dL BUN/CREAT RATIO 70 (HIGH) 4-27 PHOSPHORUS 6.2 (HIGH) 2.5-6.0 mg/dL MAGNESIUM 2.9 (HIGH) 1.5-2.5 mEq/L TRIGLYCERIDE 1,017 (HIGH) 29-291 mg/dL PrecisionPSL 301 (HIGH) 24-140 U/L WBC 16.0 (HIGH) 4.0-15.5 10^3 /uL RBC 4.7 (LOW) 4.8-9.3 10^6 /uL HGB 9.5 (LOW) 12.1-20.3 g/dL Lipemia and hemolysis present in this sample invalidate the HGB assay, MCH and MCHC calculations. HCT 31 (LOW) 36-60 % Verified by Microhematocrit Method NRBC 2 (HIGH) 0-1 /100 WBC Platelet Count 808 (HIGH) 170-400 10^3 /uL Platelet Estimate Increased Neutrophils 12,800 (HIGH) 80 2,060-10,600 /uL Mild toxic changes. Dohle bodies are incorporated into the semi-quantitative grading system of toxic change. Bands 480 (HIGH) 3 0-300 /uL Lymphocytes 1,600 10 690-4,500 /uL Monocytes 960 (HIGH) 6 0-840 /uL Total T4 WNL Urinalysis only abnormal Protein 2+ (HIGH) NEGATIVE Accuplex Neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney small lateral cortical cyst was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.0 cm in length.



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Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape measuring 0.32 cm width at the caudal pole and 0.34 cm width at the cranial pole. There was no overt pathology in the area of the right adrenal gland.

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/ Gallbladder

The liver was mild to moderately enlarged yet maintained a symmetrical capsule contour with mild generalized nonhomogeneous hepatic parenchyma exhibiting moderate coarse echotexture and evidence of mild hepatic parenchymal remodeling. Hepatic vascular volume was normal with no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nonorganized, variably hyperechoic gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained primarily anechoic fluid. The gastric body wall width measured 0.54 cm.

The small intestine presented generalized intact wall layering and subjectively maintained a normal wall layer ratio. Segmental mild hyperechoic intestinal mucosal speckling was present. The intestinal wall width measured up to 0.38 cm.

Normal visible colon wall layers were present with subjective formed fecal matter.

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

- Moderate chronic renal changes with small right kidney cortical cyst
- Sonographically normal spleen
- Enlarged, mildly nonhomogeneous liver - subjectively benign
- Gallbladder sediment - not consistent with gallbladder mucocele criteria



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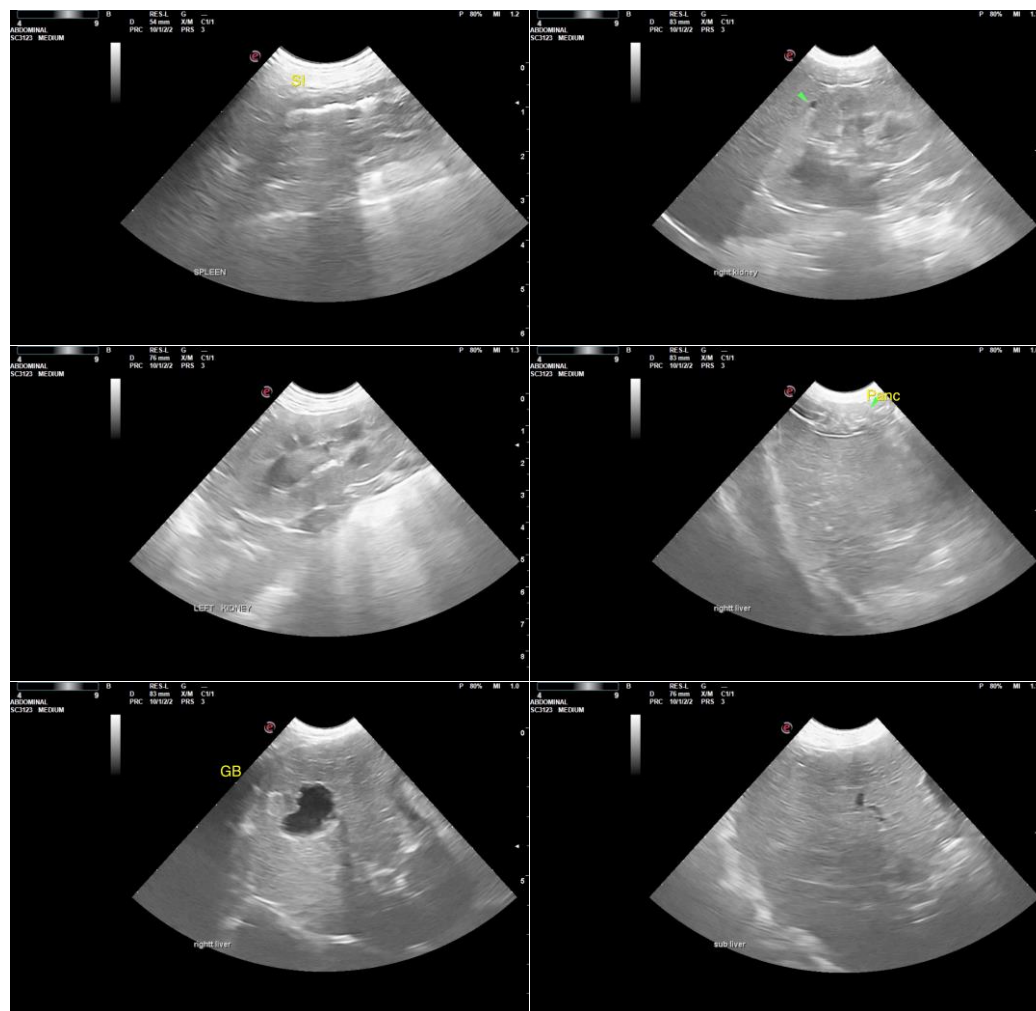
- Possible mild hypomotile gastritis
- Chronic enteropathy pattern exhibiting mild duodenojejunal mucosal speckling
- Heterogeneous remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the liver is suggestive of a vacuolar hepatopathy pattern and potential nonobstructive cholestasis. Assuming normal clotting status, screening FNA hepatic cytology could be considered primarily to assess for evidence of inflammatory criteria. There is no overt evidence of intrabdominal neoplastic criteria.

Chronic pancreatitis may be suspected if evidence of cranial abdominal / subxiphoid discomfort on palpation.

Continued empirical therapy for chronic protein-losing enteropathy is warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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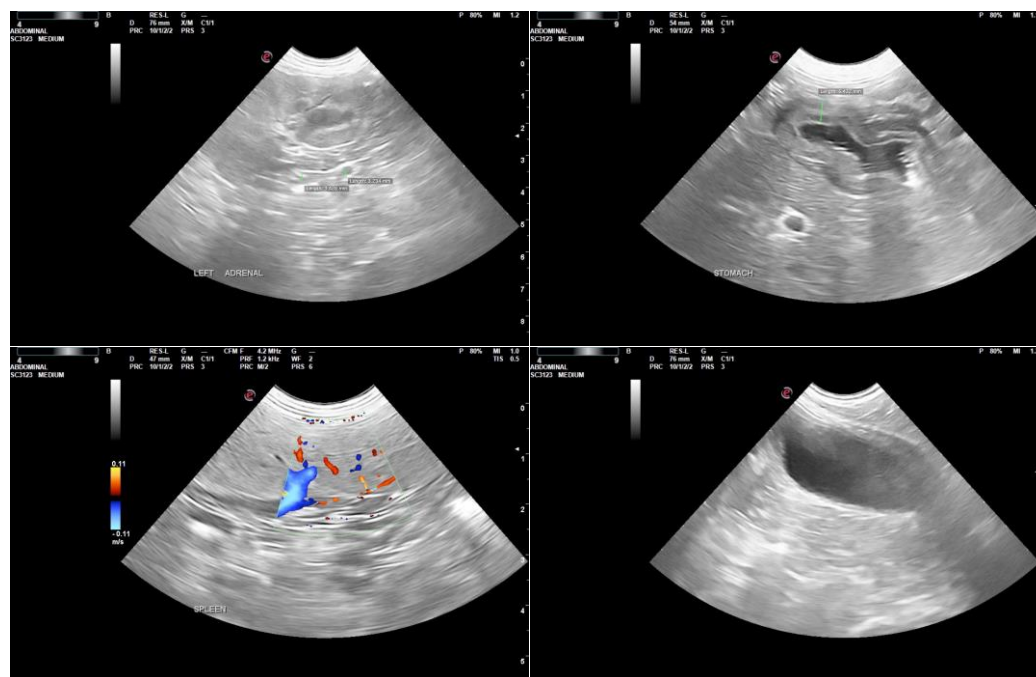
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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