



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Doby Levin
SPECIES Canine
BREED Mix
SEX MN
AGE 8yr
WEIGHT 76lb

Recent history of vomiting - keeping no food down. No history of dietary indiscretion or toxin exposure. Dehydrated on examination and tense abdominal palpation. Vitals WNL. Unremarkable 2 view AXR. CBC/Chem in-house showed elevated liver enzymes and Tbili. Spec CPL WNL. Dog is leptospirosis vaccinated, but PCR pending. Started on IVF, Ondansetron, and broad spectrum antibiotics. No appetite in hospital today 8/9/23. R/O cholangiohepatitis vs. GB mucocele vs. neoplasia vs. obstruction vs. other.

Abnormal PE/Chem/CBC/UA Results: Hct - 62, ALP - 858, ALT - 1876, Tbili - 0.7, Creat - 1.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral 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 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited borderline enlargement with generalized mild parenchyma heterogeneity. No masses/nodules visualized. 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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly heterogeneous with a mild to moderate coarse echotexture and evidence of parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate irregularly congealed non-organized sludge. The common bile duct was indistinctly visualized without obvious pathology.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid with no signs of ileus, obstruction or foreign material.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Tami Ilovich, DVM

INVOICE

14556ag

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08/10/2023



PATIENT Doby Levin
 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 apparent formed feces in lumen.

SPECIES *Pancreas*
 Canine 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.

BREED *Free Abdomen*
 Mix No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX
MN **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy-potential chronic vs acute on chronic hepatopathy, non-specific hepatitis given elevated ALT, vacuolar hepatopathy, cholestasis, hematopoiesis, infiltrative neoplasia (considered unlikely) or other possible.
- Non-distended gallbladder with moderate inspissated non-organized sludge-not overtly consistent with surgical mucocele criteria.
- Hypomotile stomach, sonographically unremarkable small bowel.
- Mild chronic renal changes.

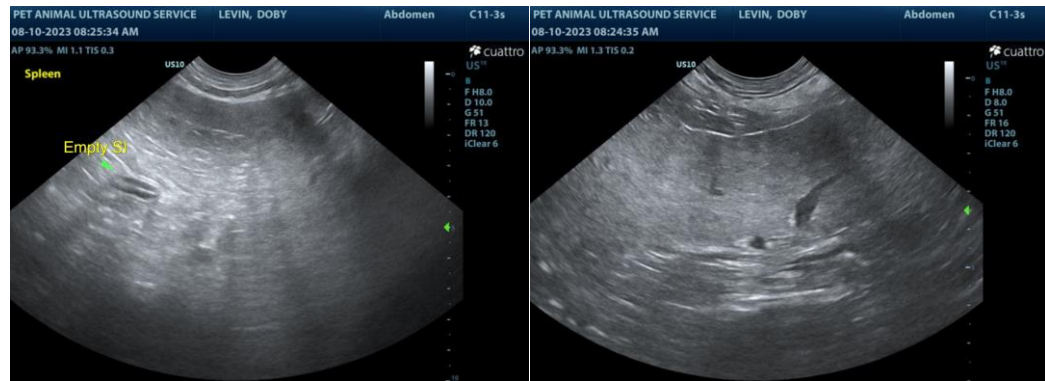
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
 No overt evidence of post hepatic or GI obstructive criteria. Suspect metabolic/functional gastric stasis. The gallbladder may be classified as immature mucocele yet without evidence of post hepatic obstruction or peripheral gallbladder inflammation, no obvious indication for immediate surgical intervention.

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
IMAGING PERFORMED BY Pamela Harrigan, RDCS
 Hospitalization with empirical therapy for non-specific hepatitis, non-obstructive cholestasis and as needed GI support with assessment of clinical response and monitoring of liver enzymes would be reasonable. Continued monitoring for progressive cranial abdominal discomfort on palpation associated with the gallbladder is recommended.

HOSPITAL NAME Norfolk County Veterinary Service
 Sonographic reassessment recommended if progressive hepatic enzyme elevations or non-responsive clinical signs are noted in light of empirical therapy.

REFERRING VET Tami Ilovich, DVM

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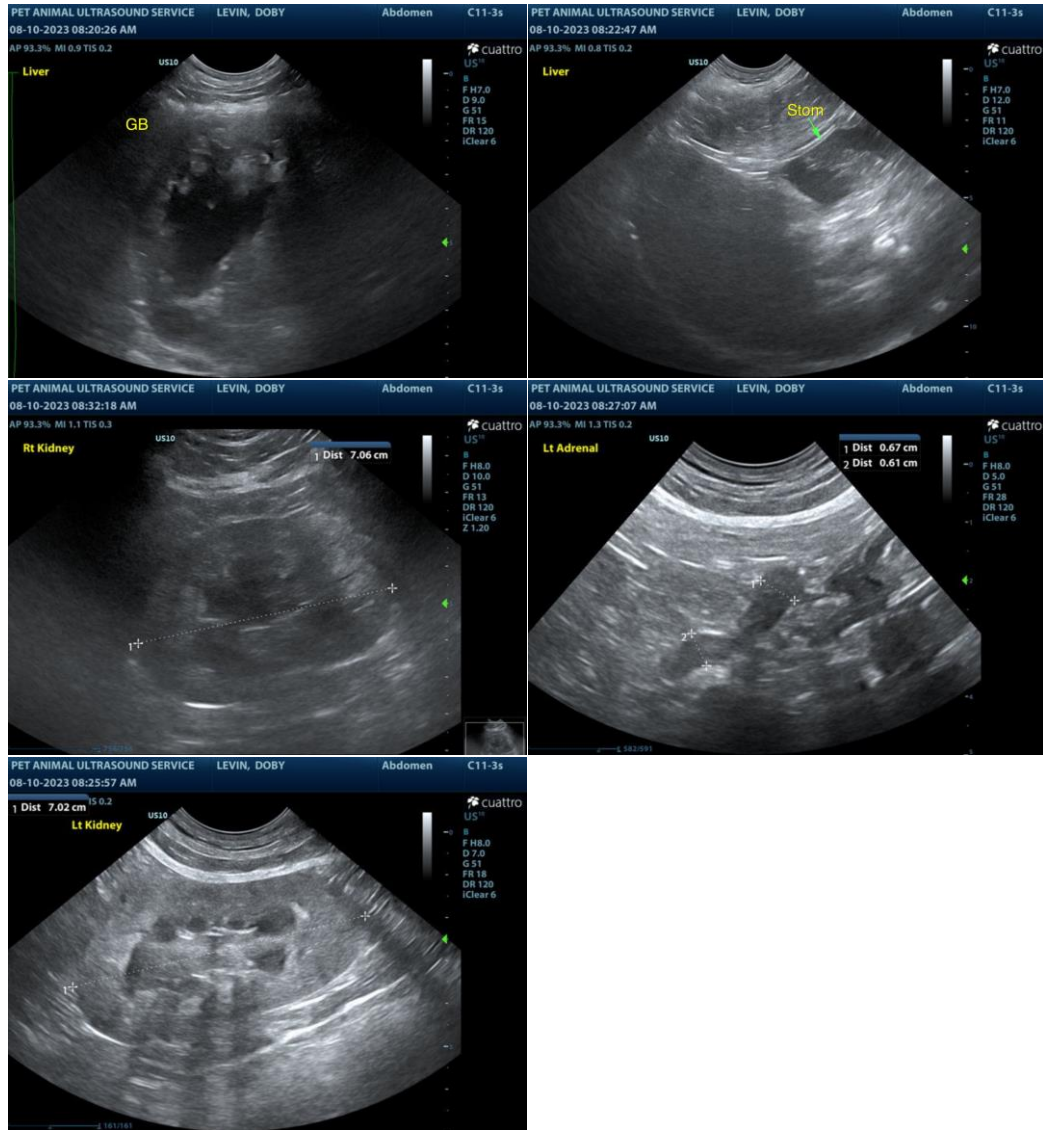
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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