



PATIENT

Mollie McClure

SPECIES

Canine

BREED

Bearded Collie

SEX

FS

AGE

7 y

WEIGHT

66.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Erin Plunkett, DVM

INVOICE

14597

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Patient presented today for inappetance for ~ 3 days. # days ago, Mollie ate portion of the absorbent paper from raw chicken package. Passing soft stool with mucus, no vomiting. On PE, patient was mild/moderately icteric. Patient drinks out of owner-maintained fish pond frequently. ALT 1352; BUN 6; glob 4. ALP > 2000; GGT 59; Tbil 10.2; Chol 518; TT4 0.8 Current meds: Buprenorphine, Unasyn, Gabapentin, SAM-E

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.

The area of the aortic trifurcation was free of pathology.

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 6.9 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.38 cm 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 0.44 cm width at the caudal pole and 0.45 cm width at the cranial pole.

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 presented normal in size to possible mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No obvious evidence of post hepatic obstructive criteria was noted.

The gallbladder was mildly distended in size containing primarily anechoic content with mild, nondependent, mildly hyperechoic luminal debris. The gallbladder walls were sonographically



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unremarkable. No evidence of gallbladder or peripheral gallbladder inflammatory criteria or gallbladder wall edema was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus or obstruction. The stomach was nondistended without evidence of retained ingesta or overt gastric foreign material.

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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. Mild segmental nonshadowing, variably echogenic chyme was present with no evidence of small intestinal mechanical / metabolic ileus. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.32 cm width.

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The colon exhibited intact to mildly prominent wall layering. The colon contained semi-formed to soft feces, consistent with reported soft stool.

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Minor gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with minor segmental small intestinal chyme
- Subjective mild colitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall liver was nonspecific with potential considerations including vacuolar hepatopathy and nonobstructive cholestasis, given the elevated ALP/GGT combination, with primary or concurrent nonspecific hepatitis (viral, bacteria, Leptospirosis, toxin, etc.,) given the ALT elevation. No evidence of hepatic neoplastic criteria, which is considered a less likely differential diagnosis. Further assessment may include; hepatic FNA cytology, as well as Leptospirosis titer/PCR.

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No indication for immediate gastrointestinal surgical intervention. Potentially, small amounts of passing absorbent paper cannot be definitively excluded.

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Empirical therapy may include hospitalization with empirical therapy for nonspecific hepatitis, hepatic and gastrointestinal supportive medications pending additional diagnostics with monitoring of hepatic response and for improvement in GI signs.

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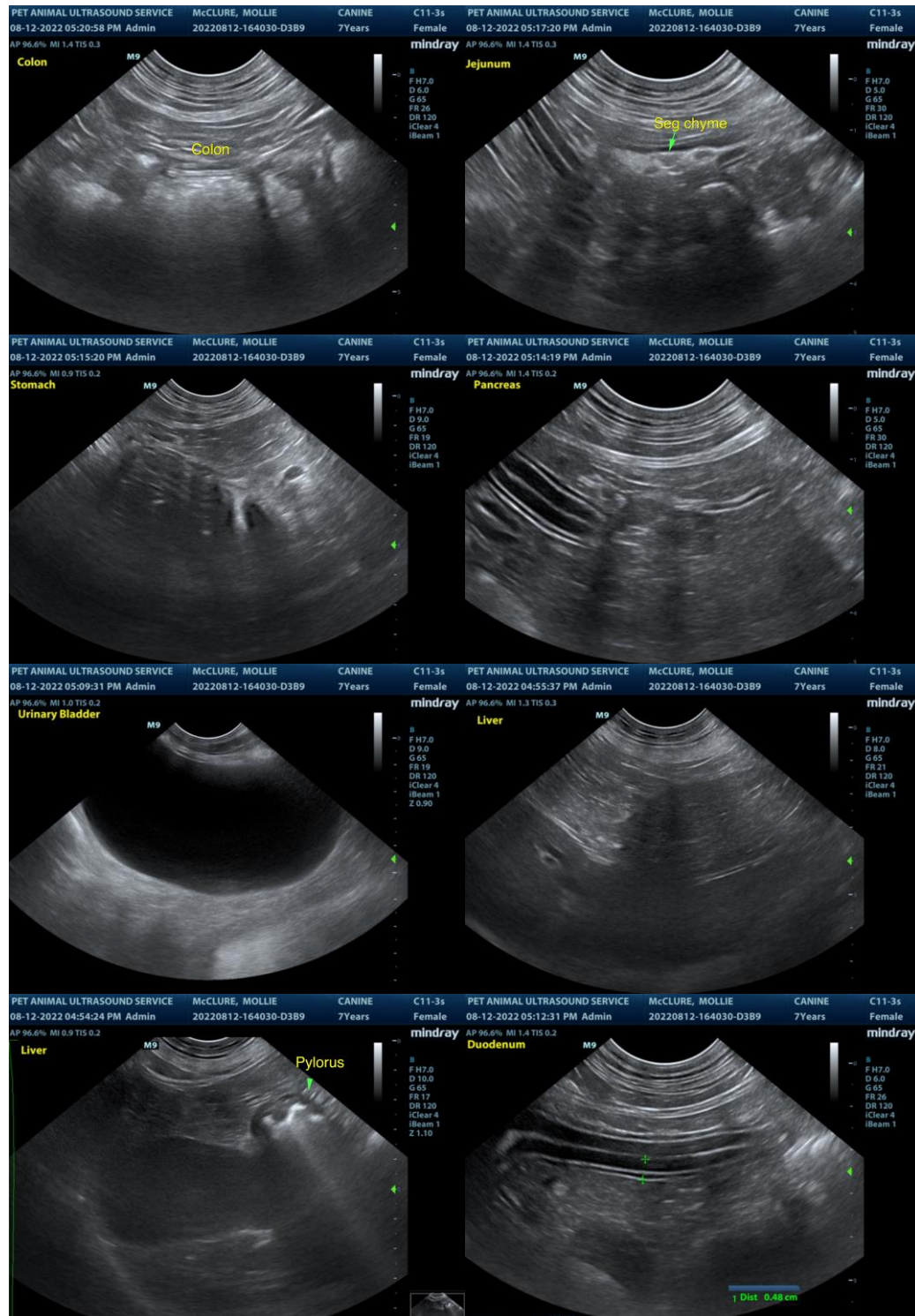
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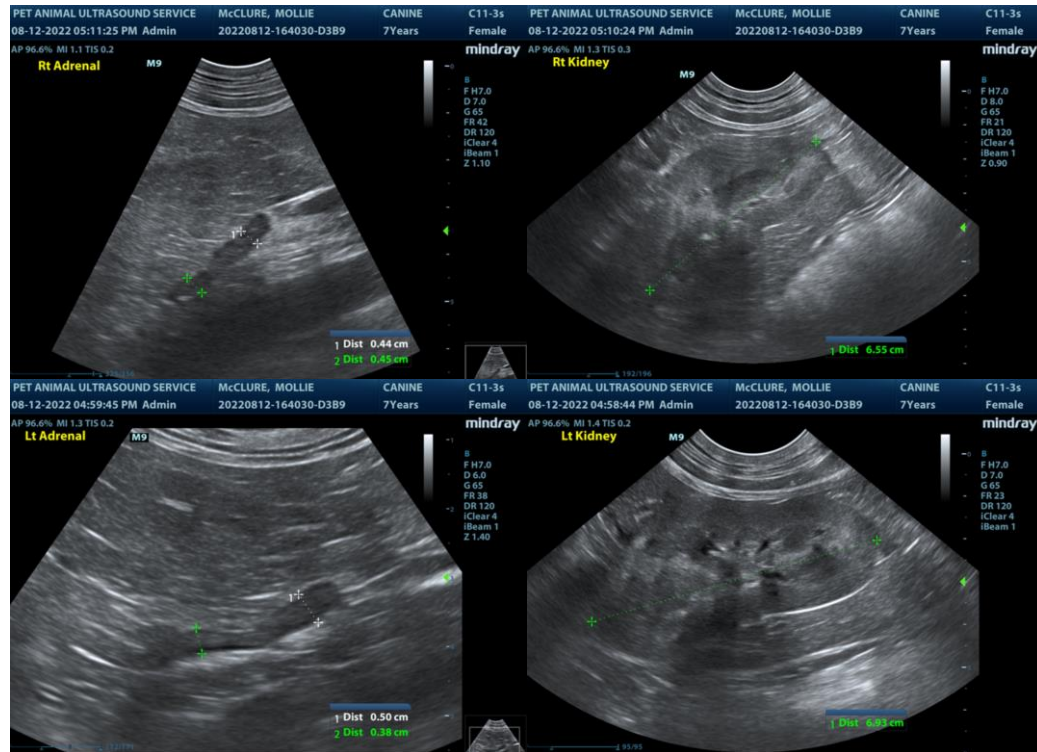
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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