



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ziva Andrist
SPECIES Canine
BREED Corgi
SEX Spayed Female
AGE 9 Months
WEIGHT 30.8 Pounds

Ziva was spayed on 5/19/21 and was doing well. Then on 7/30/21 she presented with not being herself, febrile and frequent urination. Blood Work revealed an elevated WBC and liver values. She was put on Doxycycline for a possible infection. 8/2/21 she was doing better with a normal temp. 8/11/21 she presented with not eating, vomiting, jaundice. BW revealed a higher WBC and liver enzymes. Blood smear indicated IMHA. Discontinued doxy, gave, dex SP, Pred 20mg, Famotidine, Sucralfate, Denamarin, Cerinia. Recheck on 8/12/21 and elected an abdominal ultrasound with liver aspirates. Abnormal PE/Chem/CBC/UA Results: 8/12/21 CBC Retic 479 WBC 46.25 Neu 38.15 Mono 3.28 PLT 157 FOU PCR pending Lymes QC6 pending

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 were noted.

No evidence of pathology in the area of the uterine stump.

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 6.4 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 0.30 cm at the cranial pole and 0.60 cm at the caudal 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

The liver was mildly enlarged. 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. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Gallbladder wall measured 0.35-0.5 cm in width. The gallbladder was non-distended. No overt evidence of peripheral inflammation. The common bile duct was normal with. Anechoic content present, no sediment or calculi in the gallbladder. No evidence of a portosystemic shunt. A small pocket of mild perihepatic free fluid was noted in the right cranial abdomen between the caudal caudate liver and right kidney.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bogunovic

INVOICE

24704

DATE

8/15/21



PATIENT

Gastrointestinal

Ziva Andrist

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta with subtle progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.40 cm.

SPECIES

Canine

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. Jejunum wall measured 0.29 cm.

BREED

Corgi

Normal visible colon wall layers were present with subjective semiformal to soft feces.

SEX

Spayed Female

Pancreas

The pancreas exhibited mild generalized prominent size with subtle swollen contour and mild uniform hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic to perihepatic omentum.

ULTRASONOGRAPHIC FINDINGS

AGE

9 Months

- Hepatopathy – subjective acute to chronic
- Gallbladder wall edema – inflammation (cholecystitis), edema (potentially owing to hepatic disease and portal hypertension, given normal albumin levels), anaphylaxis possible.
- Gastric ingesta – post-prandial presentation with potential for mild metabolic gastric stasis if documented NPO.
- Minor perihepatic free fluid
- Prominent to mildly hypoechoic pancreas – non-specific, potential for low-grade inflammation.

WEIGHT

30.8 Pounds

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver exhibited characteristics of both acute and chronic hepatopathy. Considerations may include non-specific hepatitis (viral, bacterial, Leptospirosis, immune mediated, or other), vacuolar hepatopathy, hepatic cholestasis, or other hepatopathies with hepatic neoplasia considered an unlikely differential diagnosis.

IMAGING PERFORMED BY

Kim Liedberg

Further assessment may include pending hepatic cytology as well as Leptospirosis titers/PCR.

HOSPITAL NAME

SVS Imaging

Empirically, hepatosupportive medications as well as broad-spectrum antibiotics such as Amoxicillin, Metronidazole +/- Enrofloxacin recommended pending hepatic cytology. CBC pathology review may be considered. Continued as-needed gastrointestinal supportive care indicated.

REFERRING VET

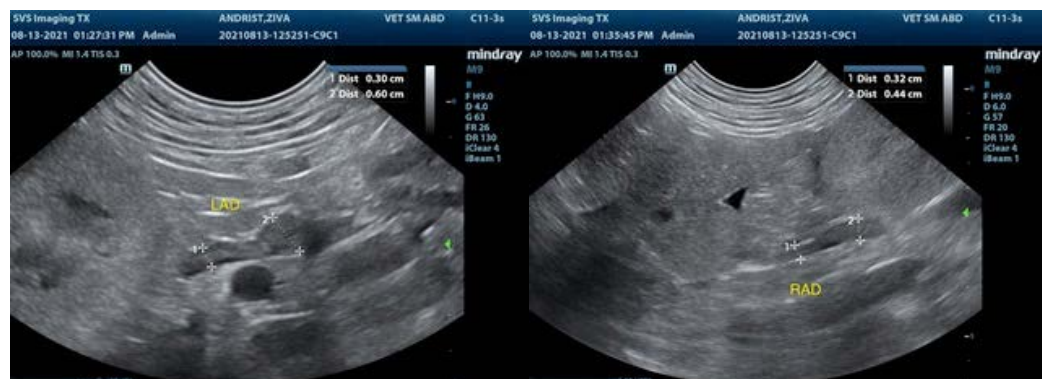
Dr. Bogunovic

INVOICE

24704

DATE

8/15/21





PATIENT

Ziva Andrist

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

9 Months

WEIGHT

30.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

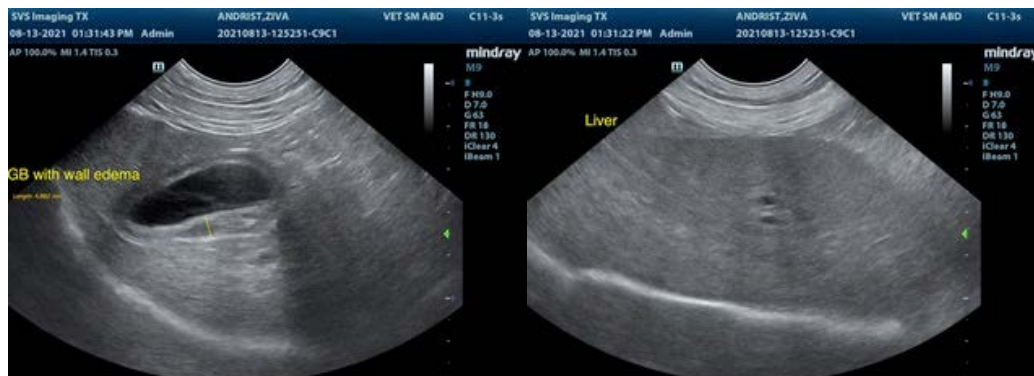
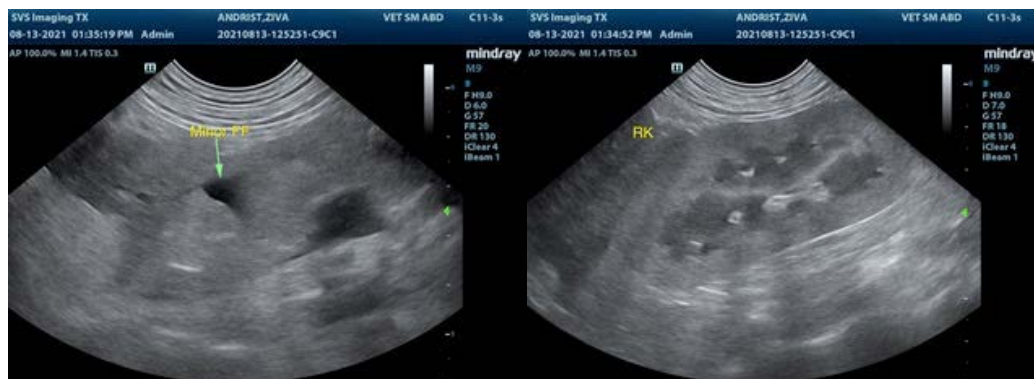
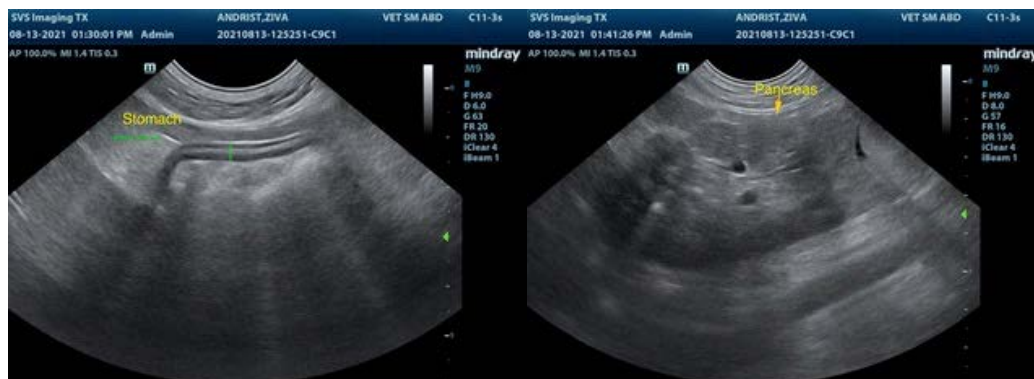
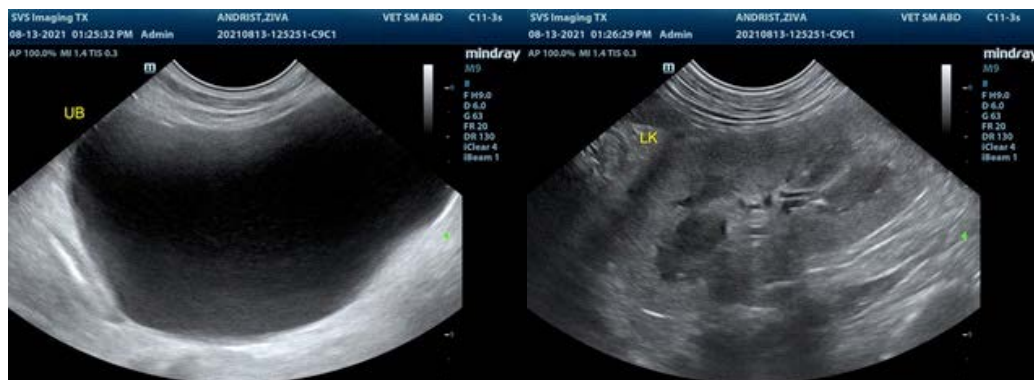
Dr. Bogunovic

INVOICE

24704

DATE

8/15/21





PATIENT

Ziva Andrist

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

SPECIES

Canine

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

BREED

Corgi

SEX

Spayed Female

AGE

9 Months

WEIGHT

30.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bogunovic

INVOICE

24704

DATE

8/15/21