



**PATIENT**

Wink Blink

**SPECIES**

Canine

**BREED**

Dalmatian

**SEX**

FS

**AGE**

16yr

**WEIGHT**

46lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Marine Lugo

**INVOICE**

14633ag

**DATE**

08/17/2023

**PRESENTING CLINICAL SIGNS**

16-year-old female spayed dalmation came in for having been found obtunded and a fever of 103. On physical exam it was noted that her fever had risen to 104.8 and cooling commenced. Patient was noted to be shaking and unable to stand with altered mentation. Catheter was placed and patient was cooled and rehydrated. Suspected urinary blockage with electrolyte imbalances or neoplasia. Afast was ordered to evaluate for fluid in abdomen and triage patient. Patient has a history of muscular skeletal problems and is on monthly B12 injections rehabilitation, chondrosin, gabapentin ketamine microdose every 9 weeks and adequan. she eats farmers dog and has been on it for the past 4 years. No recent changes in lifestyle or medication. Patient has a longstanding history of polyuria polydipsia that has not been treated or evaluated. Current Medications: Ketamine every 9 weeks, gabapentin twice daily, monthly B12 injections, compresses

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC: Leukocytosis (20.38), neutrophilia (18.3), Chemistry: ALT elevated (851) ALP is elevated (more than 2000) GGT elevated (22), cholesterol elevated (429)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was borderline distended in size with normal tone and normal urinary bladder wall. The 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was 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 0.80 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.75 cm width at the caudal pole and 2.8 cm length.

**Spleen**

The spleen exhibited subtle generalized parenchymal heterogeneity and multiple variably sized irregularly marginated non-disruptive hyperechoic nodules with an example measuring 1.5 cm in diameter. No splenic masses. Power Doppler assessment of the hilus revealed normal adequate splenic vascularity.

**Liver/Gallbladder**



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The liver presented mild to moderately enlarged in size. 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate congealed non-organized hyperechoic sediment. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 was evident.

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**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly distended yet sonographically unremarkable urinary bladder-no evidence of urinary obstruction.
- Moderate chronic renal changes.
- Hepatopathy- nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, non-specific hepatitis (viral, bacterial, leptospirosis, toxin) occult infiltrative neoplasia or other all potentials.
- Mild to moderate gallbladder sediment (non-mucocele)
- Sonographically unremarkable GI tract/peritoneal cavity.
- Multiple hyperechoic splenic nodules-sonographically consistent with benign myelolipomas, hyperplasia or potential chronic splenic infarcts.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A definitive intra-abdominal cause of the fever was not obvious. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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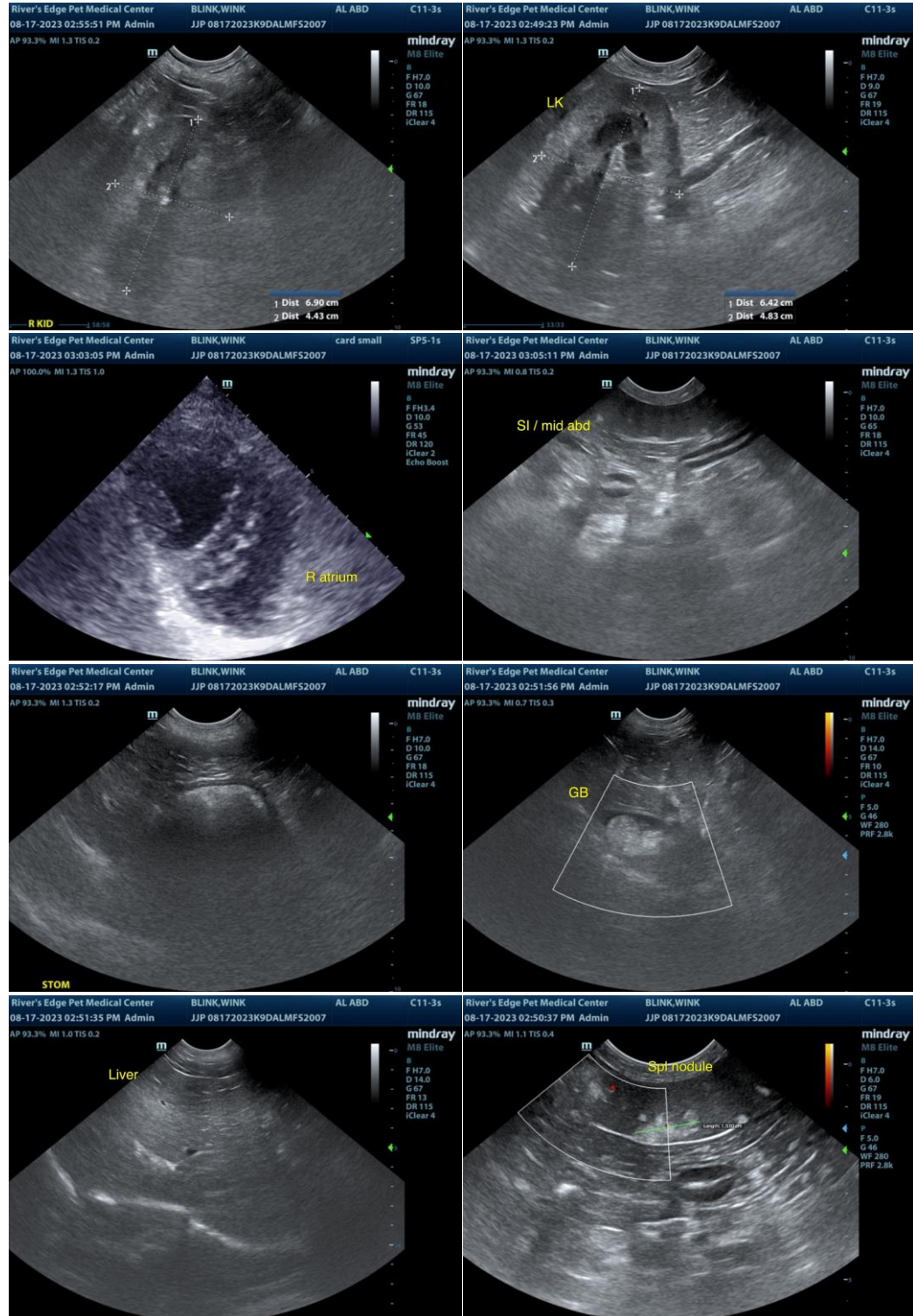
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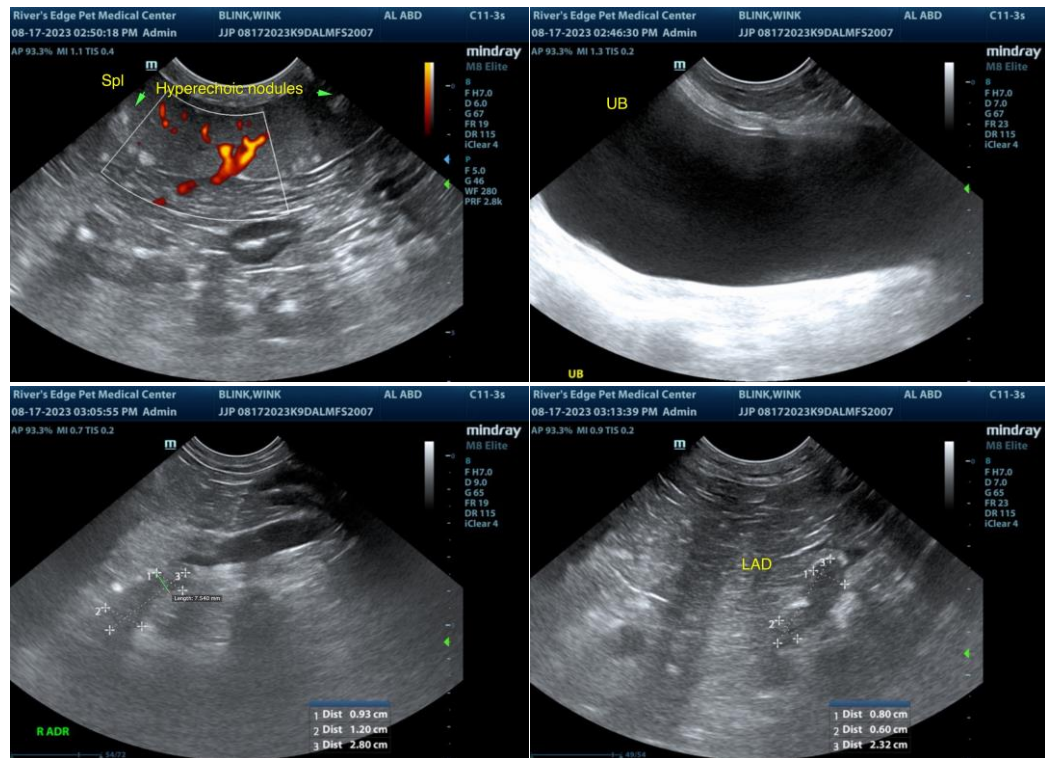
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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