

PATIENT PRESENTING CLINICAL SIGNS

Kaya Hari pet has been vomiting breakfast for the last 3 days. pet is more lethargic recently. Pet has lost 7 pounds in 4 days.

SPECIES Abnormal PE/Chem/CBC/UA Results: alt would not read, alkp >2400, tbil 5.4 pt/ptt normal
Canine Current Medications metronidazole, hepato

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

AGE 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 6.8 cm in length. The right kidney measured 6.3 cm in length.

WEIGHT 59lb The area of the aortic trifurcation was free of pathology.

INTERPRETED BY The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The area of the uterine remnant was free of pathology.

Adrenal Glands

IMAGING PERFORMED BY Sara Hansen The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 3.6 cm length.

Spleen

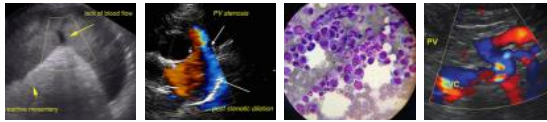
HOSPITAL NAME Silver Creek Animal Clinic The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion.

REFERRING VET Dr. Koch 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

INVOICE 11404ag The liver presented borderline enlarged in size. The hepatic parenchyma revealed mild diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild to moderate coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

DATE 08/18/2022



PATIENT The gallbladder was mildly distended in size with primarily anechoic luminal content with moderate hyperechoic to inspissated debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
Kaya Hari

SPECIES *Gastrointestinal*

Canine The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

BREED

Golden Retriever

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. The duodenum wall measured 0.44 cm in width. The jejunum wall measured 0.40 cm in width.

SEX

FS

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

Pancreas

AGE

8yr

The right pancreatic limb exhibited mild prominent size with hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

WEIGHT

59lb

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-subjectively acute
- Moderate inspissated gallbladder debris
- Gastric ingesta-post prandial presentation vs gastric stasis if documented NPO
- Unremarkable small bowel
- Possible low grade pancreatitis

IMAGING PERFORMED BY

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Silver Creek Animal
Clinic

The decreased hepatic parenchyma echogenicity is compatible with acute hepatic disease such as acute hepatitis / cholangiohepatitis (viral, bacterial, Leptospirosis), hepatotoxic insult, infectious hepatic disease, vacuolar hepatopathy with potential for occult hepatic neoplasia considered less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for cytology, primarily to assess for evidence of inflammatory cells or neoplasia, as well as Leptospirosis titer / PCR.

REFERRING VET

Dr. Koch

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The gallbladder was not consistent with an inflamed mucocele although emerging mucocele is possible.

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No evidence of overt CBD dilation or post hepatic obstruction. No overt evidence of GI obstructive pattern. Hospitalization with hepatosupportive medications, therapy for acute hepatitis/cholangiohepatitis and mild pancreatitis with as needed GI support is recommended.



PATIENT

Kaya Hari

Continued monitoring of hepatic enzymes would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

SPECIES

Canine

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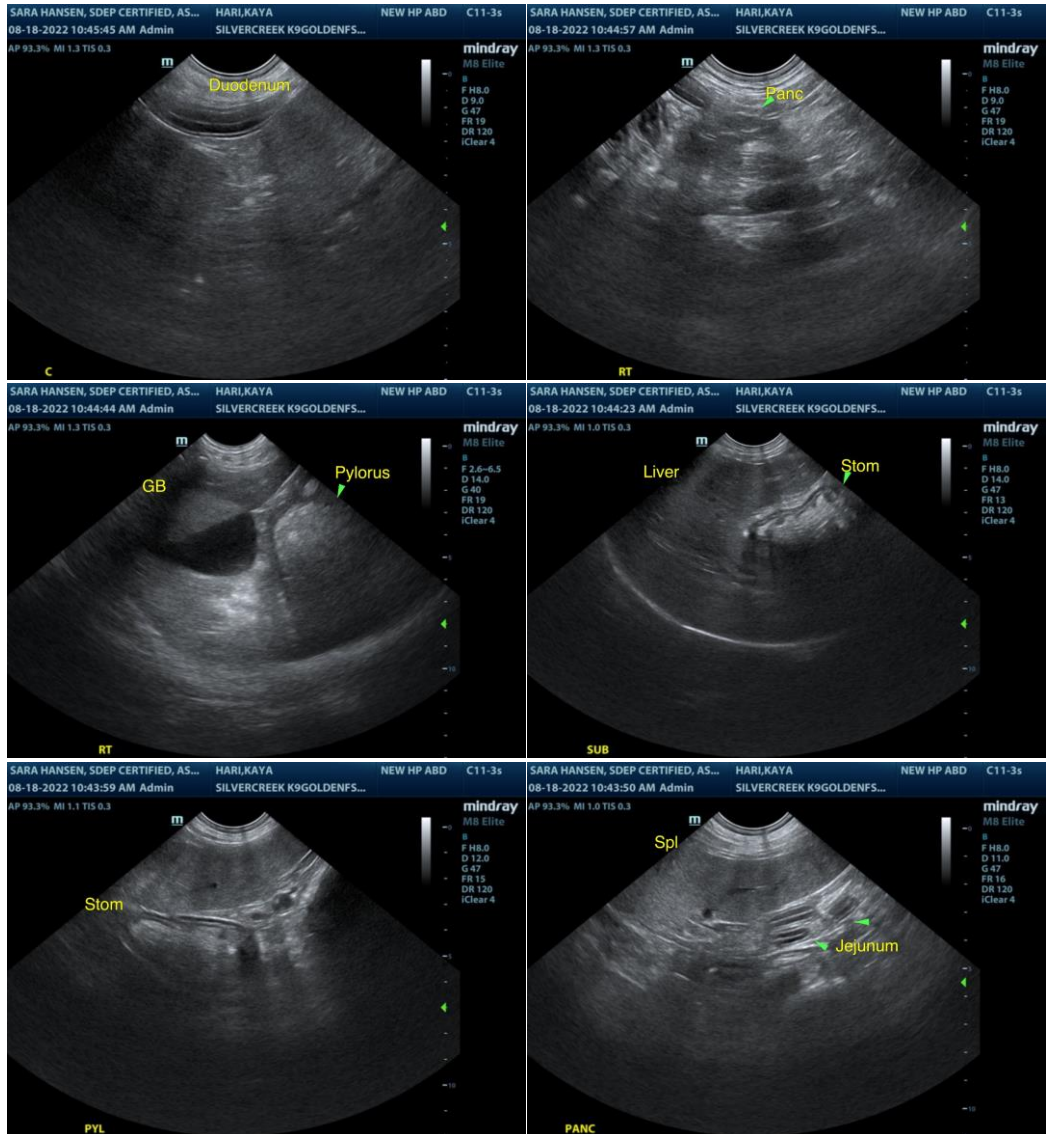
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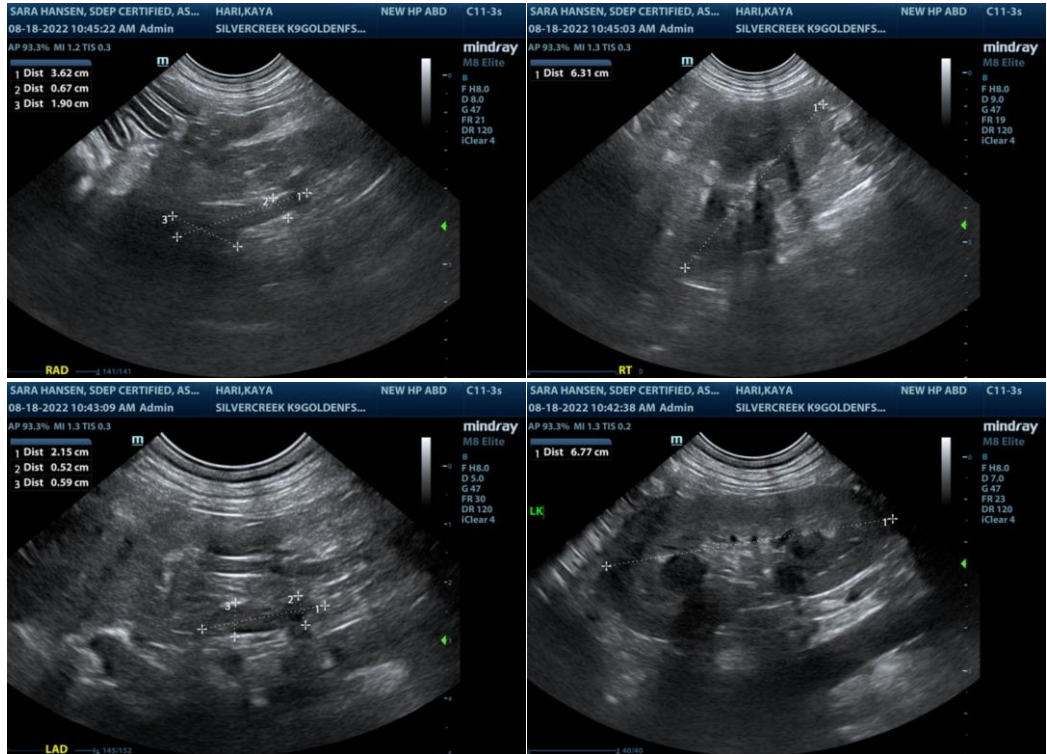
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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