

**PATIENT**

Axel Denhartog

**PRESENTING CLINICAL SIGNS**

Acute vomiting started at 11:00 AM yesterday. Was given Cerenia and SQ fluids and was little better last night.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 1328 CPL - abnormal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Boykin Spaniel

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

MN

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 6.1 cm in length. The right kidney measured 5.8 cm in length.

**AGE**

2yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

38lb

The area of the residual prostate 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 0.42 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 2.6 cm length.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**Liver**

The liver was borderline to mildly enlarged with symmetrical capsule contour, subjective mild decreased parenchyma echogenicity and mild increased prominence of the portal vascular borders.

**REFERRING VET**

Dr. Hartmann

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal****INVOICE**

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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained very minor retained anechoic fluid 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.

**PATIENT**

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

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***Pancreas***

The pancreas base and right pancreatic limb exhibited mild prominent size, symmetrical capsule contour with mild uniform hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

**SPECIES**

Canine

***Free Abdomen*****BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Boykin Spaniel

**SEX**

MN

- Hepatopathy-subjectively acute
- Mildly prominent hypoechoic pancreas base and right pancreatic limb-mild pancreatitis
- Sonographically unremarkable GI tract-mild gastritis likely

**AGE**

2yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The decreased hepatic parenchyma echogenicity is compatible with acute hepatic disease such as acute hepatitis / cholangiohepatitis (viral, bacterial, Leptospirosis, hepatotoxic insult, infectious hepatic disease with some degree of reactive hepatopathy secondary to mild pancreatitis. 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, as well as Leptospirosis titer / PCR if endemic to the area or potential exposure. Hospitalization with 24 hour IVF, hepatic and GI support and empirical therapy for pancreatitis with assessment of clinical response would be reasonable.

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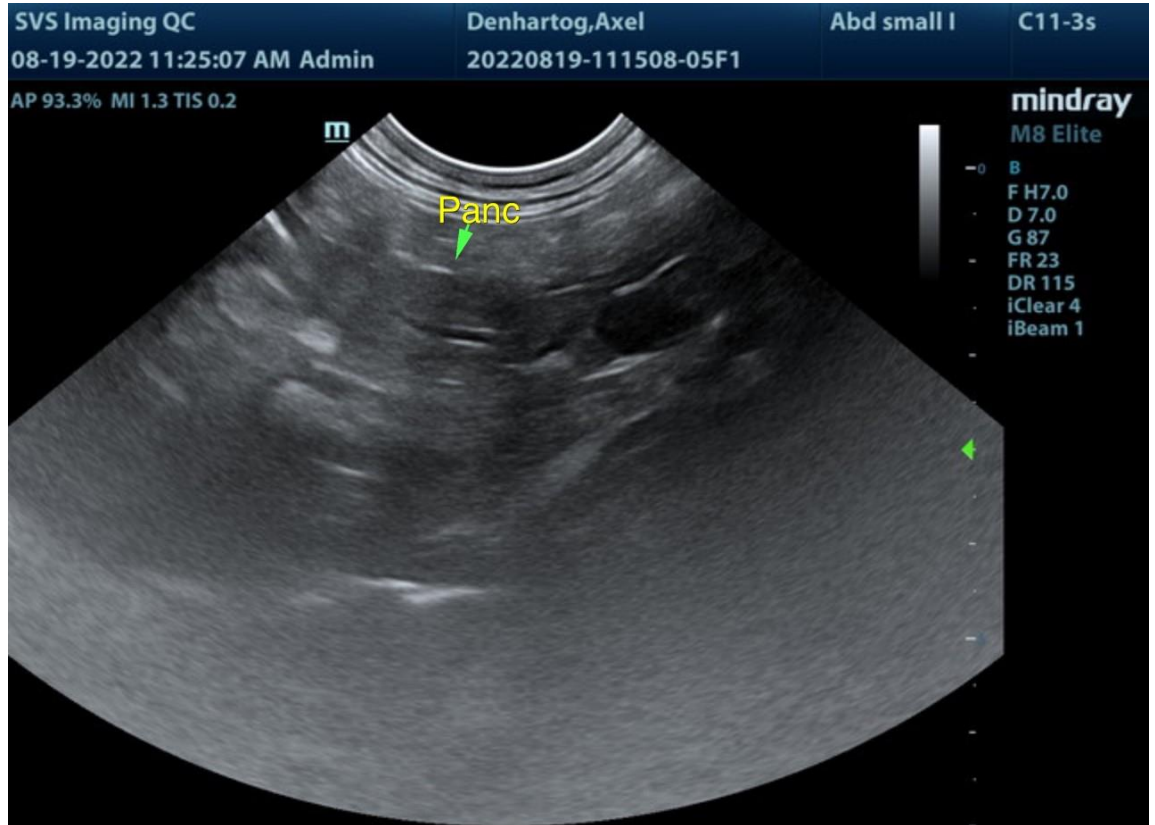
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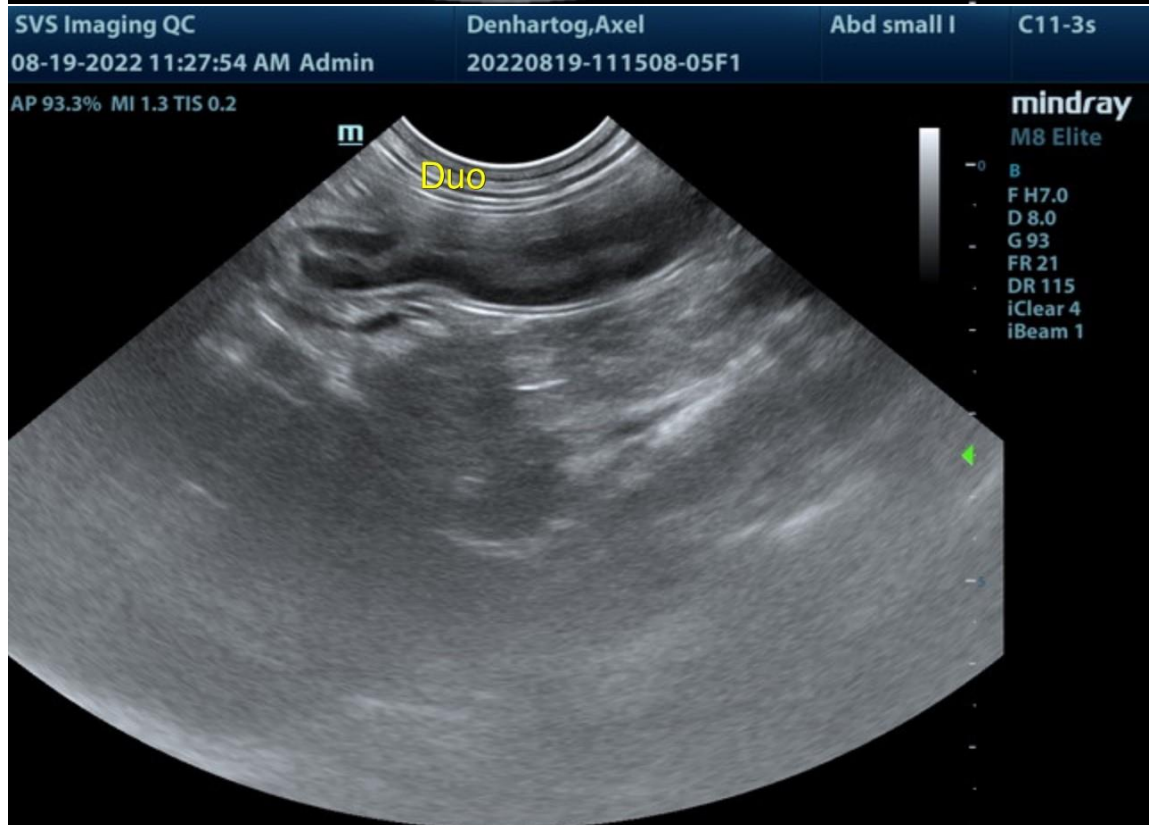
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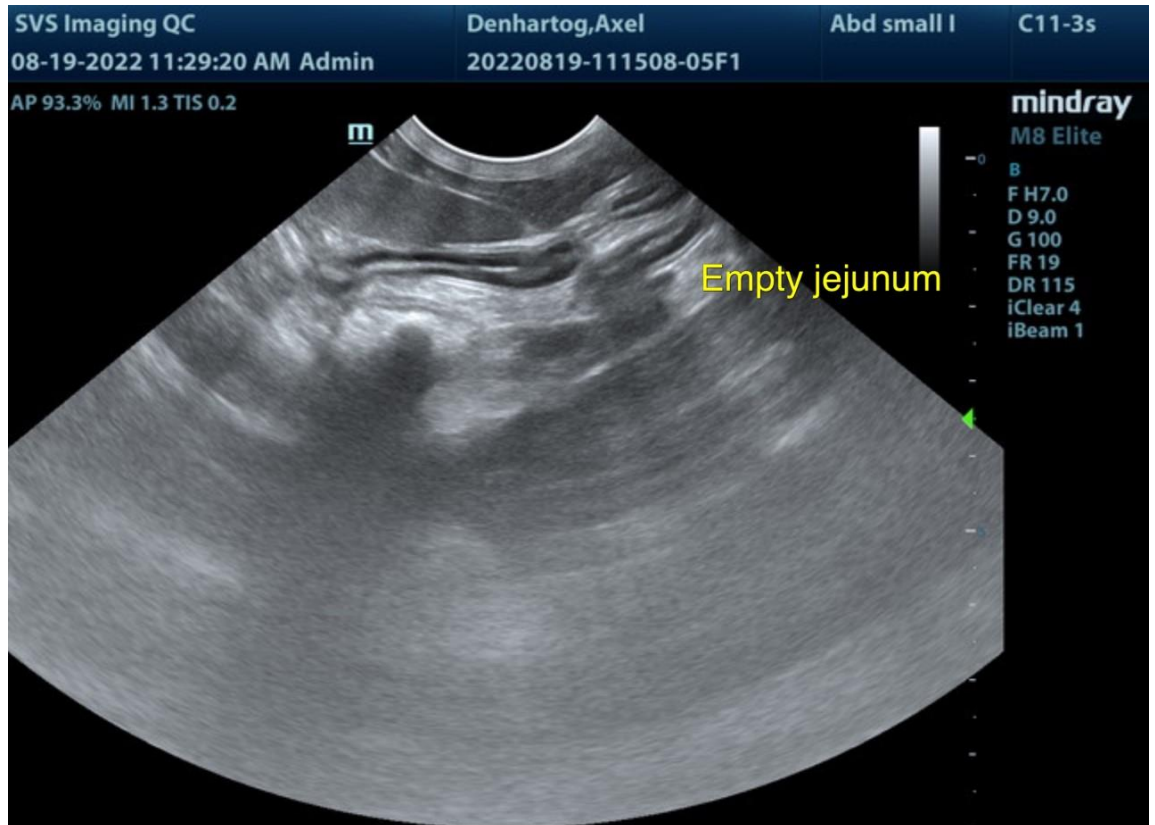
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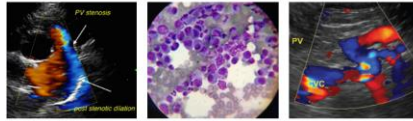
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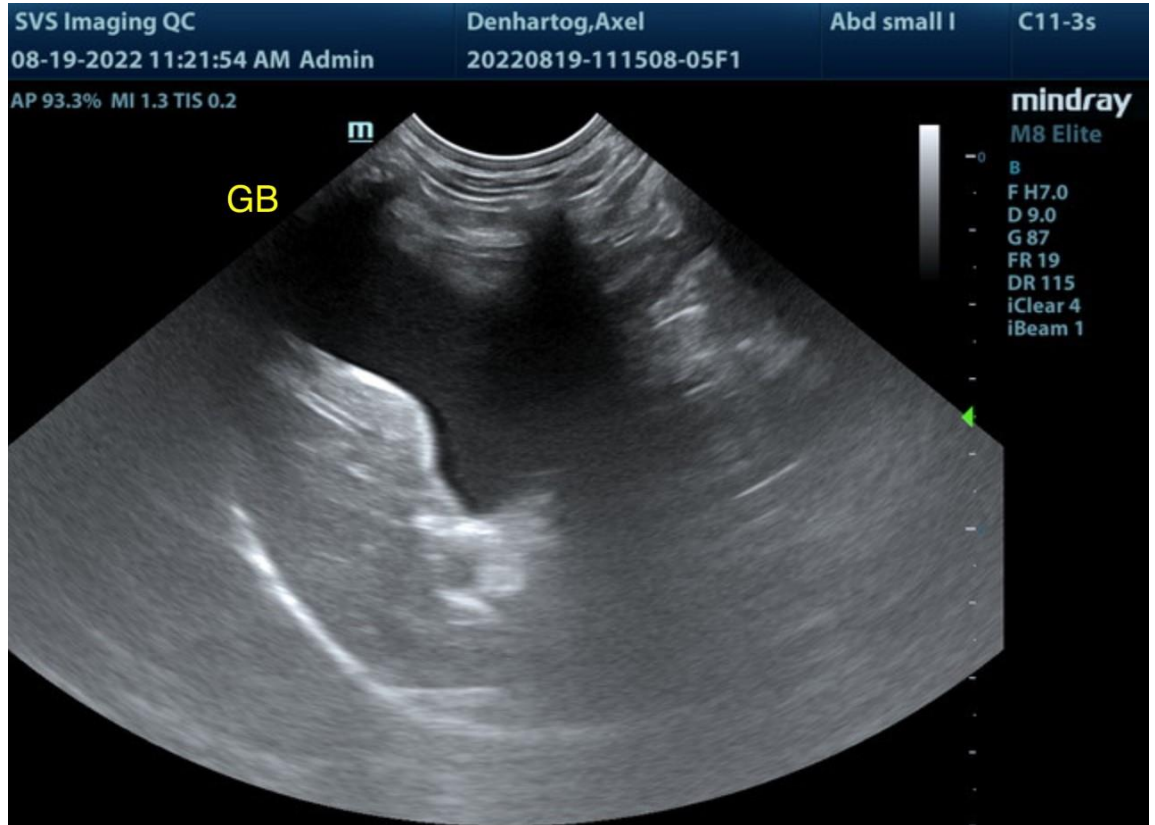
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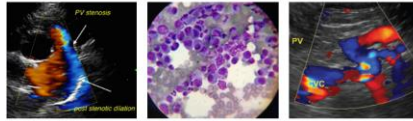
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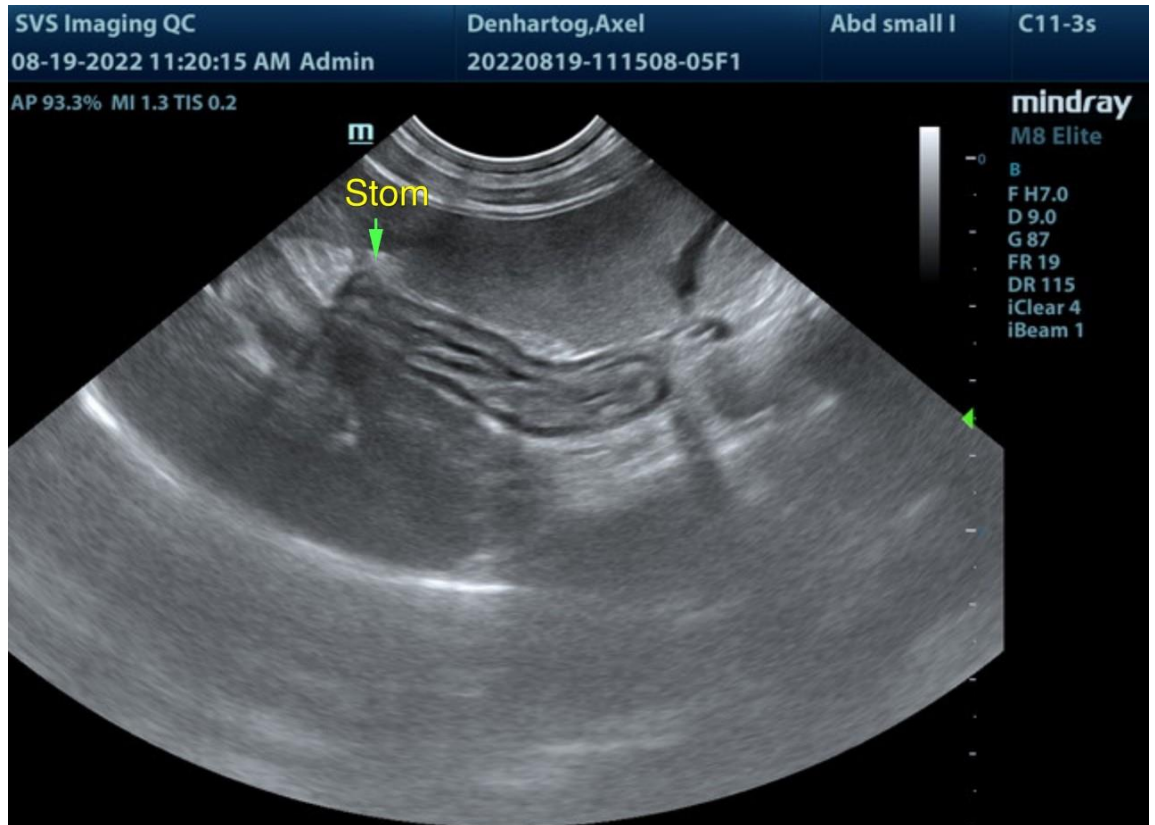
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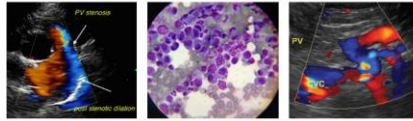
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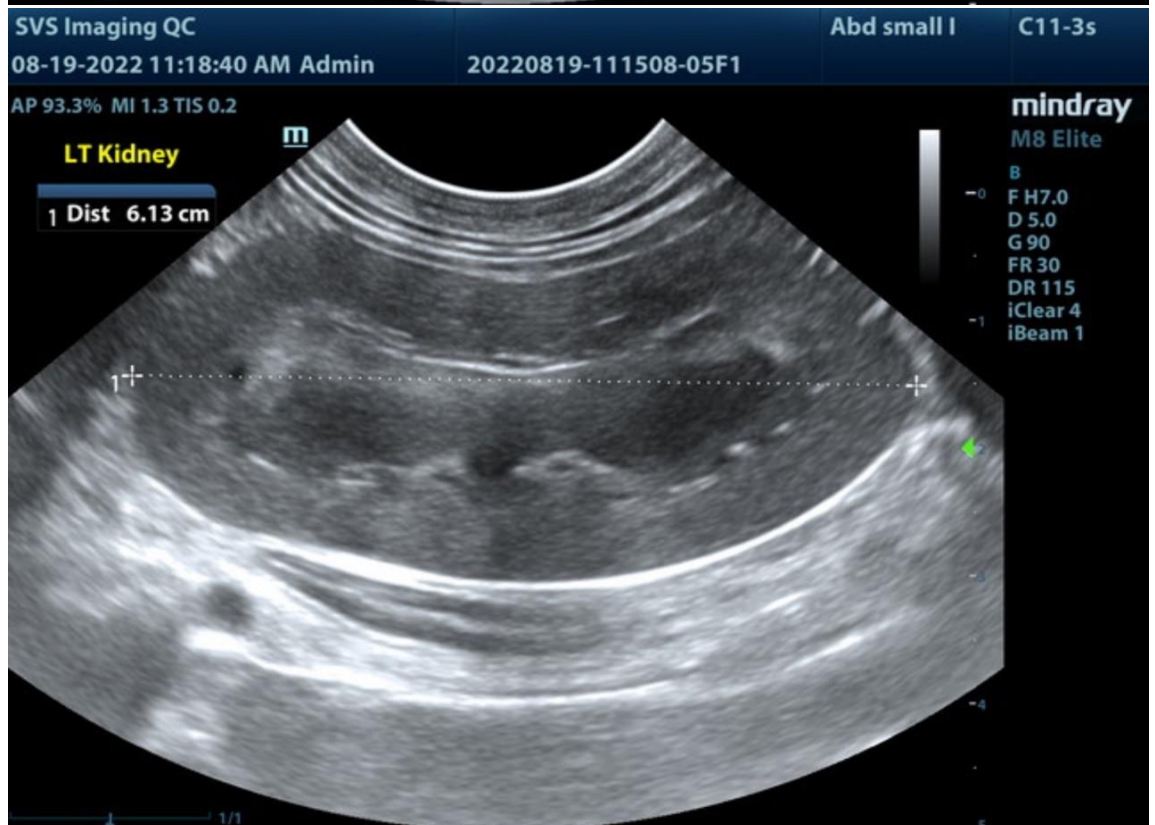
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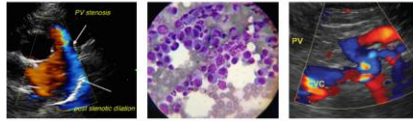
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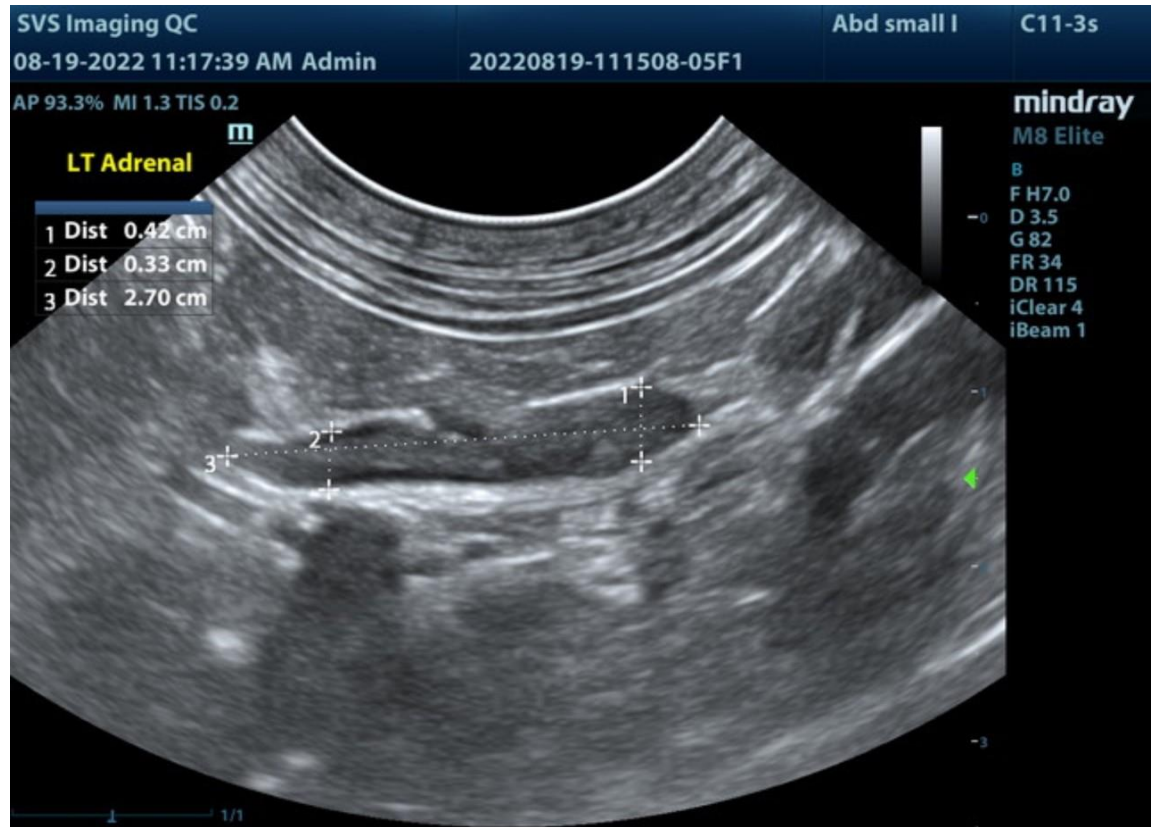
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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