



PATIENT

Maxie Eby

SPECIES

Canine

BREED

Lab mix

SEX

FS

AGE

10

WEIGHT

31kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT,
Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Rebecca Lupole

INVOICE

14659ag

DATE

08/19/2023

PRESENTING CLINICAL SIGNS

History of pancreatitis, 14 days started intermittent vomiting. decreased appetite wed to not eating by Friday. Jaundice - generalized. Normal BV all 4 quadrants. Full cranial abdominal feel, reactive on palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.4 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 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 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. 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 echogenic non-organized sediment. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor non-shadowing lumen ingesta/chyme 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 right pancreatic limb exhibited subtle prominent size with mild capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to the adjacent omental fat.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy - suspect acute hepatopathy
- Nondistended GB with mild lumen sediment (non-mucocele)
- Mild gastroenteritis pattern
- Possible concurrent mild chronic / chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include suspected acute nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, copper), vacuolar hepatopathy, cholestasis, infiltrative neoplasia or other hepatopathy. Further assessment may include, assuming normal clotting status, hepatic FNA cytology and Leptospirosis blood / urine PCR. No overt signs of post hepatic obstruction, which is considered less likely. A spec cPL is suggested to correlate with possible low grade concurrent pancreatitis although, sonographically, possible mild pancreatitis does not appear to be the primary clinical player. Hepatosupportive medications, empirical therapy for nonspecific hepatitis / nonobstructive cholestasis and as needed gastrointestinal support is recommended with monitoring of liver enzymes and clinical response. Recheck sonogram suggested if progressive hepatic enzyme levels despite empirical therapy.

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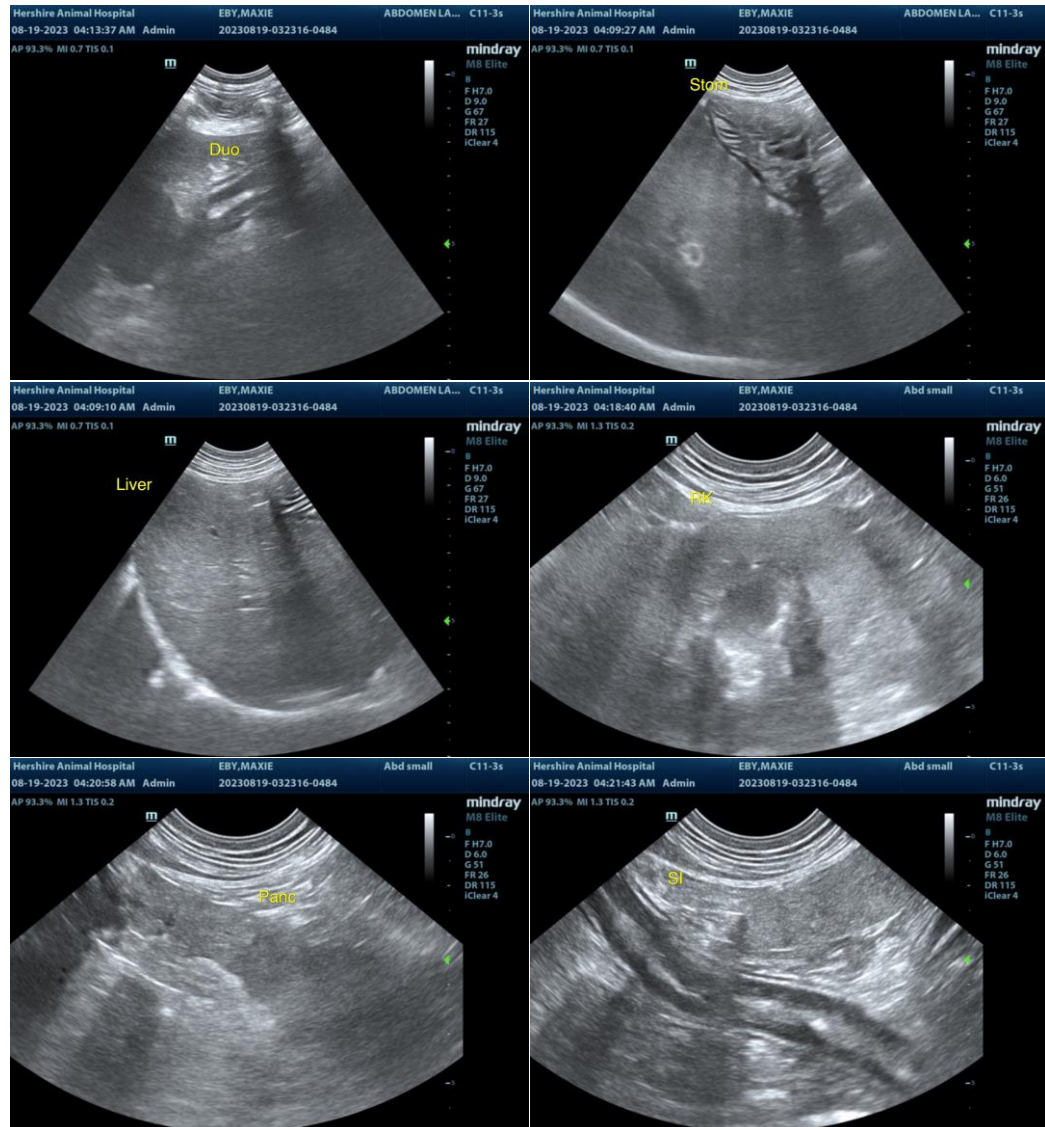
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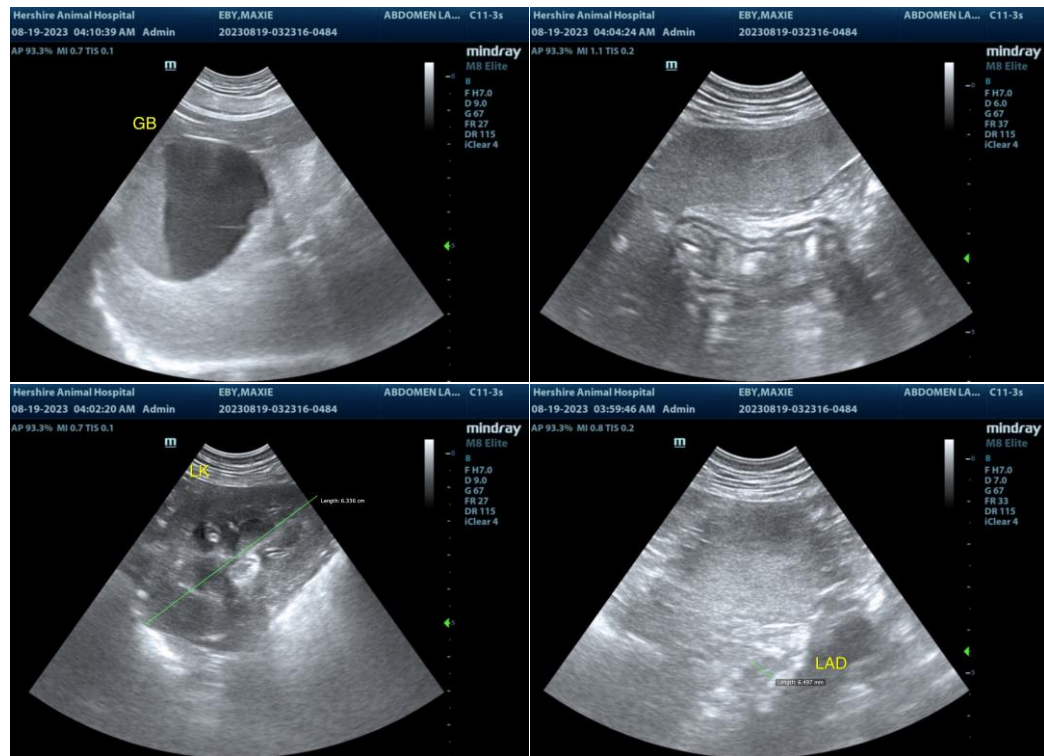
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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