



PATIENT

Brody Becker

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

8

WEIGHT

68.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Torch River
Veterinary Mobile

HOSPITAL NAME

Bay Area Pet
Hospital

REFERRING VET

Dr. Jenka

INVOICE

14760

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Was placed on carprofen for arthritis, but became ataxic on it, so RDVM DC med. Patient then ate 67.5 mg/kg rimadyl Sunday evening. Has been at ER clinic on 2X maint fluids, sucralfate, pantoprazole, denamarin, N-acetylcysteine. Patient also has seizure history and is on phenobarbital, potassium bromide, keppra, gabapentin.

Abnormal PE/Chem/CBC/UA Results: mild scleral jaundice, no murmurs/arrhythmia, palpable abdominal mass. aFAST - no free fluid; cystic mass mid abdomen; mixed liver echotexture CBC - normocytic, normochromic, nonregenerative anemia; leukocytosis; moocytosis Chem - GLU - 166 CREA - 3.1 BUN 50 ALT - 117 ALP - >2000 GGT - 2 Tbili - 4.4 CI - 125

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint minor areas of medullary mineral were noted. The left kidney measured 6.9 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left and right adrenal glands were 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 exhibited generalized moderate to marked, nonuniform, nodular hepatic parenchyma with capsule asymmetry. Assessment of hepatic vasculature volume was difficult to ascertain. Variably lobar swelling with a homogeneous, mildly irregular, right lateral to caudate lobe mass lesion was present measuring approximately 8.0 cm in diameter. The gallbladder was non-distended in size with mild wall edema. The gallbladder contained anechoic gallbladder content without evidence of sediment or sludge. The common bile duct was not definitively visualized, yet was without overt evidence of post hepatic obstruction.



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Gastrointestinal

The stomach presented sonographically unremarkable visualized gastric wall layering. The lumen of the stomach contained moderate, variably echogenic, ingesta exhibiting mild progressive distal acoustic shadowing. No obvious evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering exhibiting minor segmental nonspecific subtle hyperechoic mucosal speckling. Similar-appearing segmental nonshadowing small intestinal ingesta / chyme was present without an obstructive pattern.

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

Pancreas

The pancreas exhibited variably prominent size and capsule asymmetry with mild nonhomogeneous to hypoechoic pancreatic parenchyma compared to adjacent hyperechoic omentum.

Free Abdomen

No overt or significant omental lymphadenopathy was present. Generalized mildly nonuniform hyperechoic omentum was present with moderate volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical liver exhibiting moderate to marked nonuniform / nodular parenchyma, mildly irregular homogeneous to uniform right lateral to caudate lobe lobar swelling to mass lesion - acute on chronic hepatopathy exhibiting parenchymal remodeling, vacuolar hepatopathy, chronic inflammatory disease i.e., hepatitis, hyperplasia, hematopoiesis, hepatoma-like right lateral to caudate mass effect, infiltrative neoplasia or other are all potentials
- Mild gallbladder wall edema - potentially secondary to acute cholecystitis, edema secondary to portal hypertension, less likely neoplasia
- Prominent nonhomogeneous / hypoechoic pancreas - pancreatic edema vs. concurrent pancreatitis
- Gastrointestinal ingesta - sonographically consistent with food, potential for gastrointestinal stasis if documented NPO
- Generalized nonuniform hyperechoic omentum and peritoneal effusion - suspect effusion secondary to portal hypertension, given the hepatic presentation, less likely hypoalbuminemia, potential for carcinomatosis
- Mild age-related kidneys - not sonographically end-stage, potential for acute on mild chronic nephropathy possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology, as well as abdominal effusion analysis, cytology, +/- C/S, if evidence of inflammatory cells, are warranted for further assessment. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirically, hospitalization with hepatorenal support and monitoring of hepatorenal



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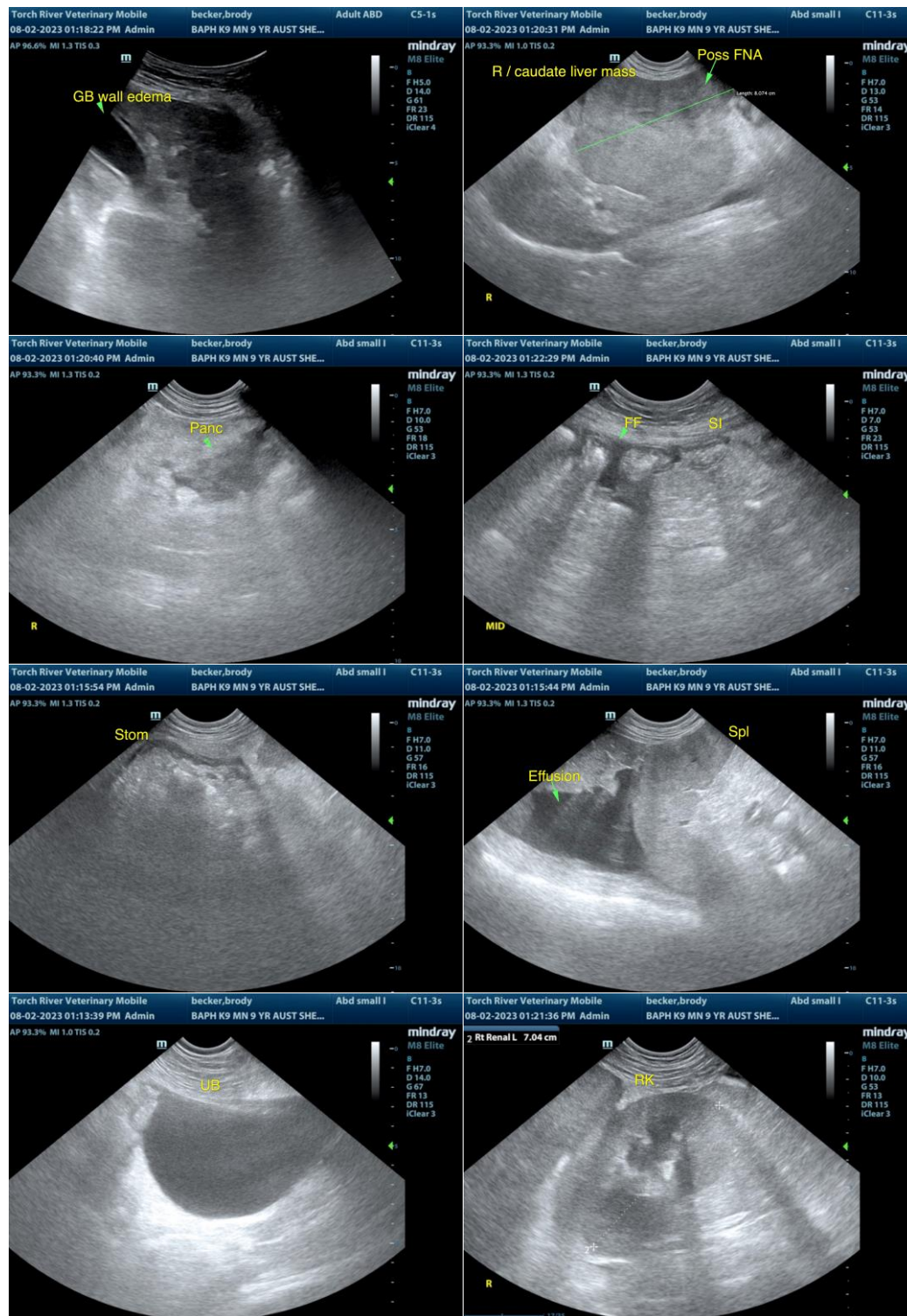
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response pending additional diagnostics would be reasonable. An extremely guarded long-term prognosis is indicated.





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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