

**PATIENT**

Angel Levine 52937A

SPECIES

Canine

BREED

Labrador Retriever

SEX

F1

AGE

5yr

WEIGHT

40.7kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Keller**INVOICE**

11443ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

History: Angel presented to MVS on 8/19/22 as a transfer for suspect DKA. Angel has been lethargic, vomiting, and PU/PD for the last 2 weeks. Angel was taken to her primary 2 times in the last 2 weeks to treat the symptoms, resulting in the PU/PD resolving 5 days ago. While at her primary veterinarian today she was diagnosed with high blood sugar and anemia and has vomited a total of 5 times today. Angel has no prior medical conditions and is E/D/U/D normally now.

Abnormal PE/Chem/CBC/UA Results: Pitting edema of the pelvic limbs noted on exam. 8/19/22: PCV - 38% (35-55) TS - 7.4 (5.2-8.2) RBC - 4.71 (5.65-8.87) HCT - 31.4 (37.3-61.7) HGB - 10.5 (13.1-20.5) GLU- 397 (74-143) ALT- 388 (10-125) ALKP- Did not read CHOL- 357 (110-320) 8/21/22: PCV - 29% (35-55) TS - 6.6 (5.2-8.2) RBC - 4.30 (5.65-8.87) HCT - 26.9 (37.3-61.7) HGB - 9.7 (13.1-20.5) ALT- 365 (10-125) Glu- 389

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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.

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 7.5 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterus or bilateral ovaries.

Adrenal Glands

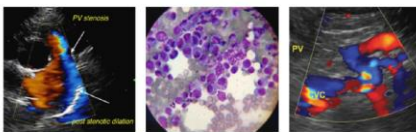
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.55 cm width at the cranial pole.

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

The liver presented increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical 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. The cystic and common bile ducts were normal.

**PATIENT**

Angel Levine 52937A

SPECIES

Canine

BREED

Labrador Retriever

SEX

F1

AGE

5yr

WEIGHT

40.7kg

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.58 cm in width.

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 0.38 cm in width. The jejunum wall measured 0.37 cm in width.

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

Pancreas

The pancreas base and right pancreatic limb were mildly prominent in size with minor capsule asymmetry and subtle hypoechoic to non-homogenous parenchyma compared to the adjacent omental fat. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No peritoneal effusion was present.

Several mildly prominent to enlarged medial iliac and mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.8 cm x 0.66 cm. Not consistent with neoplastic criteria.

INTERPRETED BY
 R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)
IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET
 Madison Veterinary
 Specialists Dr. Keller
INVOICE

11443ag

DATE

08/22/2022

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting mild parenchyma hyperechogenicity-subjectively benign, probable diabetic hepatopathy, possible primary inflammatory hepatopathy i.e. / hepatitis / cholangiohepatitis, neoplasia considered less likely
- Normal GI - likely resolving gastroenteritis
- Suspect low grade to mild pancreatitis
- Intermittent mild, benign mesenteric and medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ultrasound guided FNA of the liver assuming normal clotting status and using 25 ga needle could be considered primarily to assess for inflammatory cells and rule out less likely neoplasia.

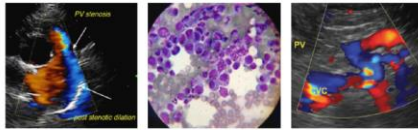
Assessment for cranial abdominal / subxiphoid discomfort and Spec CPL suggested.

No obvious abdominal neoplasia as a cause of the anemia or hind limb pitting edema i.e. pelvis mass or significant medial iliac lymphadenopathy.

Fructosamine level is suggested. Empirical diabetic therapy if clinically indicated along with hepatogastrointestinal support would be reasonable.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Angel Levine 52937A

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

5yr

WEIGHT

40.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

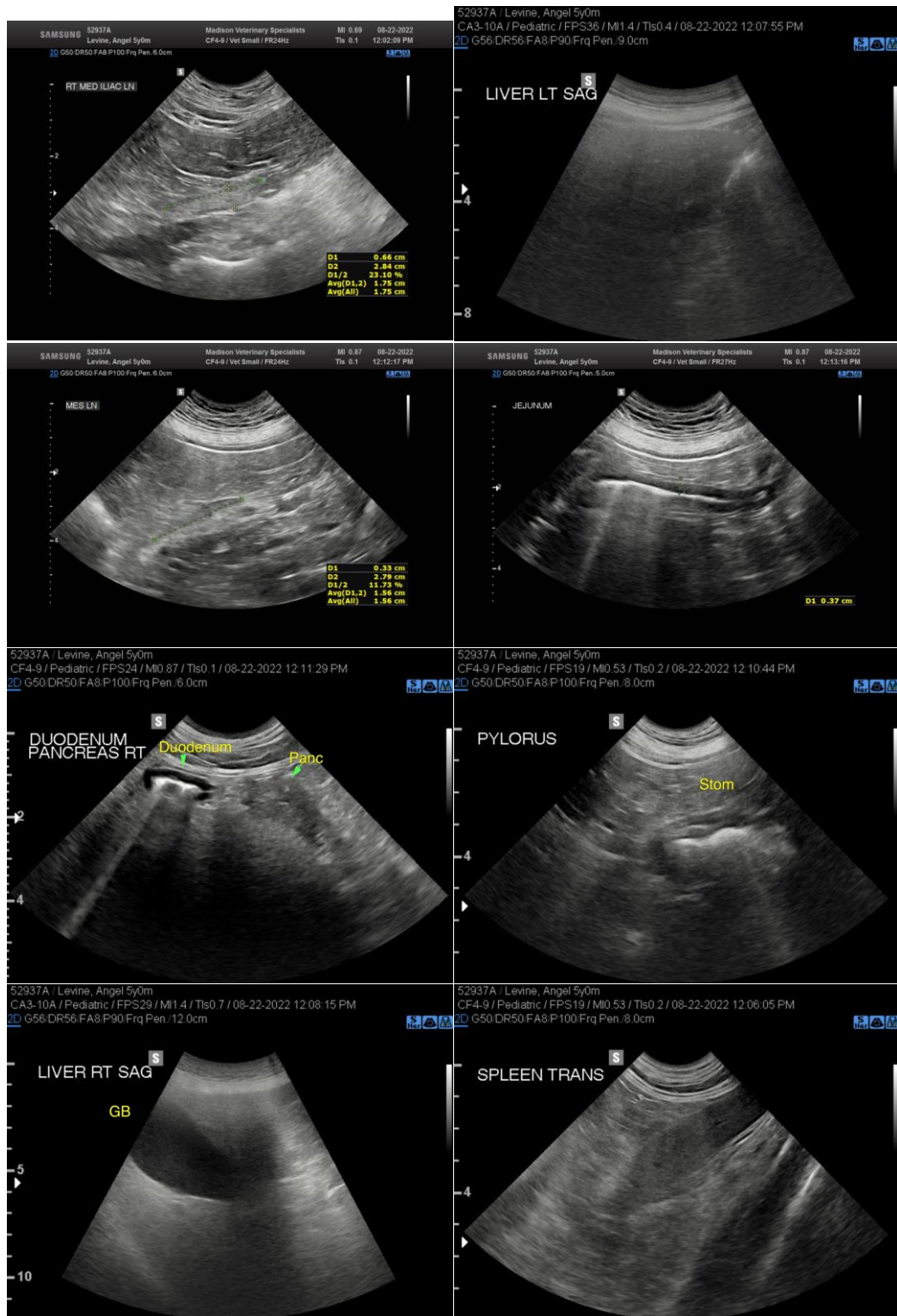
Madison Veterinary
Specialists Dr. Keller

INVOICE

11443ag

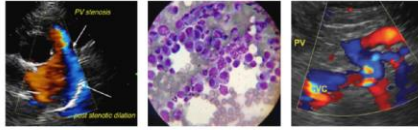
DATE

08/22/2022



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



PATIENT

Angel Levine 52937A

SPECIES

Canine

BREED

Labrador Retriever

SEX

FI

AGE

5yr

WEIGHT

40.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

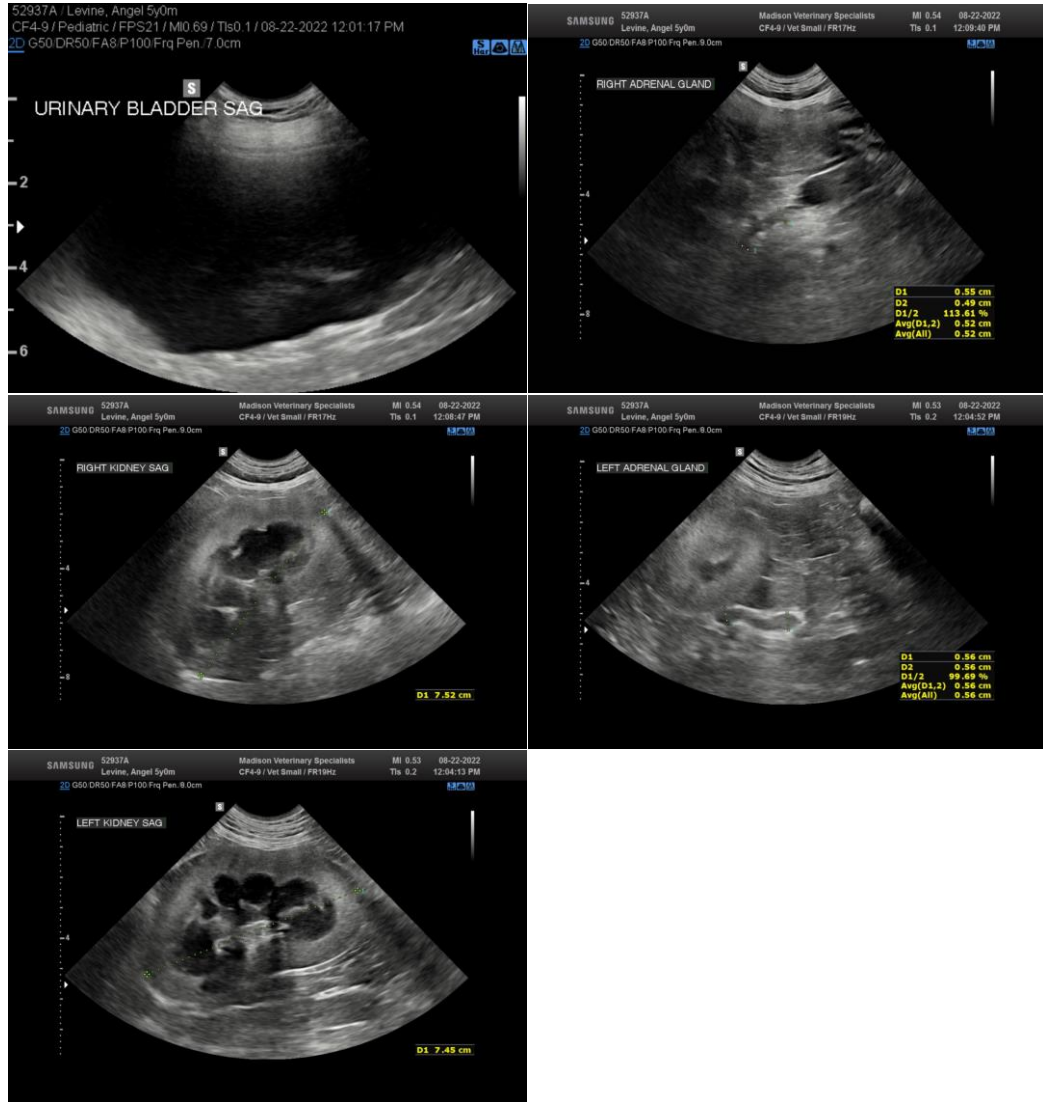
Madison Veterinary
Specialists Dr. Keller

INVOICE

11443ag

DATE

08/22/2022



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