



PATIENT PRESENTING CLINICAL SIGNS

Joey Sholds

History of IMHA since April. Is currently on Mycophenolate BID and Prednisone BID (tapering prednisone). Also had ALP elevation at the time of diagnosis. Seen in July and had elevated liver enzymes (GGT, ALP and ALT), primarily cholestatic pattern. Ultrasound performed by previous DVM; liver normal in size and echogenicity; GB - large amount of hyperechoic sludge in gall bladder neck and along GB walls, some shadowing present, do not appear to be choleliths but some emphysematous changes in wall. Was started on ursodiol, metronidazole, and amoxicillin. Recheck liver values showed decreased in ALP (now 1791) and ALT (447), but GGT static at 144. PLT 438. Culture pending on gram neg bacilli infection on neck. Incidentally, upon discussion with Joey's owner (vet tech), learned that he defecated 2 intact socks as well as a large quantity of paper towels 2 days ago. Does have strong history of repeated dietary indiscretions, multiple/different types of items.

SPECIES

Canine

BREED

PitBull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

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

5yr

Normal size and margination was 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 7.9 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

58lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The residual prostate was free of pathology measuring 0.83 cm in diameter.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 0.25 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 0.52 cm width at the caudal pole and 0.39 cm width at the cranial pole.

HOSPITAL NAME

VCA Hanson Animal Hospital

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.

REFERRING VET

Dr. Kussman

Liver

The liver presented 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.

INVOICE

11473ag

DATE

08/22/2022

The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-dependent mildly congealed non-organized echogenic luminal debris. The cystic and common bile ducts were normal.



PATIENT *Gastrointestinal*

Joey Sholds The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

BREED

PitBull Mix Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

SEX

MN

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

AGE

5yr

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

58lb

- Hepatopathy exhibiting generalized hepatomegaly
- Non-distended gallbladder containing moderate non-dependent mildly congealed non-organized echogenic luminal debris (non-mucocele)
- Overtly normal GI tract with moderate gastric and generalized small bowel ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The liver presentation is consistent with benign hepatopathy/hepatomegaly with considerations including vacuolar/reactive/metabolic hepatopathy, cholangiohepatitis, non-obstructive cholestasis or other hepatopathy. No evidence of neoplastic criteria. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

No overt evidence of GI foreign material or obstructive pattern was observed.

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Potential for emerging gallbladder sludge mineralization to non-obstructive cholelithiasis is possible. Sonographic reassessment of the gallbladder is recommended if persistent evidence of cholestasis or cranial abdominal or subxiphoid discomfort on palpation

REFERRING VET

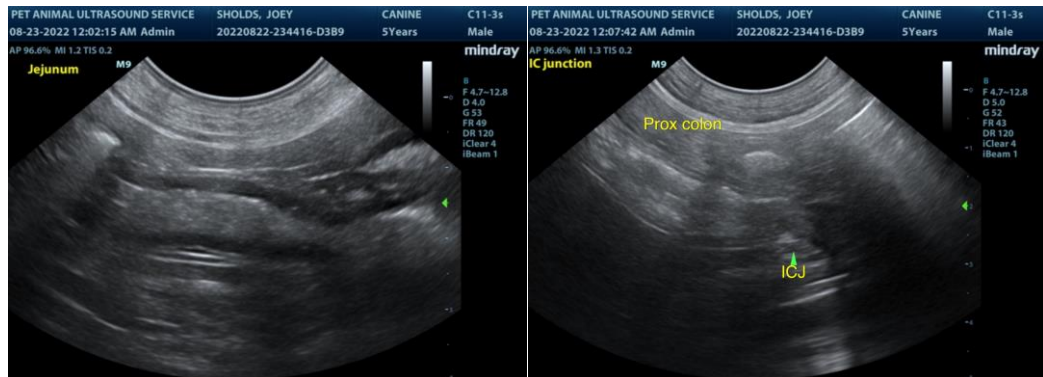
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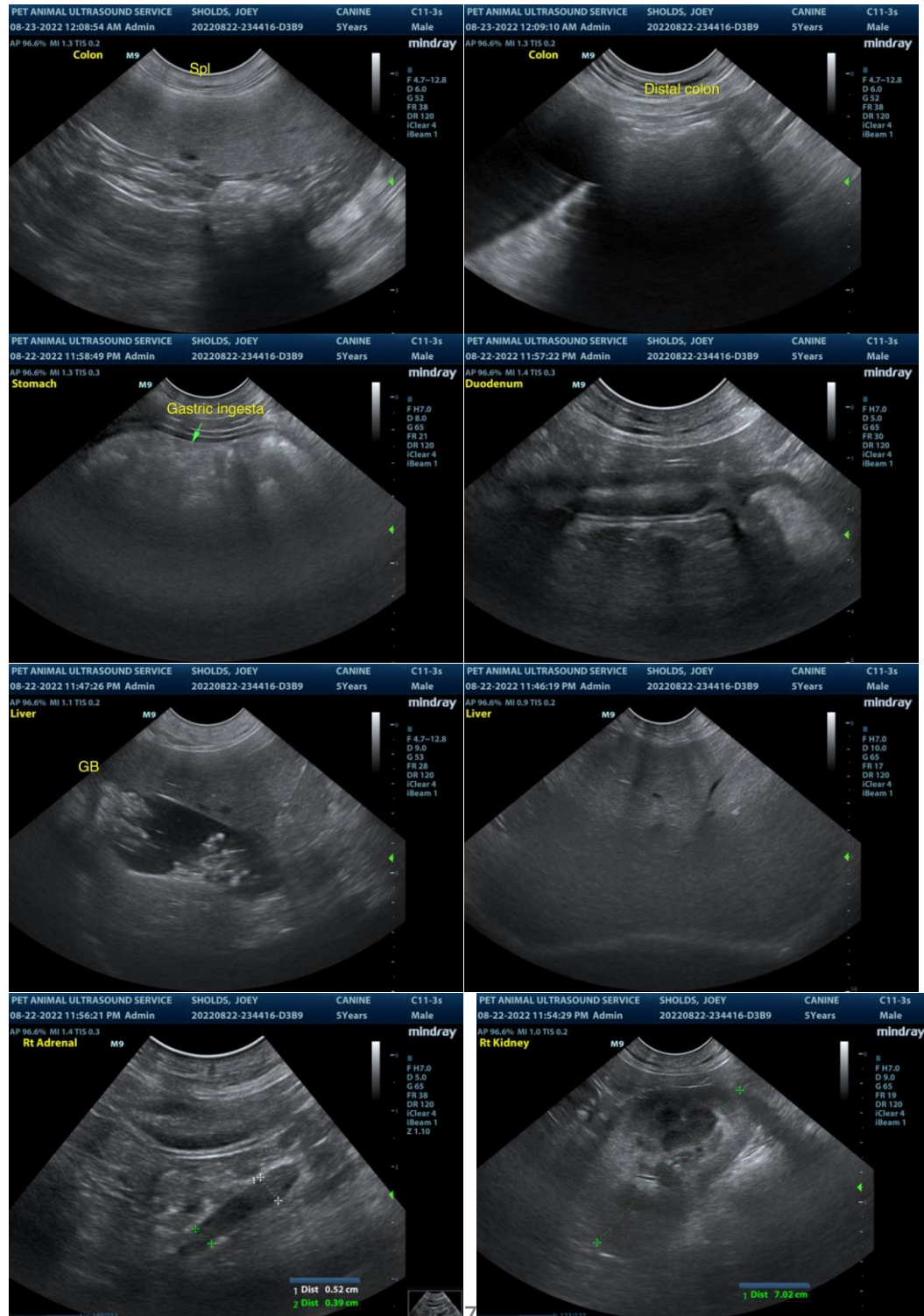
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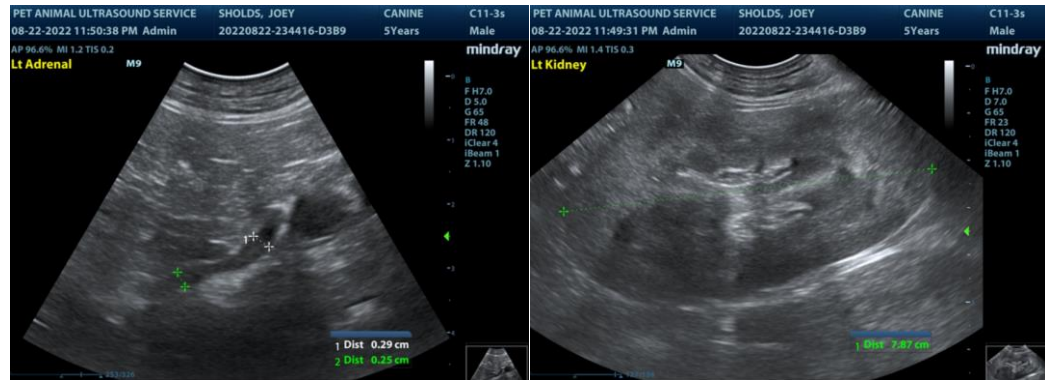
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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