



PATIENT

Sadie Johnston

PRESENTING CLINICAL SIGNS

Acute onset of abdominal pain and vomiting last night. Very lethargic today, splinting abdomen. Normal stools. able to drink water and keep it down. Not eating.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT 36.8, WBC 28.8 w/neutrophilia, thrombocytopenia. ALT 290, ALP 404, GGT 41, LIP 2090 See attached labwork - Mild anemia, neutrophilia. Elevated liver enzymes. Elevated lipase and abnormal cPL See attached radiographs - Swelling and fluid infiltration of retroperitoneal space. Loss of serosal detail. Bridging spondylosis L2-3.

BREED

Alaskan Malamute

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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

10yr

Normal size and margination was 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. Within the left and right retroperitoneal space, mild to moderate fluid vs soft tissue echogenicity appearing to surround the kidneys with extension to the level of the iliac trifurcation was present. Associated hyperechoic tissue was present within the bilateral retroperitoneal space.

WEIGHT

96.4lb

The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

IMAGING

PERFORMED BY

Amanda Lacey Crook

The left and right adrenal glands were not definitively visualized.

Spleen

HOSPITAL NAME

Rivers Edge Pet
Medical Center

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. Hayes

Liver

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

INVOICE

11455ag

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

DATE

08/22/2022

Gastrointestinal



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The gastric body wall measured 0.65 cm in width.

SPECIES

Canine

The duodenum presented mildly prominent wall layering with prominent mucosal layer. The jejunum and ileum to the level of the colon were overtly normal. The duodenum wall measured 0.48 cm in width.

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

Pancreas

The pancreas base and right pancreatic limb exhibited normal size and contour with uniform mildly hyperechoic parenchyma compared to the adjacent omental fat.

SEX

FS

Free Abdomen

No overt lymphadenopathy was present.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

- Bilateral retroperitoneal free fluid vs soft tissue echogenicity with associated inflammation
- Hepatopathy-subjectively acute
- Mild gallbladder debris (non-mucocele)
- Gastroduodenitis pattern with gastric hypomotility
- Hyperechoic right pancreas

WEIGHT

96.4lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The primary finding in this study is the left and right retroperitoneal pathology. Considerations include retroperitonitis or infection while retroperitoneal neoplasia may be of primary concern although not definitive. Sampling for further assessment is required including FNA for cytology +/- C/S.

IMAGING PERFORMED BY

Amanda Lacey Crook

Metabolic, reactive, vacuolar or acute inflammatory hepatopathy is possibly while neoplasia cannot be excluded. Concurrent screening liver FNA is warranted.

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Medical Center

Potential for low grade pancreatitis is possible. As needed GI support and therapy for gastroduodenitis would be reasonable pending sampling. Abdominal CT if possible, would be ideal for further assessment. A very guarded prognosis is indicated.

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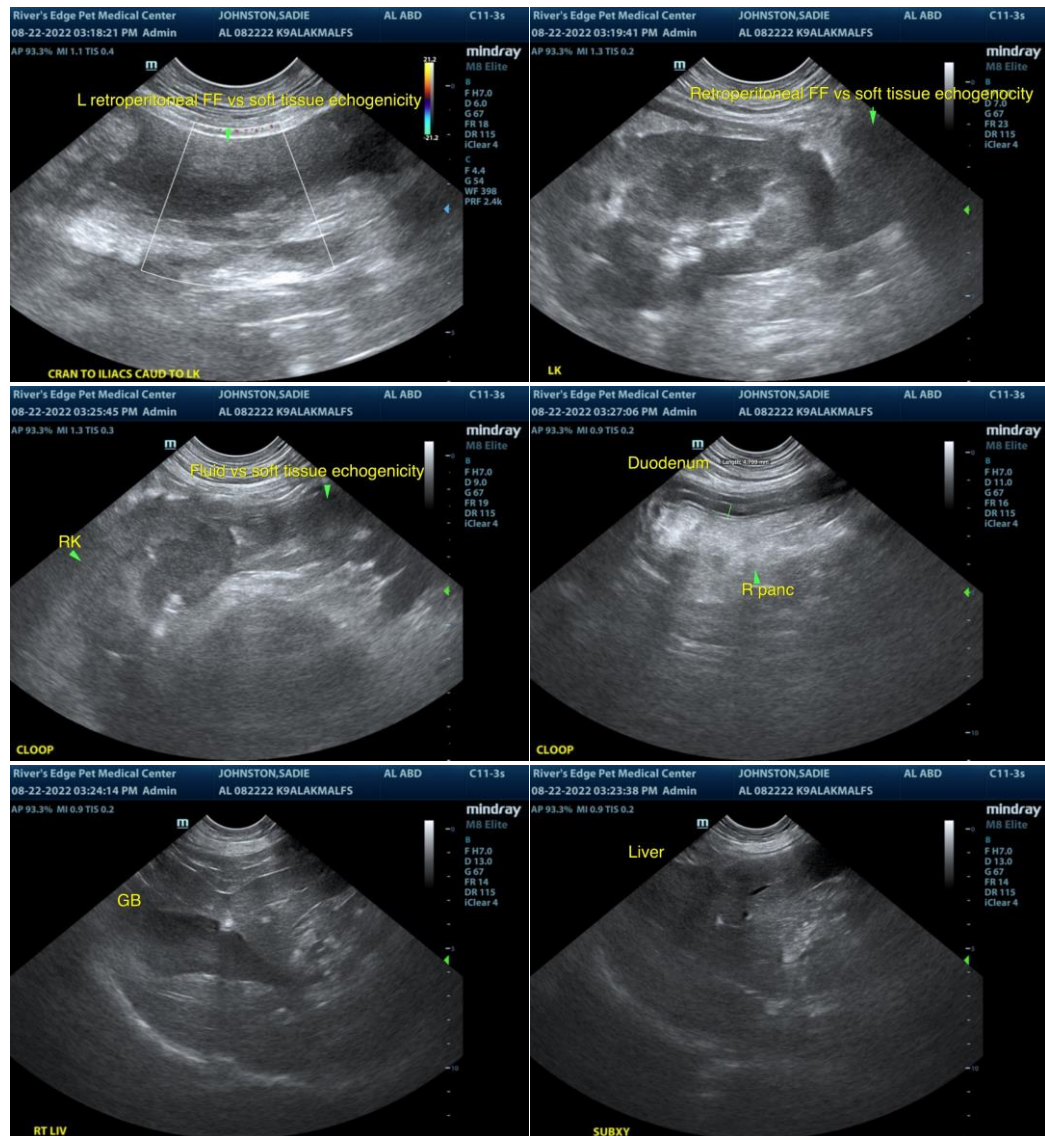
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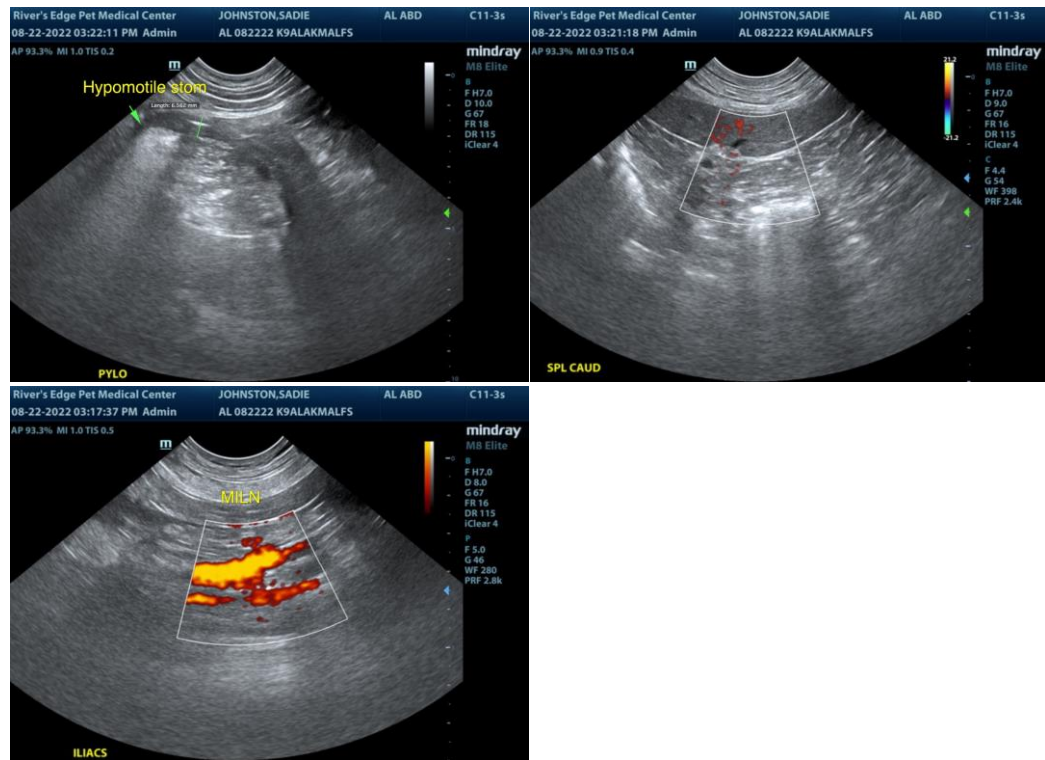
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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