



PATIENT

Toby Lynderman

SPECIES

Canine

BREED

Labradoodle

SEX

NM

AGE

12

WEIGHT

75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kelly O'Malley

INVOICE

14874

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Saturday pt was seemingly normal per o. Sunday pt ate breakfast went for a walk then started vomiting and has vomited over 6 times since Sunday. It has been yellow bile with no blood in the vomit. pt hasn't eaten since Sunday, drank this morning at 5am per o. ur/def wnl per o. no def noted today. additionally pt has had a hard time getting up and staying standing. pt has a history of hypothyroidism and is currently on thyroxine and Apoquel for allergies. pt hasn't had any of these medications since Sunday. UTD on vaccinations. no c/s/d CURRENT MEDICATIONS/SUPPLEMENTS: Thyroxine and Apoquel

Abnormal PE/Chem/CBC/UA Results: Lab work: Neutrophilic leukocytosis (20.6K); ALT 338, AlkP 1048; Tbili 1.2; LAC 4.57; K+ 3.1; 58% HCT; Mild Low Bicarb and BE; Spec cPL: > 634.1; 4DX Negative x 4 Resting Cortisol 25.11 - WNL

The submitted study contained 24 still images and videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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. The left kidney measured 7.0 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited subjective borderline to mild generalized enlargement with subtle areas of medial capsule asymmetry. Mild splenic parenchyma heterogeneity was noted with no visualized splenic masses or nodules. Overtly normal / adequate splenic vascularity was present. There was no evidence of splenic vein thrombosis.

Liver/ Gallbladder

The liver presented normal in size and subjective adequate to normal hepatic vascular volume without overt evidence of hepatic vein congestive criteria. 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. The gallbladder and common bile duct were not definitively visualized.



PATIENT

Toby Lynderman

SPECIES

Canine

BREED

Labradoodle

SEX

NM

AGE

12

WEIGHT

75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kelly O'Malley

INVOICE

14874

DATE

8/23/23

Gastrointestinal

The stomach presented intact mildly prominent gastric wall layering secondary to echogenic mucosa hypertrophy. The gastric lumen was empty with mild luminal gas. There was no evidence of retained gastric ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layering and maintained normal 1:3 muscularis / mucosa ratio with occasional mucosal speckling. Mild to moderate duodenal to segmental jejunal ileus was present consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas was indistinctly visualized exhibiting subjective mild to variably prominent size and capsule asymmetry with subjective mild nonhomogeneous, possibly nodular pancreatic parenchyma compared to adjacent mild hyperechoic peripancreatic omentum.

Free Abdomen

Generalized mild mid to cranial abdominal increased omental echogenicity was present. Possible unspecified mildly prominent nonhomogeneous cranial mesenteric lymphadenopathy was noted. Mild volume peri hepatic / peri splenic effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic liver - consistent with acute hepatopathy criteria, acute nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc..) vacuolar hepatic changes, cholestasis, occult infiltrative hepatic neoplasia possible
- Borderline / mild hepatomegaly exhibiting subtle parenchyma heterogeneity - incidental or secondary hyperplasia, hematopoiesis, splenitis, infiltrative splenic neoplasia possible
- Nonspecific gastroenteropathy exhibiting duodenal and segmental jejunal ileus - acute nonspecific gastroenteritis or inflammatory bowel episode, infectious disease, dietary indiscretion, occult parasitism, occult infiltrative gastrointestinal neoplasia possible
- Subjective mild to variably prominent nonhomogeneous possibly nodular pancreas - sonographically not overtly consistent with significant / active pancreatitis. Mild pancreatitis nodular hyperplasia, potential for emerging pancreatic neoplastic criteria possible
- Possible nonhomogeneous cranial mesenteric lymphadenopathy - hyperplasia, reactive lymphadenitis, potential emerging neoplastic lymphadenopathy
- Mild volume peri hepatic / peri splenic effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA cytology using a 25-gauge needle as well as effusion analysis, cytology, +/- C/S if evidence of inflammatory cells is recommended. Three-view chest radiographs are suggested if not done to assess for cardiac or intrathoracic pathology.



PATIENT

Toby Lynderman

Empirically, aggressive therapy for acute hepatopathy, pancreatitis with as-needed gastrointestinal, and close monitoring would be reasonable. A guarded prognosis pending recommended sampling, which is required for further clarification.

SPECIES

Canine

BREED

Labradoodle

SEX

NM

AGE

12

WEIGHT

75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

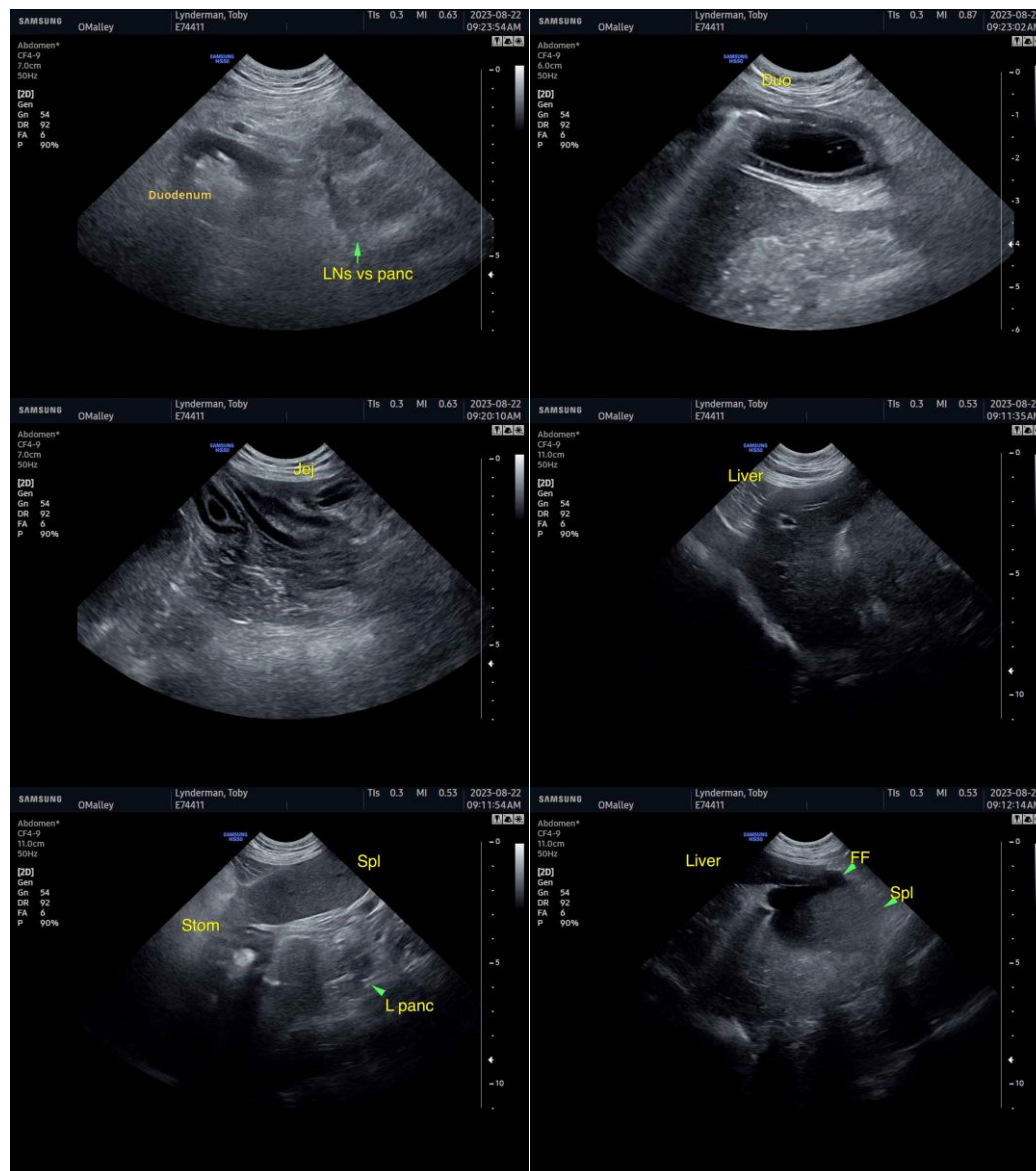
Dr. Kelly O'Malley

INVOICE

14874

DATE

8/23/23





PATIENT

Toby Lynderman

SPECIES

Canine

BREED

Labradoodle

SEX

NM

AGE

12

WEIGHT

75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kelly O'Malley

INVOICE

14874

DATE

8/23/23



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