



PATIENT PRESENTING CLINICAL SIGNS

Bogey Porter

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate Vet Clinic

REFERRING VET

Dr. Robyn Lantz

INVOICE

24892

DATE

8/24/21

Since around 8/1/2021 - For the last week or so P will gag whenever he eats or swallows. O thinks there is something stuck in his throat. P also had loose and mucousy stool yesterday. P has been eating less and acting lethargic. Mild corneal stain update OS, kcs left eye, crusty nasal discharge/scabbing left nares, purulent discharge in left nasal canal seen on otoscope in left nares. OD and right nares wnl. 3/4 tartar and 1/3 gingivitis, but no other significant oral disease. Patient initially put on 10 day course doxycycline and 3day course 1mg/kg po sid prednisone and enrofloxacin for left eye. Improved slightly, eye may have gotten worse. At time of xrays and labwork, patient put on Clavamox, gabapentin (at time of exam). Concern for toxicity, adverse reaction to doxycycline, leptospirosis, other. All vitals always wnl, no fever, lymph nodes wnl.

Abnormal PE/Chem/CBC/UA Results: Labwork at rDVM around 8/5/2021 was all wnl. Thoracic radiographs 3view on 8/17/2021 appeared wnl, possible old dog lungs and/or mild bronchitis. Labwork on 8/22/2021 - ALT (SGPT) 3,675IU/L; Alk Phosphatase 810IU/L; GGT 164IU/L; Total Bilirubin 1.0mg/dL; AST (SGOT) 428IU/L; CALCIUM 12.5mg/dL; CHOLESTEROL 532mg/dL; urine Bilirubin 2+; Lepto testing pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 5.0 cm.

Adrenal Glands

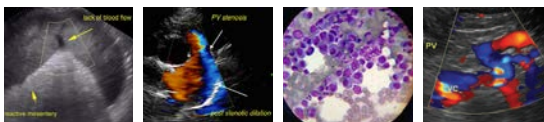
Both adrenal glands were indistinctly visualized, yet without overt pathology. The left adrenal gland subjectively measured 0.53 cm at the caudal pole. The right adrenal gland subjectively measured 0.55 cm at the caudal pole.

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 was moderately enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderately coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. No distinct masses or nodules. The hepatic and portal vasculature were normal in appearance without signs



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of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented mildly prominent yet intact wall layering, primarily in the area of the gastric antrum and pylorus with mild retained pyloric. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Pylorus wall measured 0.54 cm. Gastric body wall measured 0.41 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal retained fluid noted, suggestive of mild upper duodenal ileus. Duodenum wall measured 0.40 cm.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Hepatopathy – subjectively acute or acute on chronic non-specific hepatitis (immune mediated, infectious or other), hepatotoxicosis, vacuolar hepatopathy, cholestasis possible. Potential occult hepatic neoplasia considered less likely, yet cannot be definitively excluded. Pending Leptospirosis testing, hepatic FNA (assuming normal clotting status and using 25-gauge needle) may be considered for further assessment.
- Mild gallbladder debris (non-mucocele)
- Mild primarily pyloric gastritis/stasis and potential minor duodenitis
- Mild chronic renal changes
- Mild heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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The appearance of the pancreas is suggestive of age related pancreatic changes, while the possibility of low-grade chronic inflammation (which may present sonographically unremarkable) cannot be excluded. Empirical therapy (given the degree of hepatic enzyme elevation) may include hospitalization with IV fluids, hepatoprotectants include Ursodiol, gastroprotectants, +/- empirical antibiotics for potential acute hepatopathy.

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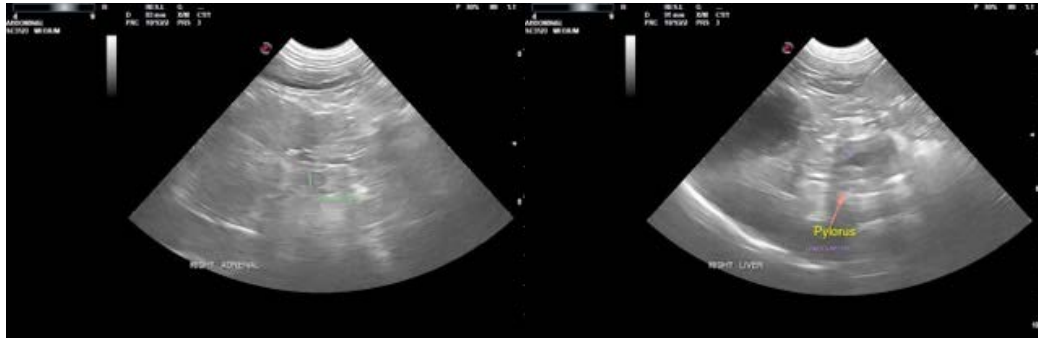
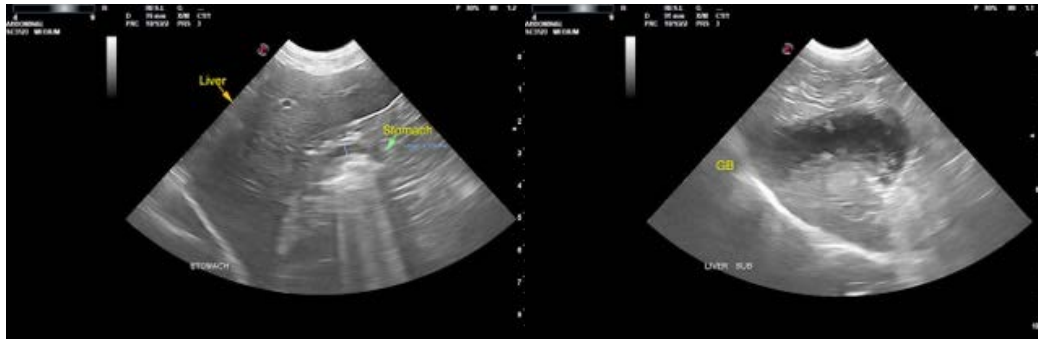
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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