



PATIENT

Seba Muna

SPECIES

Canine

BREED

Tibetan Mastiff

SEX

Spayed Female

AGE

13 Years 1 Month

WEIGHT

77.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey -Crook-
SDEP Certified
Sonographer

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

16705

DATE

8/4/22

PRESENTING CLINICAL SIGNS

History: Poor appetite for 1 week per owner. Having trouble getting her to eat anything. No vomiting. Stools are normal. Lost 20 pounds since November. Physical exam unremarkable except for thin body condition. Current Medications: Occasional Carprofen for arthritis pain.

Abnormal PE/Chem/CBC/UA Results: See attached labwork - Marked elevation of liver enzymes. Very faint anemia. Normal white blood count. See attached radiographs - Liver appears to be average size. Bridging spondylosis of spine. ALP 1412, ALT 637, GGT 18

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 6.3 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.47 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, owing to patient size, without overt pathology, subjectively measuring 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was overtly normal in size with areas of mild capsule asymmetry. Generalized decreased hepatic parenchyma echogenicity was noted, exhibiting moderate coarse echotexture, evidence of mild parenchymal remodeling and loss of portal vasculature border distinction. No masses or nodules were noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of posthepatic obstruction.

Gastrointestinal



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The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. The gastric body wall measured 0.55 cm.

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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 0.46 cm. The jejunum wall measured 0.35 cm.

BREED

Pancreas

Tibetan Mastiff

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.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild gastritis pattern, overtly normal small bowel
- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the liver was nonspecific. Primary considerations include acute versus acute on chronic nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin), reactive or vacuolar hepatopathy with potential for occult neoplasia. Primary concern for nonspecific acute or acute on chronic hepatitis, although potential for neoplasia cannot be excluded.

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Further assessment of the liver may include, assuming normal clotting status, and using a 25-gauge needle, FNA cytology, as well as Leptospirosis titers/PCR.

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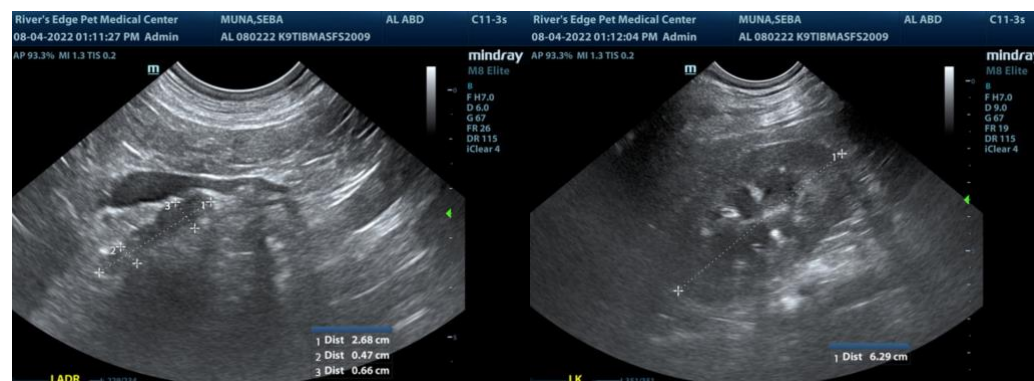
Empirical therapy, including hospitalization with IV fluids, hepatosupportive medications, including Denamarin and Ursodiol, antibiotic therapy (if clinically indicated), as well as GI support with monitoring of hepatic enzyme response would be reasonable.

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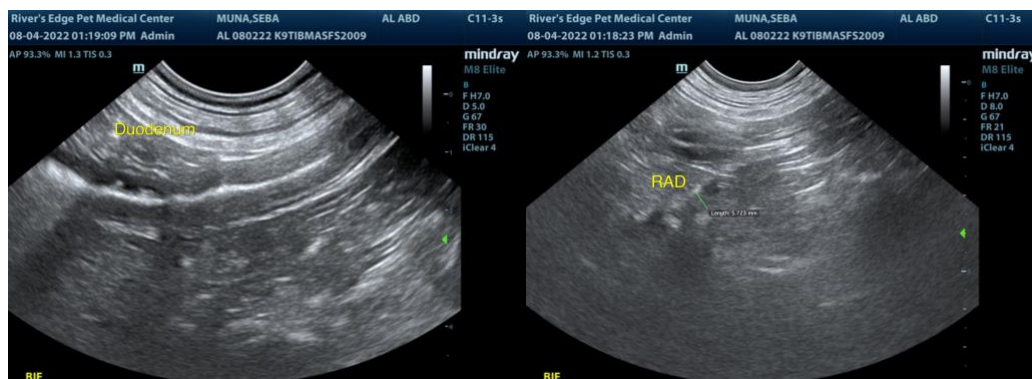
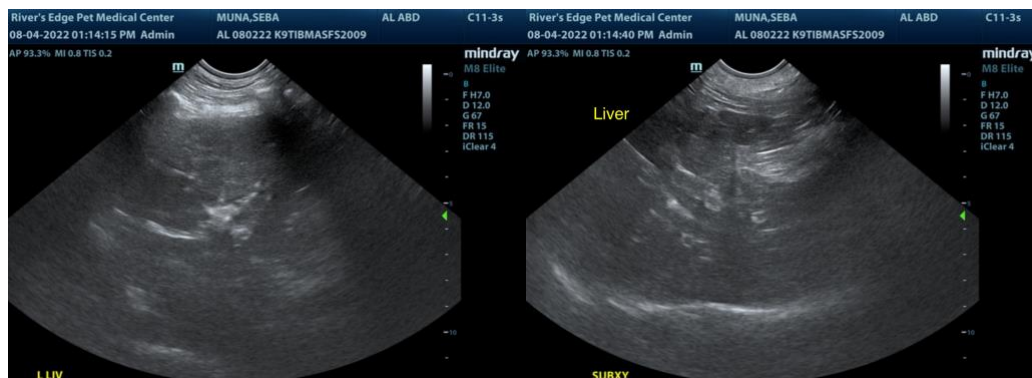
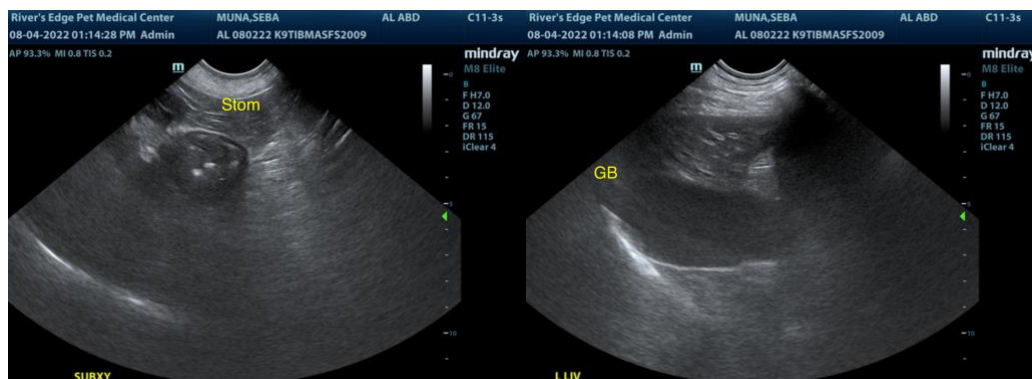
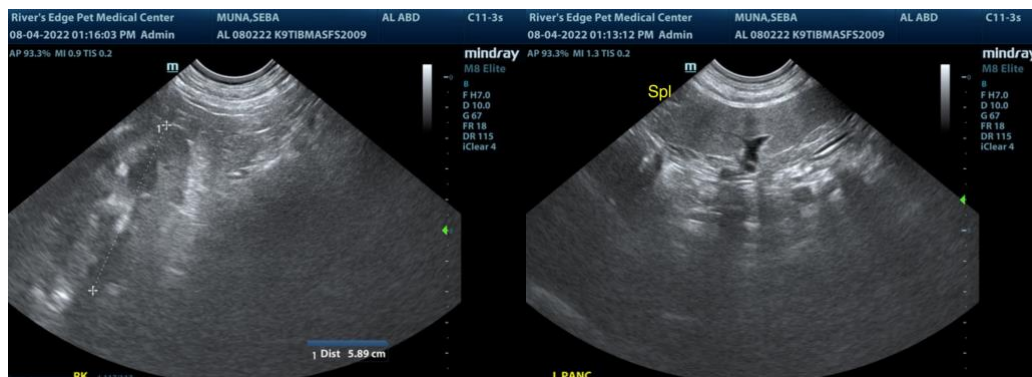
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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