



PATIENT PRESENTING CLINICAL SIGNS

Otis Thouless

Eats raw diet. On Saturday was fed his raw diet and then owners left for cottage. Once arriving Otis vomited all of his food. Appeared lethargic and passed some dark tarry stools. Was taken to Emerg and by the time he arrived, was carried in and was in lateral recumbancy. Has continued with bloody diarrhea, lethargic(although standing with supportive care) some vomiting and has lost about 10lbs since last seen about 1 month ago.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALKPPOS elevated 640 ALT elevated T Bilirubin elevated was 40 now 20.

BREED

Lab/Mastiff/Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were 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 8.0 cm in length. The right kidney measured 8.5 cm in length.

WEIGHT

90lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.40 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was not visualized owing to patient size and conformation.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

The Maples AH

REFERRING VET

Kazienko

Liver/Gallbladder

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

INVOICE

14544ag

Gastrointestinal

DATE

08/09/2023



PATIENT

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

Otis Thouless

SPECIES

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive duodenojejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

Canine

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

BREED

Pancreas

Lab/Mastiff/Bulldog

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.

SEX

Free Abdomen

MN

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

10yr

- Hepatopathy-subjectively acute-suspect acute hepatitis (viral, bacterial, leptospirosis, toxin), potential for vacuolar hepatopathy. Occult infiltrative hepatic neoplasia is considered less likely.
- Acute potentially resolving non-specific gastroenterocolitis-enterotoxin insult, infectious disease/dysbiosis, inflammatory bowel episode, occult Addison's disease, infiltrative neoplasia (less likely) or other possible.

WEIGHT

90lb

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No evidence of GI foreign material, GI obstructive pattern or post hepatic obstructive criteria. Given the acute onset of clinical signs and acute hepatopathy and gastroenterocolitis pattern, acute hepatic/GI insult is considered likely.

IMAGING PERFORMED BY

Assuming normal clotting status, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Assessment of serum cobalamin and folate level and screening resting cortisol level to assess for occult disease could be considered.

Crystal Hill

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As needed hospitalization with IVF therapy, hepatosupportive medications, gastroprotectants, antibiotic therapy and as needed supportive care with monitoring of clinical response is recommended. Potential sonographic reassessment if progressive hepatic enzyme elevations or clinical signs despite empirical therapy is recommended.

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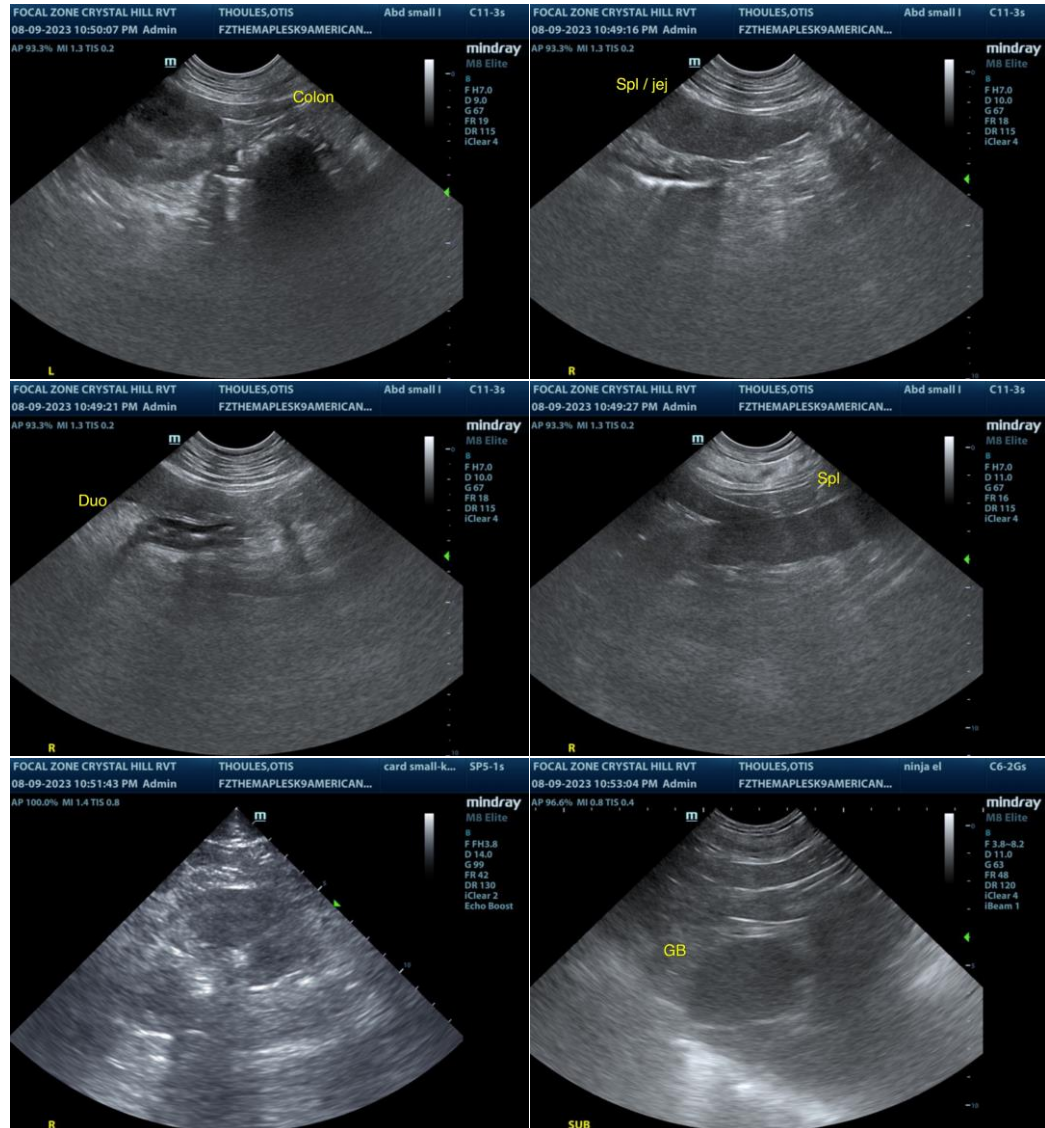
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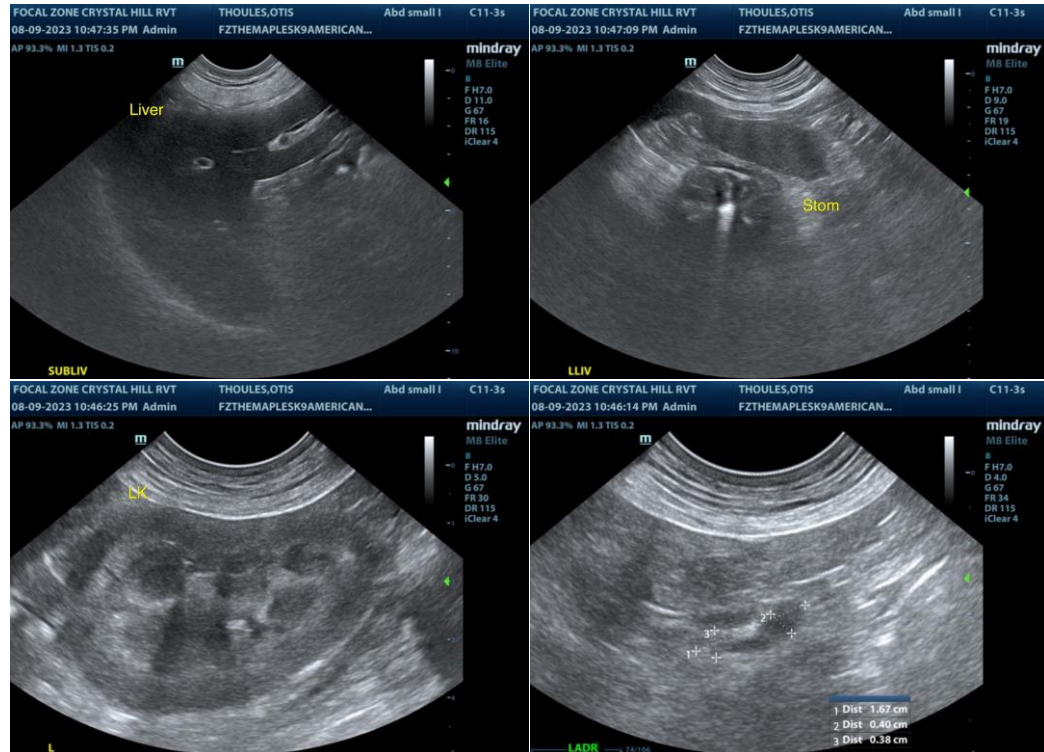
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com