



PATIENT PRESENTING CLINICAL SIGNS

Axel Abels weight loss, very PUPD, panting more, some ataxia
Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC. Chem - ALP 2464, ALT 237, AST 86, GGT 18, TBili 3.8, precision PSL 189, resting cortisol normal.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Rotti

The urinary bladder was distended in size, yet subjective normal tone. Anechoic urine present. No sediment or calculi. No evidence of inflammatory or neoplastic criteria. No overt pathology in the area of the residual prostate. The urethra was normal to 5.0 cm.

SEX

Neutered Male

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 8.4 cm. The right kidney measured 8.6 cm.

AGE

8 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

86 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of hyperplasia or adrenal tumors. The left adrenal gland measured 2.7 cm length x 0.92 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.73 cm at the caudal pole.

Spleen

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Kelly Reschny

The liver was normal in size and contour with normal overall hepatic parenchyma echogenicity with moderate coarse echotexture and mildly prominent yet indistinct portal vascular borders. A solitary, uniformly echogenic nodule was noted in the right liver, measuring 4.2 cm diameter. The nodule did not distort the hepatic capsule. 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.

HOSPITAL NAME

The Maples AH

Gastrointestinal

REFERRING VET

Dr. Kazienko

The visualized ventral gastric body wall was sonographically unremarkable, measuring 0.45 cm in width. The lumen of the stomach contained moderate echogenic to shadowing ingesta, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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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. Duodenum wall measured 0.41 cm.

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

DATE

9/10/21



PATIENT *Pancreas*

Axel Abels 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.

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- Rotti
 - Hepatopathy with focal echogenic parenchymal nodule
 - Mild gallbladder debris (non-mucocele)
- SEX**
 - Sonographically unremarkable bilateral kidneys and adrenal glands
- Neutered Male
 - Mildly distended urinary bladder – likely consistent with polydipsia.
 - Shadowing gastric ingesta

AGE

8 Years

WEIGHT

86 Pounds

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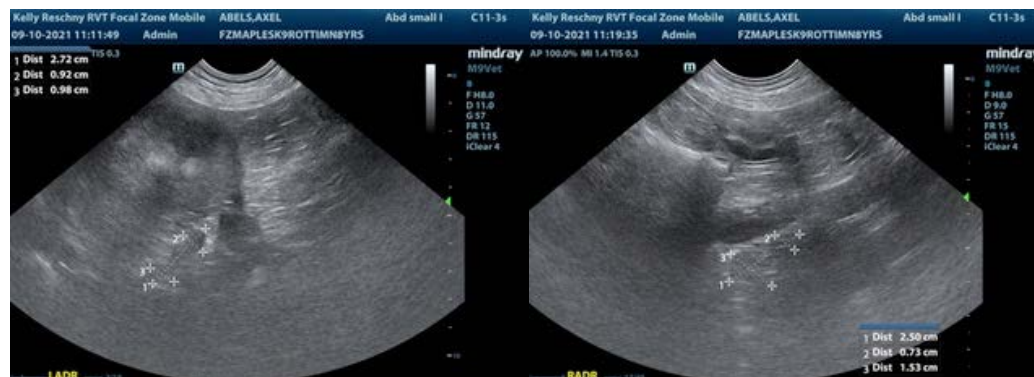
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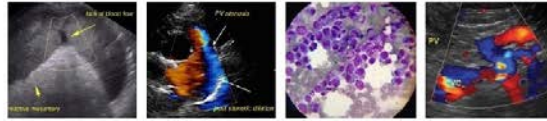
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was non-specific with considerations including vacuolar hepatopathy and non-clinical cholestasis, non-specific hepatitis (immune mediated, infectious, or other) with focal area of hyperplasia, lipogranuloma or fibrosis, hepatotoxic insult, or other hepatopathy, with infiltrative neoplasia considered less likely. Urine culture and sensitivity on sterile urine sample, Leptospirosis titers/PCR and bile acids warranted given the polyuria/polydipsia. If accessible (and assuming normal clotting status), hepatic FNA may be considered for screening cytology. Empirically, IV fluids, hepatosupportive meds (Denamarin, Ursodiol, and appropriate antibiotics) would be appropriate with continued monitoring of hepatic enzyme levels. Ultimately, hepatic core biopsy for histopathology, culture and copper levels may be required for definitive diagnosis.

The presence of shadowing gastric ingesta may correlate with post-prandial presentation. However, if documented NPO or anorexia, some degree of gastric stasis may be present. The potential for gastric foreign material, although thought less likely, cannot be definitively excluded. Monitoring for evidence of gastric emptying is recommended.





PATIENT

Axel Abels

SPECIES

Canine

BREED

Rotti

SEX

Neutered Male

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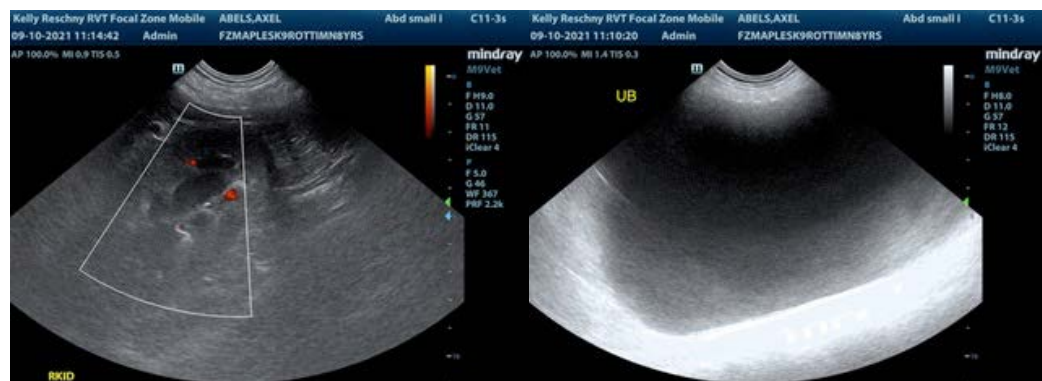
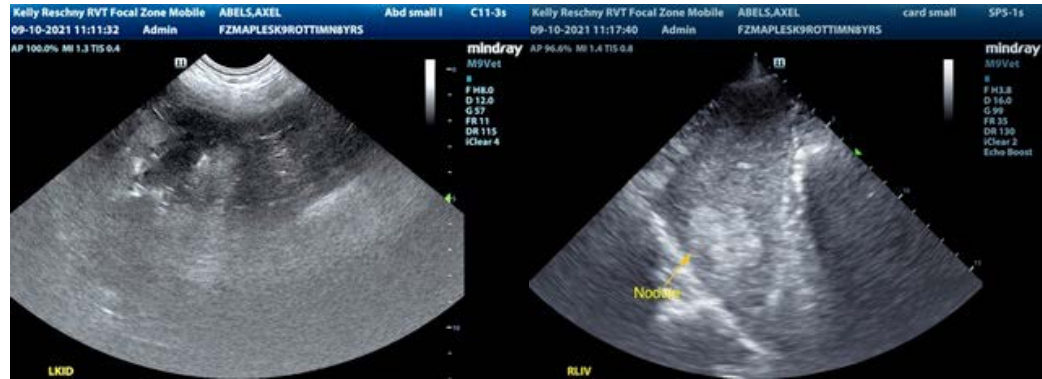
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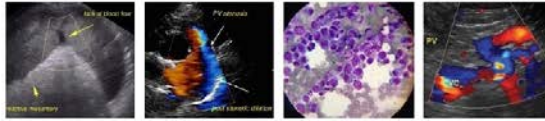
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PATIENT

Axel Abels

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.

SPECIES

Canine

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.

BREED

Rotti

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Neutered Male

AGE

8 Years

WEIGHT

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