



PATIENT

Queen Elsa Taylor

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

7 Years 7 Months

WEIGHT

98.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Ward

INVOICE

25295

DATE

9/10/21

PRESENTING CLINICAL SIGNS

Chief Complaint: ADR History: OVER THE PAST MONTH PT HAS HAD INTERMITTANT VOMITING EPISODES. PRIMARILY AT NIGHT A FEW HOURS AFTER EATING HER AFTERNOON MEAL, PARTIALLY DIGESTED FOOD. YOUNG CHILDREN IN THE HOME, O ADMITS THERE IS A POSSIBILITY PT IS GETTING HUMAN FOOD, PT IS ALSO KNOWN FOR CHEWING ON TOYS BUT O IS NOT AWARE OF ANY TOYS MISSING.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: Mild tartar Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact. Asymmetrical fat deposits over hips--larger on left than right, but no distinct mass palpated. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 9/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. No deficits noted Markedly elevated liver enzymes: ALT=1000 (12-118) AST=444 (15-66) ALKP=823 (5-131) TBili=0.5 (0.1-0.3) T4 WNL UA--isosthenuria USG=1.007 with quiet sediment CBC--WNL HWT--negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

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 6.5 cm. The right kidney measured 6.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized.

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 subjectively normal in size. Potential for mild decreased hepatic parenchyma echogenicity compared to the falciform fat and spleen with mild coarse echotexture. No hepatic mass or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.62 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental minor jejunal ileus was present. Jejunum wall measured 0.44 cm.

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

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Pancreas

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 overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern – subjectively mild, no evidence of mechanical gastrointestinal obstruction/foreign body.
- Hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was non-specific with considerations including primary concern for non-specific, potentially acute or acute on chronic hepatitis (immune mediated, infectious, or other), vacuolar hepatopathy and hepatic cholestasis, hepatotoxicosis, or other hepatopathy with occult infiltrative neoplasia considered a less likely differential diagnosis.

Further assessment may include hepatic FNA for screening cytology and Leptospirosis titers/PCR. Empirically, hepatosupportive medications (i.e., Denamarin and Ursodiol), empirical antibiotics (i.e., Metronidazole/Clavamox combination initially for two weeks), and as-needed gastrointestinal supportive care with reassessment of hepatic enzymes could be considered. If persistent hepatic enzyme elevations non-responsive to empirical therapy, hepatic biopsies for histopathology, culture and copper levels may be indicated.

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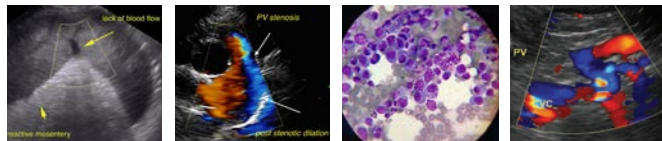


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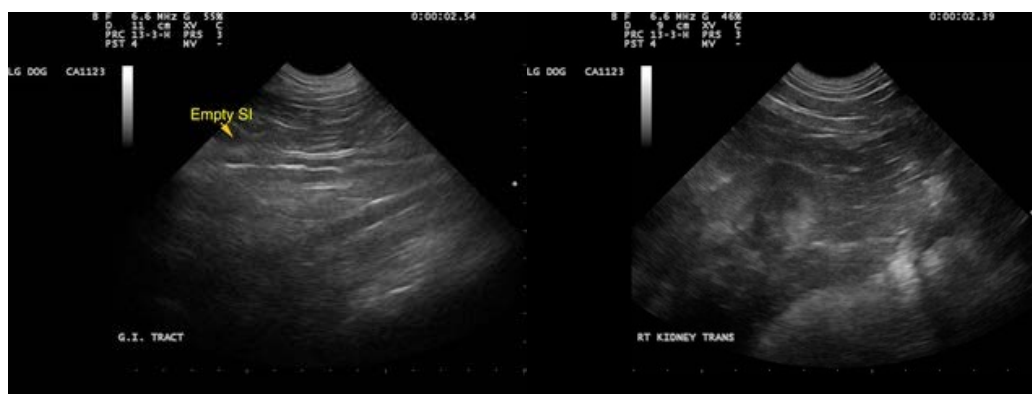
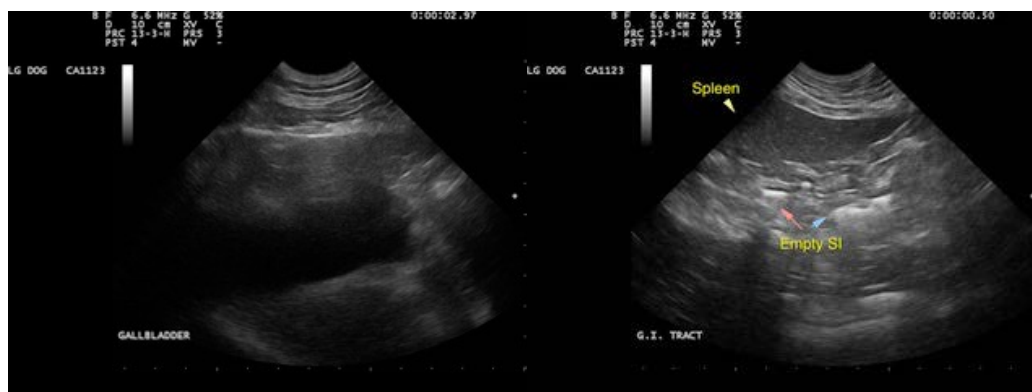
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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