



PATIENT	PRESENTING CLINICAL SIGNS
Rudee McKenzie	Changes on bloodwork with recent sudden onset of interdigital erosions and foot dermatitis that isn't responsive to Ketoconazole, Cytopoint, Vanectyl P or Antibiotics. Has started with diarrhea and decreased appetite. Lab recommended liver scan due to skin and blood changes.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Please see attached urine and blood results.
Caknine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WHWT	Urinary System
SEX	The urinary bladder was nondistended with urine, which somewhat prohibited full evaluation of the urinary bladder walls. The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.4 cm width. Mild, dependent to potentially adhered, luminal mineral was present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. 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 masses was noted.
Neutered Male	No evidence of pathology was noted in the area of the residual prostate or aortic trifurcation.
AGE	No 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. Focal nonobstructive medullary mineral was present in the right kidney. The left kidney measured 4.3 cm in length. The right kidney measured 3.8 cm in length.
11 years	
WEIGHT	
9.8 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, yet without overt pathology, measuring 0.39 cm width.
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	Spleen
Chippawa AH	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.
REFERRING VET	
Dr. Dowell	
INVOICE	Liver/ Gallbladder
12307	The liver exhibited normal size with subjective normal contour. The hepatic parenchyma was diffusely nonuniform with a "honeycomb" pattern consisting of variably sized hypoechoic regions surrounded by mildly hyperechoic borders. The gallbladder was non distended in size with minor, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
DATE	
9/27/21	


PATIENT
Gastrointestinal

Rudee McKenzie

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. The gastric body wall width measured 0.34 cm.

SPECIES

Caknine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor, intermittent, duodenojejunal mucosa speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.35 cm.

BREED

WHWT

Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

SEX

Neutered Male

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 were evident.

AGE

11 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS
WEIGHT

9.8 kg

Primary Findings

- Potential mild cystitis with mild luminal, potentially adhered mineral
- Nonuniform to nodular (honeycomb) liver
- Minor gallbladder debris (non-mucocele)
- Enterocolitis - subjectively mild

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY

Crystal Hill

Although biopsy is required for further clarification, the appearance of the liver combined with the history of nonresponsive interdigital to footpad erosions or lesions is strongly consistent with Hepatocutaneous Syndrome. Potential for nonspecific or chronic active hepatitis or hepatic neoplasia is also possible. Biopsy of interdigital erosion or footpad lesion may be considered for a definitive diagnosis.

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

Monitoring of serum glucose levels (not provided on lab work), is recommended. Empirically, omega fatty acid and zinc supplementation may prove beneficial. However, biopsies are strongly suggested for further clarification. As-needed gastrointestinal support is suggested. Overall, a very guarded long-term prognosis, pending biopsies.

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PATIENT

Rudee McKenzie

SPECIES

Caknine

BREED

WHWT

SEX

Neutered Male

AGE

11 years

WEIGHT

9.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

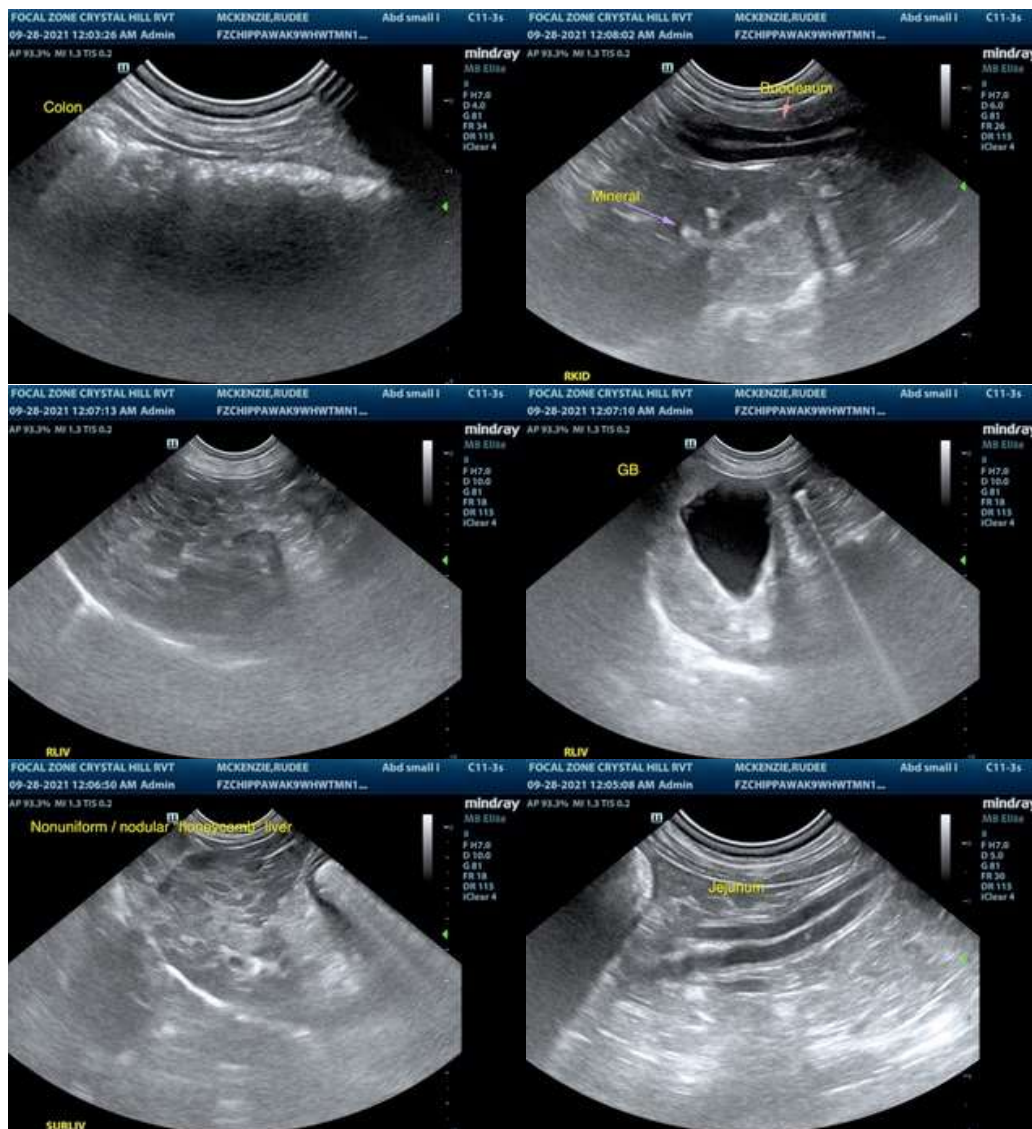
Dr. Dowell

INVOICE

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DATE

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PATIENT

Rudee McKenzie

SPECIES

Canine

BREED

WHWT

SEX

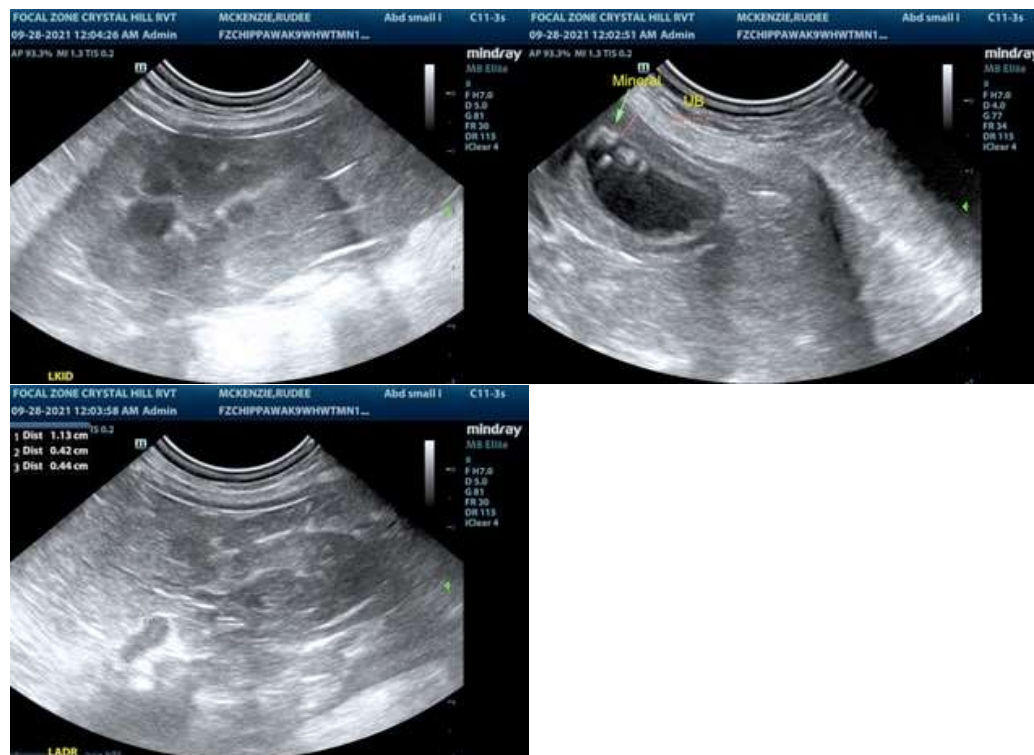
Neutered Male

AGE

11 years

WEIGHT

9.8 kg



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R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

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12307

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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.

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info@SonoPath.com