



PATIENT PRESENTING CLINICAL SIGNS

Sadie Rivoio History of lyme +, kidney disease, seizure and icteric Monday, slightly lethargic.

SPECIES Medication: Benazepril, Gabapentin, Denamarin, Omeprazole, Metronidazole, SQF
 Elevated ALT, ALP, GGT, and bilirubin

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

German SH Pointer

SEX *Urinary System*

FS 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 was noted.

AGE The area of the aortic trifurcation was free of pathology.

2011 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 pyelectasia was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.4 cm in length.

WEIGHT *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology measuring 0.57 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, non-dependent yet nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

HOSPITAL NAME

Broadheadsville VC

REFERRING VET

Dr. Goldstein

INVOICE

14995

DATE

9/28/22



PATIENT *Gastrointestinal*

Sadie Rivoio The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing ingesta / chyme was noted with no evidence of mechanical / metabolic ileus.

BREED

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

Pancreas

SEX 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.
FS

AGE *Free Abdomen*

2011 No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

52.3

- Nonspecific mild chronic renal changes
- Hepatopathy - suspect acute hepatopathy, nonspecific acute hepatitis (viral, bacteria, Leptospirosis, toxin, etc.,) metabolic, reactive, vascular hepatopathy, nonobstructive cholestasis, less likely for occult neoplasia
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with moderate gastric and segmental to generalized nonshadowing intestinal ingesta / chyme

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include screening hepatic FNA cytology, assuming normal clotting status, as well as Leptospirosis titers / PCR. Bile acid testing, given the recent seizure activity, to assess hepatic functionality may be considered although hepatic function is likely adequate if normal BUN, cholesterol, albumin and glucose levels.

Empirically, hepatosupportive medications +/- initial antibiotic therapy with an assessment of hepatic response and as-needed gastrointestinal support would be reasonable. If Metronidazole is used, a sick liver dose, 7.5 mg/kg BID, is advised.

The presence of gastrointestinal ingesta may indicate recent meal ingestion. However, if documented NPO prior to the ultrasound, some degree of gastrointestinal hypomotility may be possible. Gastric foreign material cannot be definitively excluded, yet considered less likely.

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Urinalysis to assess for evidence of proteinuria +/- UPC if not recently done is suggested.

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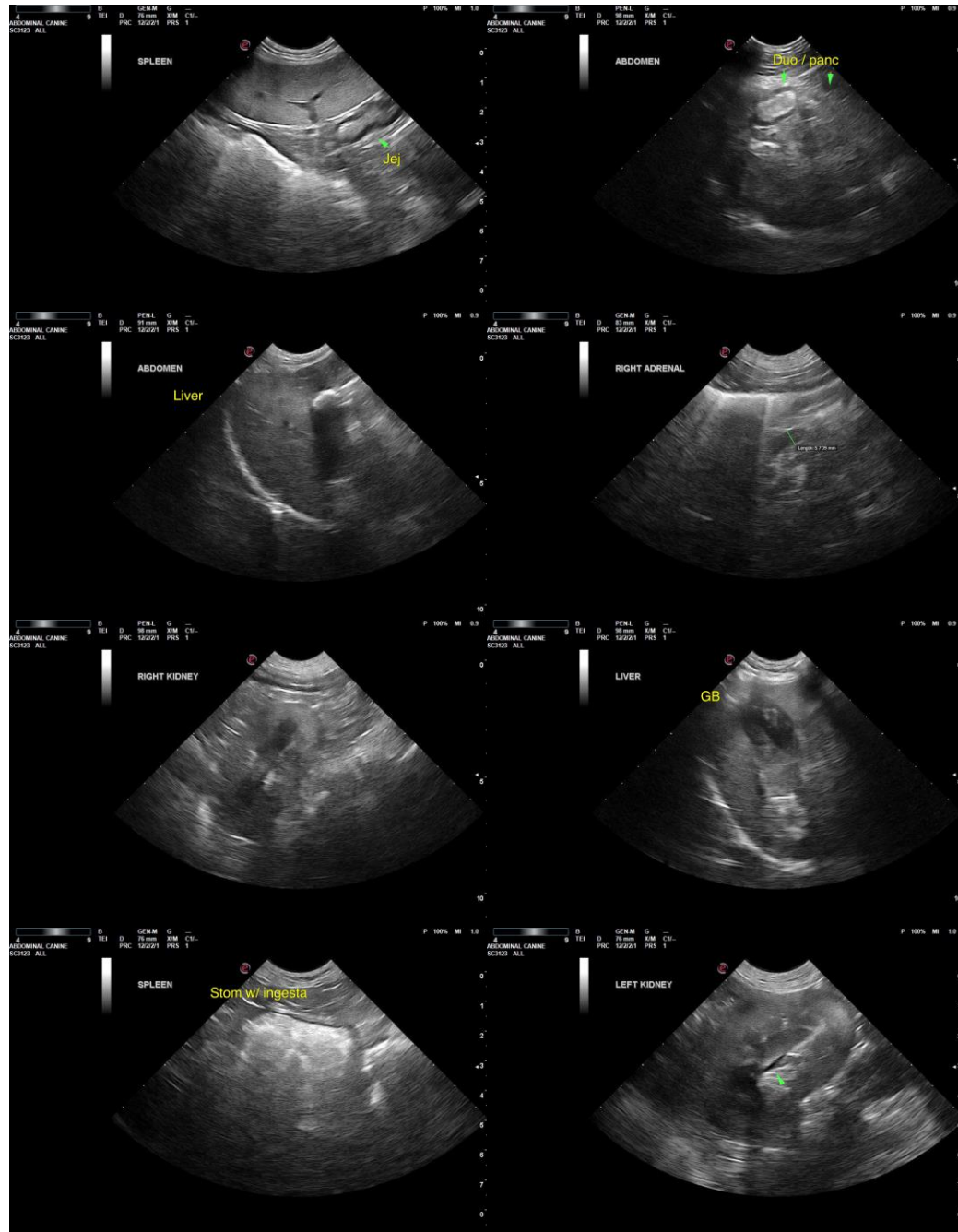
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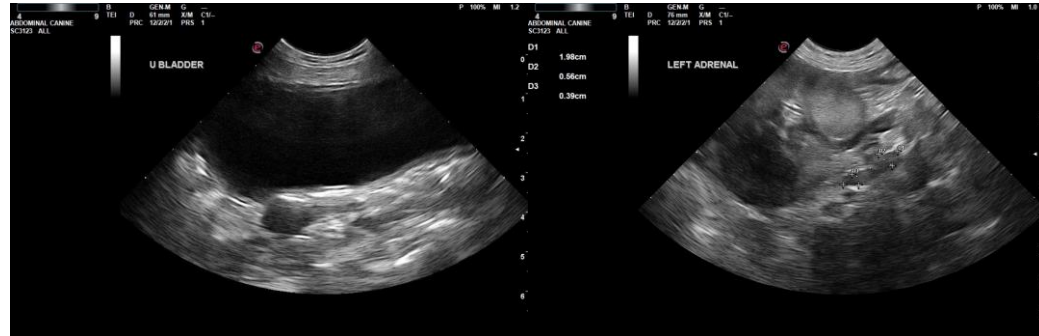
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com