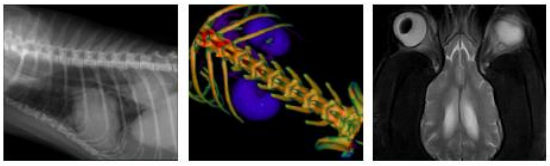


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oggy Nadler

SPECIES

Canine

BREED

Weimeraner

SEX

Male

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Ahwatukee Commons VH

REFERRING VET

Dr. Becca R. Housley

INVOICE

13151

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History: P presented yesterday with weight loss and lack of appetite. Per owner he was staying at her parents house for a few months and all they fed him was people food. He got Chicken Jerky treats. Son dropped raisin toast on the floor the other day and he ate that as well. Since he came back from the parents house in June they have not been able to get him to eat dog food again. Per owner he has severe tartar build-up on his teeth. He is chewing at the grass. No v/d. No coughing or sneezing.

Abnormal PE/Chem/CBC/UA Results: Oggy has an elevation in his total protein at 11.4g/dL, this is secondary to dehydration. His albumin was low at 2.1 g/dL which is a negative acute phase protein, so can be low due to infection or inflammation. His globulins were elevated at 9.3 g/dL, indicating infection or inflammation. His ALP (a liver enzyme) was mildly elevated at 167, which was most likely secondary to stress. His BUN & Crt (kidney enzymes) were both elevated Crt= 1.8mg/dL & BUN= 51 mg/dL. This can be elevated due to pre-renal (dehydration), renal (renal damage), or post-renal causes (obstruction). In his case, I suspect it is most likely secondary to his dehydration as his urine concentrating ability is normal at 1.034 and electrolytes are wnl's; however 3+ protein was seen in his urine so renal damage cannot entirely be ruled out. Platelets are low at 101, but clumping noted so suspected could be artificially low. His amylase is moderately elevated at 2,255 IU/L and his precision PSL is elevated at 147U/ L, suggesting pancreatitis is occurring given his clinicl signs (not wanting to eat, lethargic). He is anemic with a HCT of 33 %, HGB of 10.2g/dL, his RBC's are at 5.0 which is normal but this is most likely artificially elevated secondary to his dehydration. He has a lymphopenia, likely due to stress but could be secondary to neoplasia. Discussed all of these findings with Sarah and went over recommendations. Told owner the pancreatitis is the most important to get corrected right now and then we can direct our attention at the renal disease.

RADIOGRAPHIC STUDY OF THE ABDOMEN

A complete set of radiographs of the abdomen is provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

Two radiopaque sutures are seen in the inguinal region.

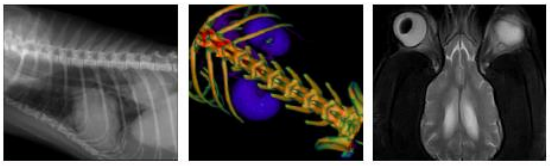
The serosal detail is mildly decreased and presents a subjective mild soft tissue striation.

The hepatic volume is moderately increased and the caudoventral margins are rounded. The hepatic parenchyma presents with branching mineralization and an elongated mineralized body that cannot be located in the imaging plane of the lumen of the stomach, is noted in the hilar region of the liver.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.



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The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

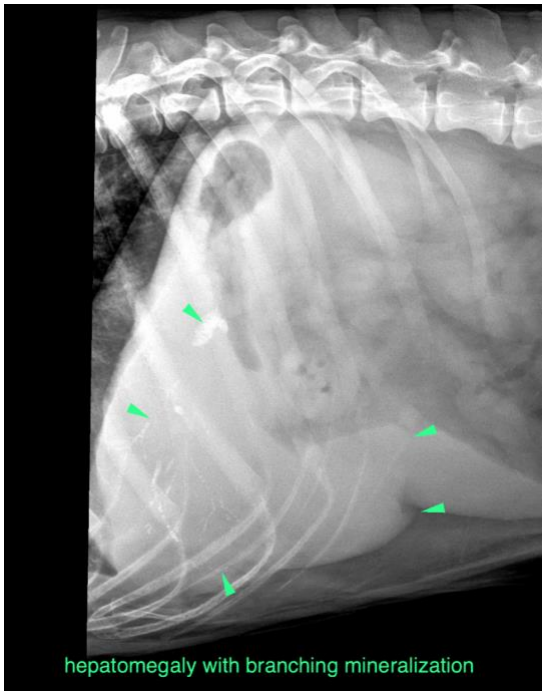
RADIOGRAPHIC DIAGNOSIS

- Hepatomegaly with evidence of mineralization of the biliary tree
- Possible mild peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

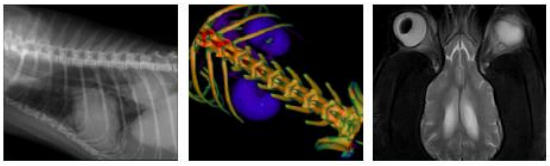
Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic invasion. The mineralization of the biliary tree is likely not related with clinical signs and commonly an incidental finding. There is a mineralized body visible in the hilar region of the liver and a cholecystolith is a potential here. A complete abdominal ultrasound examination include FNA sampling of the liver appears beneficial here.

The decreased serosal detail is suggestive for mild peritoneal effusion – given the changes of the lab work hepatic disease or pancreatitis are considered as the top differentials.



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



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can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com