



PATIENT

Molly Johnstone

SPECIES

Canine

BREED

Coonhound Mix

SEX

Spayed Female

AGE

7 Years 3 Months

WEIGHT

N/A

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Taylor McConnell

INVOICE

20789

DATE

1/27/23

PRESENTING CLINICAL SIGNS

History: Patient presents for jaundice; inappetent; Lyme positive, hepatopathy. Current meds: IVFs, started Baytril, doxycycline, metronidazole, Zofram, famotidine, Denamarin.

Abnormal PE/Chem/CBC/UA Results: CPL- neg, Lepto (neg.), Lepto PCR (pending). T. bili. 3.2, chol. 399, amylase 2040, lipase >250, ALP >1300, ALT >650. CPL-neg, 4 DX Lyme (+).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.6 cm in length. The right kidney is 6.6 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.0 mm at the cranial pole and 5.8 mm at the caudal pole. The right adrenal gland height is 7.3 mm at the cranial pole and 7.3 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

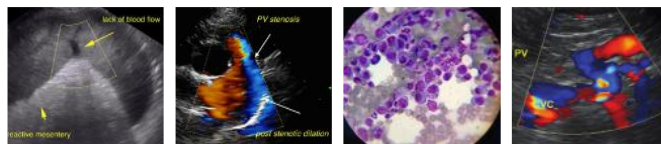
Gastrointestinal

The stomach is empty. The gastric wall is 5.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.5 mm. The jejunal wall measures up to 3.5 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

- Diffusely hyperechoic and enlarged liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are nonspecific and could be associated with chronic infectious or inflammatory disease, including leptospirosis, as well as hepatic lipidosis, or less likely neoplasia. Ultrasound guided laparoscopic biopsies would be needed for a definitive diagnosis. Recommendations include:

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- Bile acid testing is recommended to further assess severity of hepatic disease
- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4–6-week total course of antibiotics is recommended.

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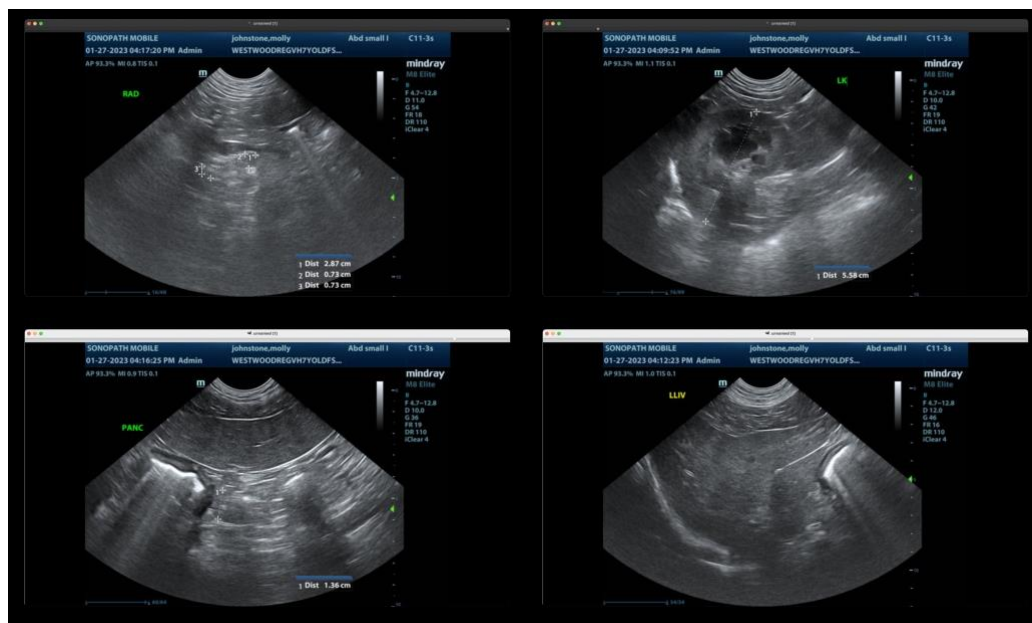
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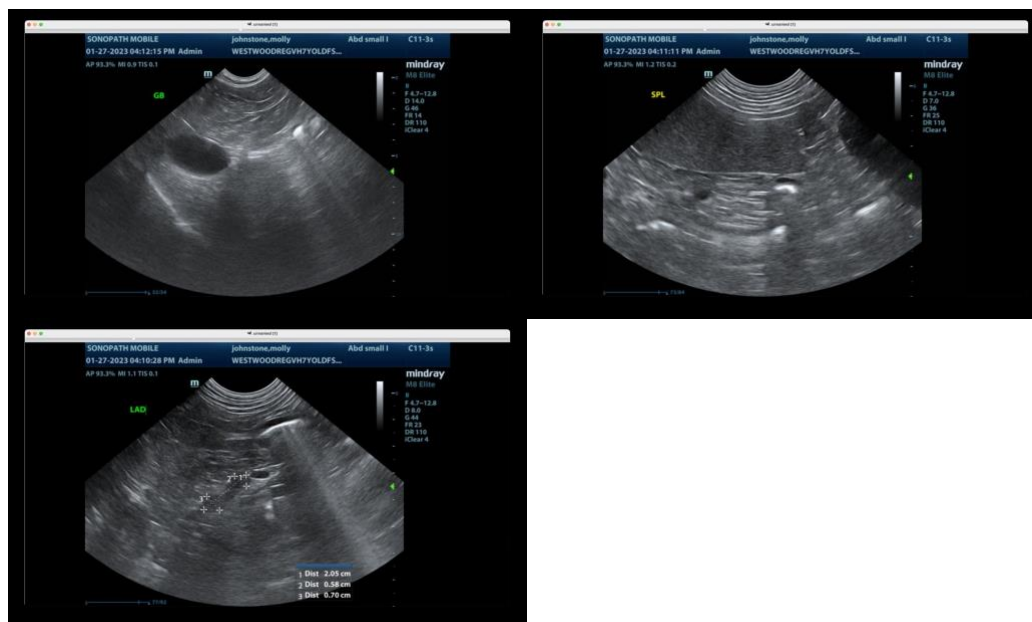
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com