



PATIENT

Allie O'Donnell

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.35 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Isermann

INVOICE

43265

DATE

6/17/23

PRESENTING CLINICAL SIGNS

Presented for having multiple seizures since last night. P has a recent history of seizures and had a consult with a neurologist at UF. They gave a DDX of caudal occipital malformation and possible hydrocephalus, cervical myelopathy. O declined MRI and CSF tap at that time. P had cardiology consult as well. P was placed on Keppra.

Abnormal PE/Chem/CBC/UA Results: ALP: 1964, ALT (GPT): 2570

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization or hydronephrosis. There is mild pyelectasia in the right kidney with anechoic contents. The proximal ureter is not visible (normal). The left kidney measures 4.3 cm. The right kidney measures 3.8 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

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. There is focal mineralization of the biliary tree in the cranial aspect of the liver. 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 and a large amount of echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 3.7 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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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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

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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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PRIMARY FINDINGS

- Moderate amount of gallbladder sludge that may be partially congealed.
- Diffusely hyperechoic liver parenchyma, which is non-specific.

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SECONDARY FINDINGS

- Mild chronic renal changes with mild pyelectasia of the right kidney.
- Mineralization of the biliary tree, which is consider an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
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There is no cause for the reported seizures noted on today's ultrasound. The diffusely hyperechoic liver is typical of a reactive hepatopathy. Liver core biopsies would be necessary to determine the cause of the elevated liver enzymes. Bile acid testing could be used to determine whether the recent seizures are due to hepatic disease or to the previously diagnosed neurologic problems. Additional recommendations include:

- ❖ 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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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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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.

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

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