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Clinical Sonography & Telecytology
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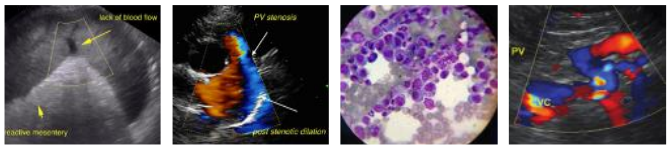

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Evans

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

5.5 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

13397

DATE

1/12/22

PRESENTING CLINICAL SIGNS

History: Presented June 2021 with: Constipation, per O and prev vet starting August 2020. Caudal abdomen becomes tense, and pet seems to want abdomen massaged. She has been agitated, whining, turning in circles, panting, pawing at O, can't get comfortable, pawing at nose, jerking head, continuously, O thinks for attention/pain, will not be able to sleep. Arches back when outside and cannot defecate. Lactulose and Z/d have not helped with per O, also did not want to eat z/d, tried pumpkin and did not help Symptoms typically will be gone within 12 to 24 hours Seems to be worsening, more frequent, and lasting longer Straining, intermittently Hides when defecating, so BMs are usually not observed Vomited 1x Sometimes eats grass but happens even in winter Duration: Spayed in August 2020, O noticed problems started 1 to 2 weeks after occurs 3x weekly, was originally 1-2x weekly (now daily episodes unless on gabapentin TID) Medical Hx: Constipation Dec 2020 Laboratory Hx: Abd rad Dec 2020, all within normal limits Appetite: decreased appetite sometimes when having episode, but will sometimes suddenly want to eat in middle of night Urination: always has not wanted to drink very much, has had increased thirst for about 2 weeks urination currently normal, but does not want to urinate when having an "episode" Defecation: Does not observe often, seemed to be softer after lactulose; last BM observed 1 week ago and normal consistency Meds: Lactulose 1 mL TID to BID gaba 50 mg TID to BID, currently giving TID, episodes less frequent on gaba Metoclopramide 2 mg BID, did not give this AM

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - HCT 50.6%, HGB 22.0, MCH 29.3, MCHC 43.5, SDMA 15, Cre 1.1, ALP <10, TT4 3.0 UA - USG 1.035, pH 7.0, trace proteinuria, quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.49 cm at caudal pole) (1.50 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.54 cm at caudal pole) (1.45 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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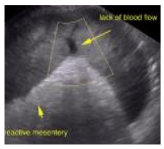
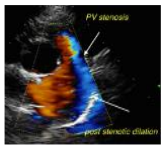
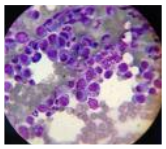
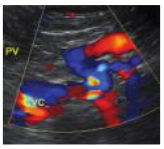

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Spleen

The spleen is normal in size (1.00 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- The abdomen is otherwise unremarkable. An obvious cause for the patient's clinical signs is not identified in the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a total T4/Free T4 by equilibrium dialysis, as hypothyroidism can sometimes neuromuscular dysfunction.
- Thorough orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes for the patient's clinical signs.
- Ultimately, a colonoscopy with biopsies may be necessary to rule out intraluminal causes for constipation.

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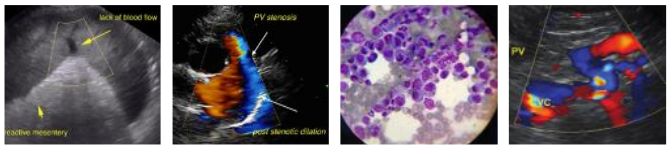

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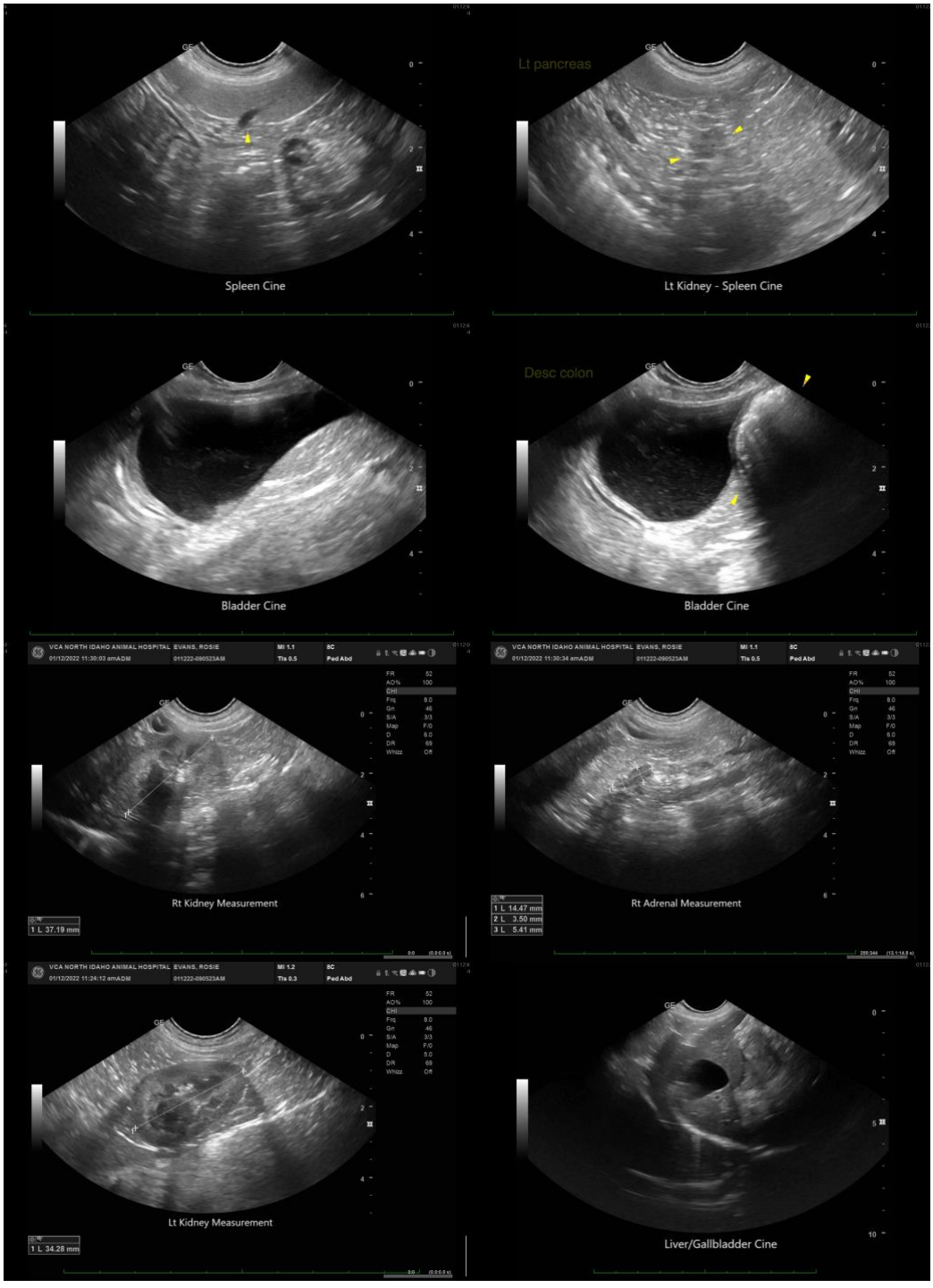

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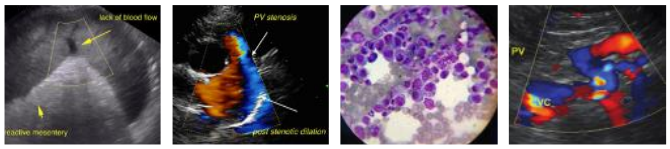

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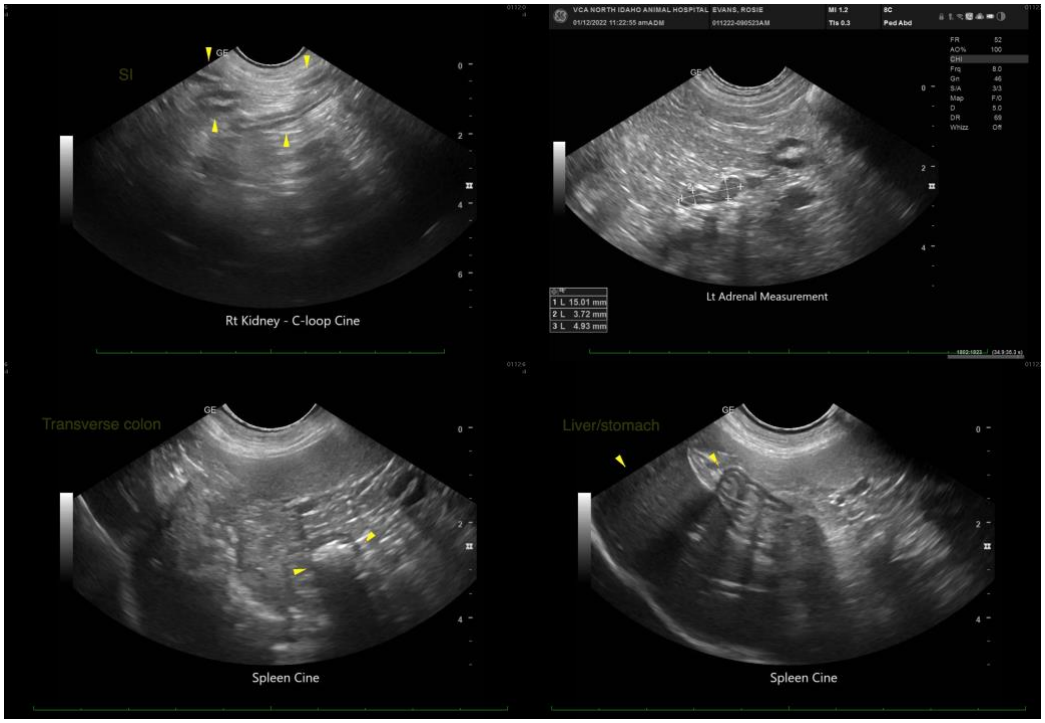

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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