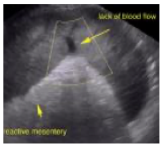
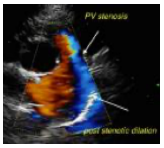
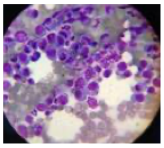
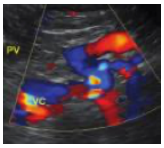
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Journey Bussey

SPECIES
Canine

BREED
Pug

SEX
Spayed Female

AGE
14 mos

WEIGHT
8.4 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Jessica Morgan, RVT

HOSPITAL NAME
Oxford Co VC

REFERRING VET
Dr. Bowcott

INVOICE
11921

DATE
10.27.22

PRESENTING CLINICAL SIGNS

History: not eating well for last 8 days, on metronidazole, omeprazole, mirtazapine, sulcrate, probiotics, cerenia, B12 will eat for one day, then not again for 3, bloodwork with cpLI 10/22/22- normal, imld ALT radiographs 10/22/22- normal barium series done 10/25/22- normal, parvo negative recheck bloodwork 10/25/22- ALT normal, Amyl 2017 (N:0-1500) Stim test to the lab today,

Abnormal PE/Chem/CBC/UA Results: ALT mild elevated resolved, Amyl mild elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. One to two tiny cystic calculi are visualized. The remaining luminal contents are anechoic. The region of the trigone is normal.

The **left kidney** is normal size (3.98 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** is normal size (4.36 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.

Adrenal Glands

The cranial pole of the **left adrenal gland** is visualized and is normal in size (0.47 in width); with normal glandular echogenicity and detail. Surrounding vasculature appears normal.

The **right adrenal gland** is normal size (0.61 cm at cranial pole) (0.49 cm at caudal pole) (1.73 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.

Spleen

The **spleen** is normal in size (1.06 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/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with liquid-appearing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. There is no 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

Primary Findings

- One to two tiny cystic calculi. The remainder of the abdomen is unremarkable.

  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest, if not already performed.

- Also consider thorough orthopedic and neurologic examination to assess for nonmetabolic causes for inappetence.

- Given the previously elevated ALT, pre-and postprandial serum bile acids are recommended to assess for occult hepatic dysfunction.

- Also consider a fecal evaluation for ova and Giardia and a malabsorption panel, including serum cobalamin and folate, TLI and PLI.

- T4/free T4 by equilibrium dialysis is also recommended, if not already performed.

- Regarding the cystic calculi, a urinalysis +/- urine culture and sensitivity should be considered, along with an increase in the patient's water consumption. Consider a recheck ultrasound in 1-2 months to reassess the bladder for the presence of stones.


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mindray
UB stone


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Stomach


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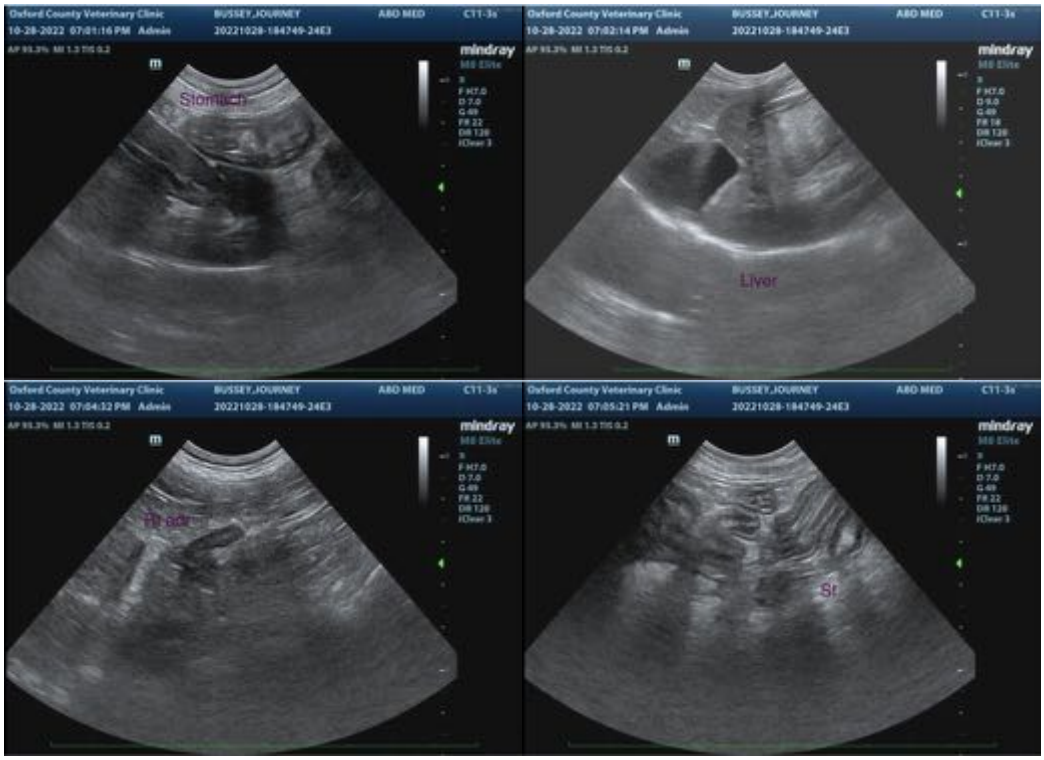

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com