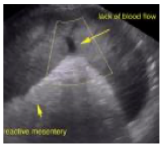
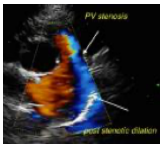
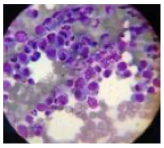
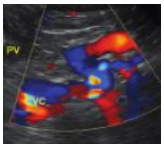
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Daisy Virgovic

SPECIES
Canine

BREED
Labrador Retr

SEX
Spayed Female

AGE
10 years

WEIGHT
27.5 kg

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

IMAGING PERFORMED BY
Dr. Callihan
Animal Emergency Care

HOSPITAL NAME
Animal Emerg Care

REFERRING VET
Dr. Williams
Animal Emergency Care

INVOICE
11926

DATE
10.31.22

PRESENTING CLINICAL SIGNS

History: Came into ER on Friday evening for vomiting, no specific known gastric indiscretion but is a chewer, loves to eat sticks and such outside.

Has history of UTI

Her appetite, attitude and activity have been very normal/good lately.
Stable weight, current preventive care

Abnormal PE/Chem/CBC/UA Results:
Bloodwork:
- Reticulocyte count 218.4. No anemia, perfectly normal CBC otherwise
- CHEM 17 (somehow entered as Chem 10 in orders and so that is what I got).
* Cl slightly low at 109
* SDMA is elevated at 19 (n 0-14)... CREA within normal limits... likely impaired GFR and kidney function per Idexx.
UA was obtained: USG 1.048, pH 7. Protein, Leukocytes
WBC >50/hpf, RBC 13 / hpf, Rod bacteria present, suspected cocci. Easily can see rods TNTC on the Sedivue screens.
No casts or crustals are noted.

Radiographs on Friday showed some gastric contents, unable to say if food. Also a possible mass effect in the region of the spleen, ultrasound requested to evaluate for that.

Pt has since been doing well; no vomiting, is eating well, has been fasted since last night pending ultrasound today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (6.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss ofcorticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.87 cm at cranial pole) (0.80 cm at caudal pole); 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 region of the **right adrenal gland** is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

Spleen

The **spleen** is subjectively normal in size (1.71 cm in width at the level of the hilus) with normal echogenicity

and echotexture. At the craniolateral aspect, a 1.46 cm hypoechoic to heterogenous nodule is visualized. The nodule causes capsular expansion. Ill-defined hyperechoic areas are observed within the lesion. The remaining parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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 **gastric lumen** is mildly distended with fluid, gas and slightly shadowing hyperechoic material. 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 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

Primary Findings

- The soft shadowing material within the gastric lumen likely represents retained chyme. However, a small amount of foreign material cannot be completely excluded. There is no obvious evidence an obstruction.
- The splenic nodule may represent an emerging tumor. However, a benign process (i.e., myelolipomas) cannot be completely excluded.

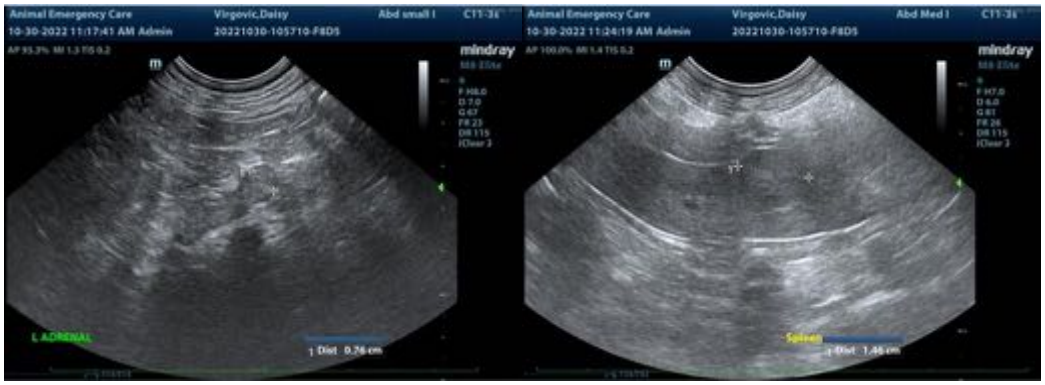
Secondary Findings

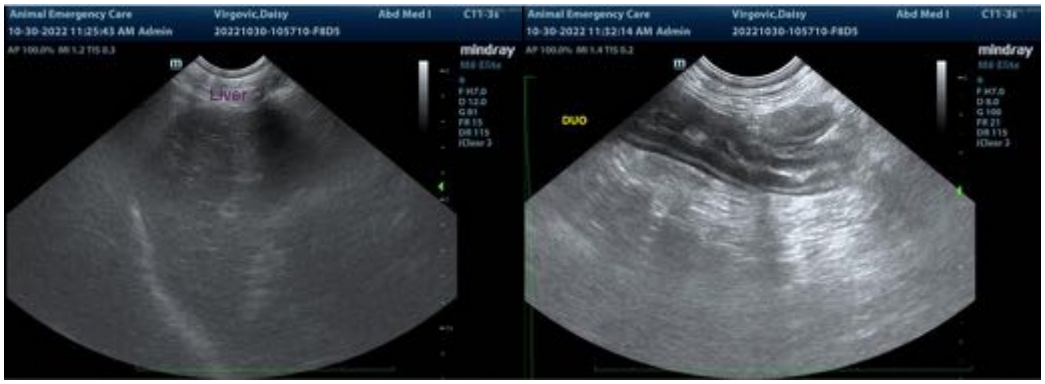
- Minor geriatric renal and hepatic changes

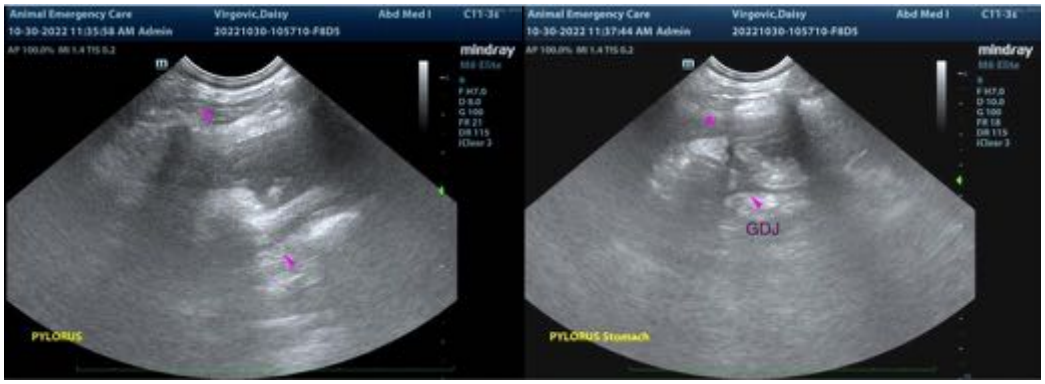
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

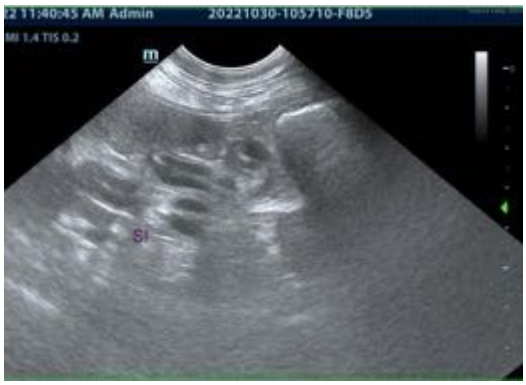
Regarding the splenic nodule, a fine-needle aspirate is recommended, if clotting status is appropriate. Twenty-five gauge-needles should be used. Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease.

Regarding the gastrointestinal signs, supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia. If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, consider a repeat abdominal ultrasound, +/- a more advanced GI work-up.


Animal Emergency Care
Virgovic,Daisy
Abd small I
10-30-2022 11:17:41 AM Admin
20221030-105710-F8D5
mindray
L ADRENAL
Dist 0.76 cm
Animal Emergency Care
Virgovic,Daisy
Abd Med I
10-30-2022 11:24:19 AM Admin
20221030-105710-F8D5
mindray
Spleen
Dist 1.46 cm


Animal Emergency Care
Virgovic,Daisy
Abd Med I
10-30-2022 11:25:43 AM Admin
20221030-105710-F8D5
mindray
Liver
Animal Emergency Care
Virgovic,Daisy
Abd Med I
10-30-2022 11:32:14 AM Admin
20221030-105710-F8D5
mindray
DUO


Animal Emergency Care
Virgovic,Daisy
Abd Med I
10-30-2022 11:35:58 AM Admin
20221030-105710-F8D5
mindray
PYLORUS
Animal Emergency Care
Virgovic,Daisy
Abd Med I
10-30-2022 11:37:44 AM Admin
20221030-105710-F8D5
mindray
GDJ
PYLORUS Stomach


2 11:40:45 AM Admin
20221030-105710-F8D5
SI

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