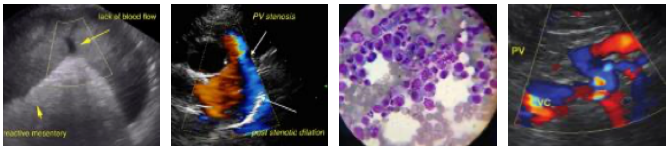
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Molly Voris

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
Female, spayed

**AGE**
2 Yrs.

**WEIGHT**
4.8 lbs..

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

**IMAGING PERFORMED BY**
Dr. Peterson

**HOSPITAL NAME**
Wilvet Salem

**REFERRING VET**
Dr. Peterson

**INVOICE**
14361

**DATE**
12/19/22

## PRESENTING CLINICAL SIGNS

12/17 presented to Salem ER for anorexia for 5 das, vomiting and diarrhea. Had to start on IVF prior to getting blood. Was hypothermic with a Temp of 90 on presentation. HR 130, no BP taken. Stick found between teeth on hard palate, removed, mild amount of tissue trauma

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended 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 is normal size (4.57 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.

The right kidney is normal size (4.84 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 mildly enlarged (0.58 cm at cranial pole) (0.58 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 right adrenal gland is normal size (0.88 cm at cranial pole) (0.50 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.

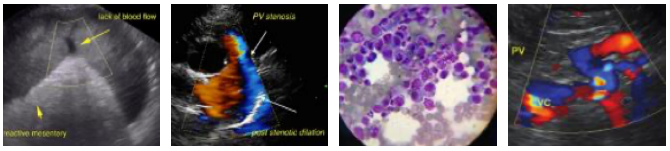
### *Spleen*

The spleen is normal in size (1.05 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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

### *Gastrointestinal*



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

**PATIENT**
Molly Voris

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
Female, spayed

**AGE**
2 Yrs.

**WEIGHT**
4.8 lbs..

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

**IMAGING PERFORMED BY**
Dr. Peterson

**HOSPITAL NAME**
Wilvet Salem

**REFERRING VET**
Dr. Peterson

**INVOICE**
14361

**DATE**
12/19/22

The gastric lumen is mildly distended with 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 diffusely fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern. Discreet masses are not identified. The colonic wall is normal. The colonic lumen is mildly to moderately fluid distended. No obvious obstructive disease is noted.

### *Pancreas*

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated .

### *Free Abdomen*

A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic.

The medial iliac lymph nodes are prominent in size (left 0.78 cm length; right 0.99 cm length). The nodes are normal in shape and echogenicity. Several prominent mesenteric lymph nodes are also visualized, the largest measuring 2.95 cm in length.

### *Other*

Several ringdown lesions are visualized in the thorax.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

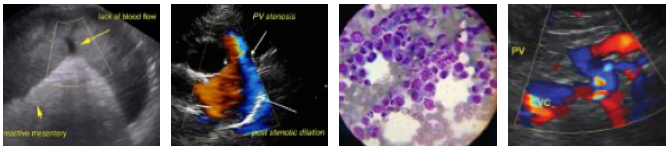
- The pancreatic changes are suggestive of mild to moderate acute pancreatitis.
- Diffuse peritonitis, the cause of which is unclear, may be secondary to pancreatitis or other non-septic or septic causes.
- Diffuse gastrointestinal ileus, likely functional. However, a partial gastrointestinal obstruction cannot be completely excluded.
- The ringdown lesions in the thorax are suggestive of pulmonary parenchymal disease.

**Secondary Findings:**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given the presence of ringdown lesions.
- Fine needle aspirate of the abdominal fluid is recommended for cytologic evaluation +/- cultures.
- Consider a resting cortisol level to screen for hypoadrenocorticism, although this disease is considered less likely in light of the sonographic adrenal findings and patient electrolyte status.



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

**PATIENT**

Molly Voris

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female, spayed

**AGE**

2 Yrs.

**WEIGHT**

4.8 lbs..

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Peterson

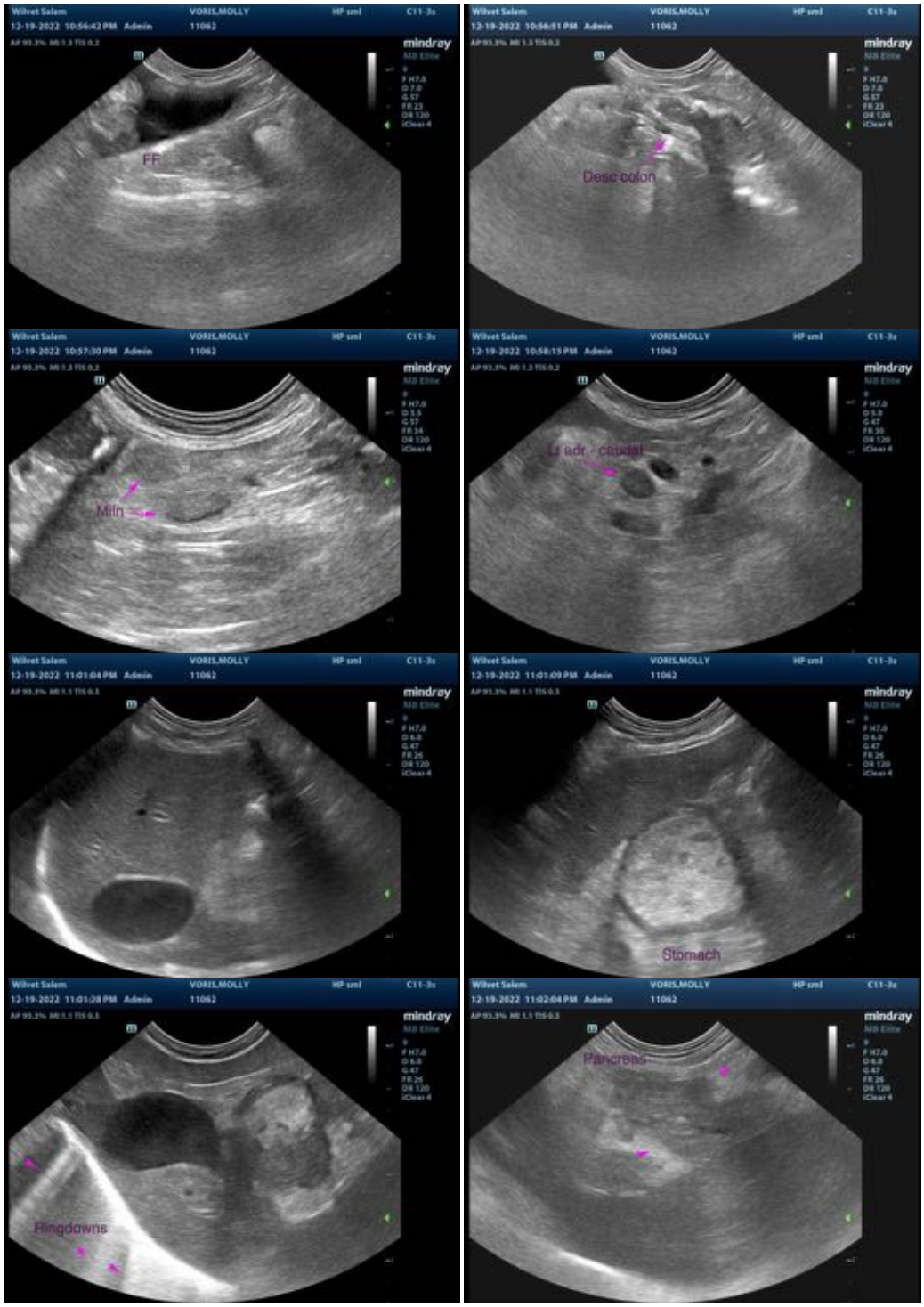
**INVOICE**

14361

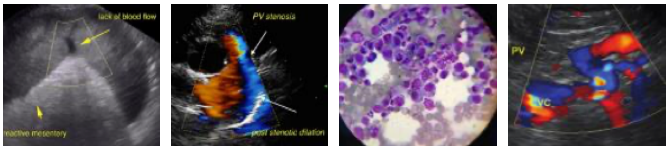
**DATE**

12/19/22

- Also consider a fecal evaluation for ova and Giardia as well as a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- While awaiting test results, supportive care for possible sepsis/systemic inflammatory response is recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**

Molly Voris

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female, spayed

**AGE**

2 Yrs.

**WEIGHT**

4.8 lbs..

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

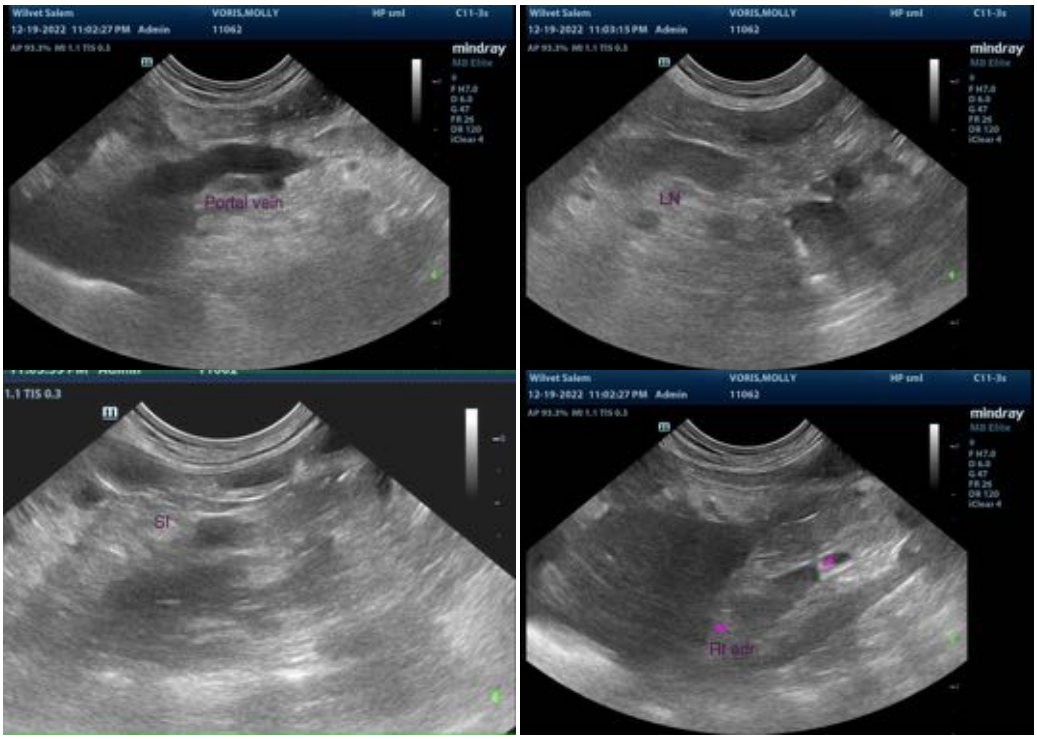
Dr. Peterson

**INVOICE**

14361

**DATE**

12/19/22




**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