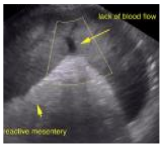
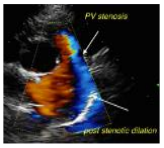
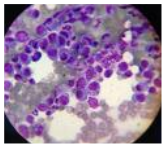
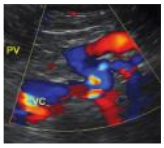
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Ruby Kuropatwa

SPECIES

Canine

BREED

American Eskimo

SEX

Intact Female

AGE

5 mos

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island Vet. EH

INVOICE

10723

DATE

4/14/22

PRESENTING CLINICAL SIGNS

History: Ruby presented to the emergency clinic on April 11th with a history of vomiting and diarrhea post ingestion of a rawhide treat. She had a tense, painful abdomen. Survey radiographs taken on admission and 6 hours later were not suspicious for foreign body. Bloodwork was consistent with pancreatitis. Ruby was given IV fluids, pain medication, and cerenia. Ruby vomited in spite of cerenia and was started on a CRI of metoclopramide. She did regurgitate on the morning of April 13th after the CRI was stopped. Ruby ate some canned food and rice prior to the abdominal ultrasound, but not with gusto. The client states she normally loves to eat.

Abnormal PE/Chem/CBC/UA Results: 4/11/22: Chem: GGT=8 (0-2 U/L) Amylase > 2500 (300-1300 U/L) Lipase=5202 (100-1500 U/L) Snap cPL=abnormal CBC: WBC=19.72 (5.05-16.76) Neuts=13.85 (2.95-11.64) Monos=1.95 (0.16-1.12) Eos=0.03 (0.06-1.23) No UA.

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 lumen is moderately distended with anechoic urine. 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 in size (3.32 cm in length); with a slightly irregular shape. The cortex is thickened. There is moderate loss of normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.56 cm in length); with a normal shape and smooth peripheral contours. The cortex is thickened. There is moderate loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.28 cm at cranial pole) (0.32 cm at caudal pole) (1.32 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 region of the right adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.72 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. A small amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is 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 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. No obstructive or overt infiltrative disease is noted.

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
Trace free fluid is observed. Several prominent mid- to caudal abdominal lymph nodes are visualized, the largest measuring 1.83 cm in length.

Other
The uterine body is visible and is normal (0.52 cm in width).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The renal changes are suggestive of renal dysplasia. However, a prior insult (i.e., infection, toxin) cannot be completely excluded.
- The prominent abdominal lymph nodes are likely secondary to immunologic immaturity and/or reactive change. The remainder of the abdomen is otherwise unremarkable.

  **An obvious cause for the patient's clinical signs is not identified in this study. Considerations include gastroenteritis, low-grade pancreatitis, food allergy/intolerance, partial GI obstruction (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

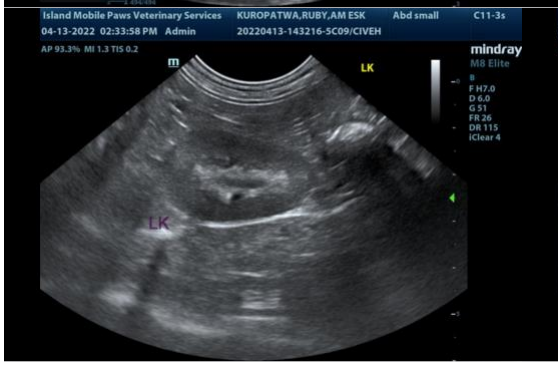
- A Fecal evaluation for ova and Giardia as well as a Parvo test are recommended, if not already performed.
- Regarding the patient's clinical signs, continued supportive care for gastroenteritis is recommended. If the patient's clinical signs do not continue to improve over the next 24/72 hours, a more advanced GI work-up may be warranted.
- Regarding the renal changes, a urinalysis is recommended, along with serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for the development of azotemia.


Island Mobile Paws Veterinary Services KUROPATWA,RUBY,AM ESK Abd small C11-3s
04-13-2022 02:32:35 PM Admin 20220413-143216-SC09/CIVEH
AP 93.3% MI 1.3 TIS 0.2
mindray
M8 Elite
SI


Island Mobile Paws Veterinary Services KUROPATWA,RUBY,AM ESK Abd small C11-3s
04-13-2022 02:32:58 PM Admin 20220413-143216-SC09/CIVEH
AP 93.3% MI 1.0 TIS 0.4
mindray
M8 Elite
Lt adr


Island Mobile Paws Veterinary Services Abd small C11-3s
04-13-2022 02:39:55 PM Admin 20220413-143216-SC09
AP 93.3% MI 1.3 TIS 0.2
mindray
M8 Elite
LNN
1 Dist 0.72 cm


Island Mobile Paws Veterinary Services KUROPATWA,RUBY,AM ESK Abd small C11-3s
04-13-2022 02:32:17 PM Admin 20220413-143216-SC09/CIVEH
AP 93.3% MI 1.3 TIS 0.2
mindray
M8 Elite
Uterus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AP 93.3% MI 1.3 TIS 0.2
mindray
M8 Elite
LK
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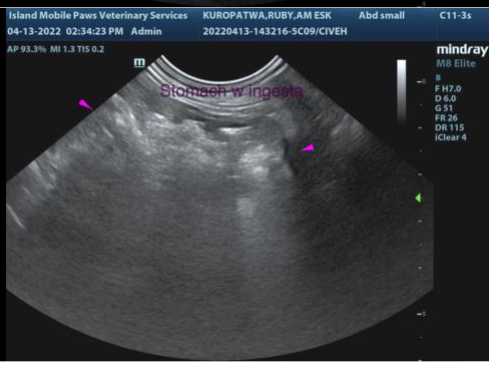
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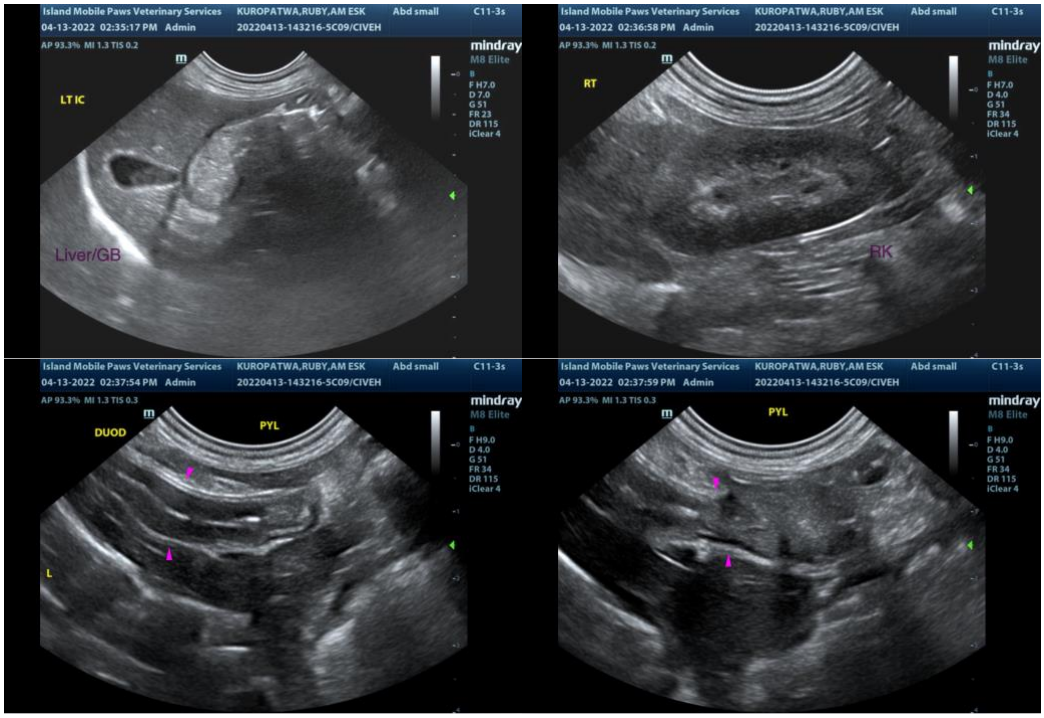
04-13-2022 02:34:23 PM Admin 20220413-143216-SC09/CIVEH
AP 93.3% MI 1.3 TIS 0.2
mindray
M8 Elite
Stomach w ingesta



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.

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