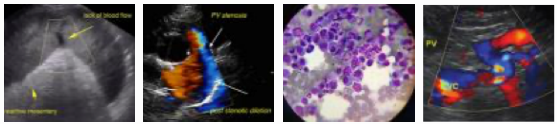
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Brody Meyers

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 years

WEIGHT

67.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr Brasted-Maki

INVOICE

12682

DATE

4.5.23

PRESENTING CLINICAL SIGNS

History: Severe obtundation, severe dehydration, soft stool that is slightly blood-tinged. Blood pressure is normal. Temperature is slightly high.

Abnormal PE/Chem/CBC/UA Results: High WBC, high neuts, slightly low platelets, mild elevation of two liver enzymes.

Current Medications: None
Radiographic Findings stomach is mildly gas-distended and the area just behind his stomach is abnormal. A brief ultrasound with our limited equipment does not tell us what it is.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.24 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.74 cm at caudal pole) (3.10 cm in length) with a normal shape and 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 itself is not visualized. However, no obvious abnormalities are observed in this region.

Spleen

The spleen is normal in size (2.15 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 irregular peripheral contours. The parenchyma is hypoechoic rs. Ill-defined hypoechoic areas are observed, particularly on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. The wall is mildly thickened (up to 0.44 cm) and hyperechoic. A few small cholelithsare visualized, along with a moderate amount of suspended echogenic debris. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the reactive mucosal surface in the cranial abdomen. In the visualized portions no obvious abnormalities are seen.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

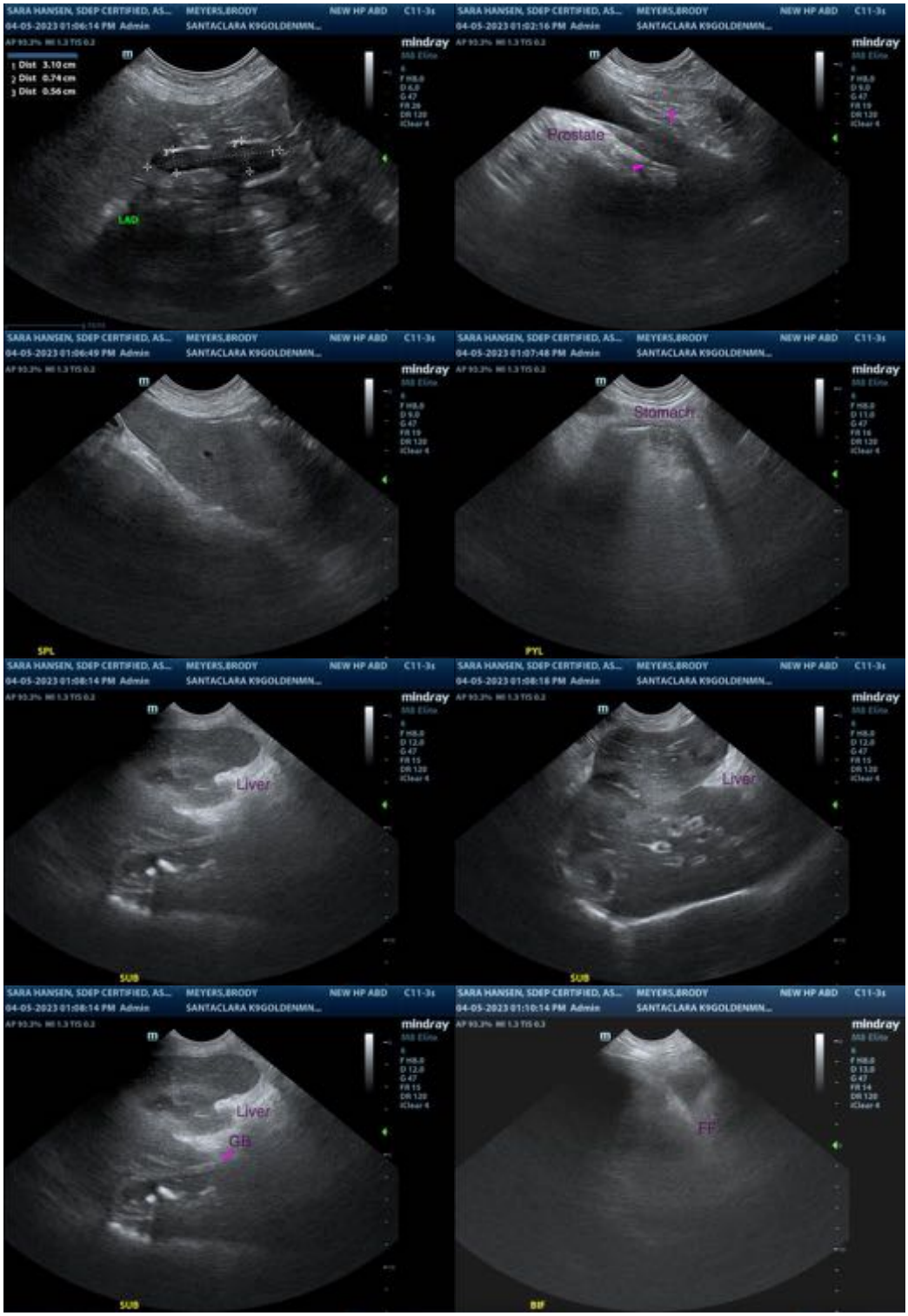
- The hepatic changes could be consistent with areas of infarction, inflammation, emerging neoplasia, other.
- Cranial peritonitis, suspected to be secondary to hepatic pathology, although other etiologies (i.e., pancreatis) cannot be completely excluded.
- The gall bladder changes are most consistent with cholecystitis with nonobstructive choleliths.
- Cranial peritonitis, suspected to be secondary to hepatic pathology, although other etiologies (i.e., pancreatitis) cannot be completely excluded.

Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids +/- a blood ammonia level should be considered to assess for hepatic encephalopathy.
- Consider fine-needle aspirates of the liver (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Consider Leptospirosis testing (i.e., blood and urine PCR, serology)
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Given the patient's mental status, a T4/free T4 by equilibrium dialysis should also be considered along with neurologic consultation +/- a brain MRI (if the patient can be stabilized).


SARA HANSEN, SDEP CERTIFIED, AS...
MEYERS,BRODY
NEW HP ABD
C11-3s
04-05-2023 01:06:14 PM Admin
SANTACLARA K9GOLDENMIN...
mindray
Dist 3.10 cm
Dist 0.74 cm
Dist 0.56 cm
LAD
04-05-2023 01:02:16 PM Admin
Prostate
04-05-2023 01:06:49 PM Admin
SPL
04-05-2023 01:07:48 PM Admin
Stomach
PYL
04-05-2023 01:08:14 PM Admin
Liver
SUB
04-05-2023 01:08:16 PM Admin
Liver
SUB
04-05-2023 01:08:14 PM Admin
Liver
Gb
SUB
04-05-2023 01:10:14 PM Admin
FF
BIF

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