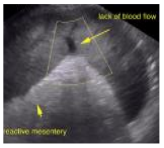
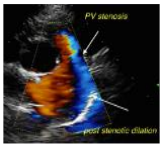
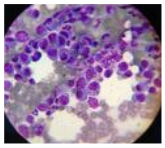
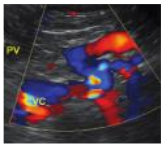
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Wiley Dormer

SPECIES
Canine

BREED
Aus Shepherd

SEX
Neutered Male

AGE
2 years

WEIGHT
48,8 lbs

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

IMAGING PERFORMED BY
Megan Schneck

HOSPITAL NAME
Willamette VH

REFERRING VET
Megan Schneck

INVOICE
11279

DATE
7.29.22

PRESENTING CLINICAL SIGNS

History: Presented 7/26 for 72-hr hx anorexia, intermittent vomiting (however none in last 24hr), diarrhea 24hr duration progressing to melena, tarry stool.

Abnormal PE/Chem/CBC/UA Results: 4pm - Chem 10: low ALKP (<10). EPOC: mild hypocalcemia 1.06, K 4.7 (normal), Hct 42%. CBC:HCt 46.4%,normal wbc (13.07), thrombocytopenia (121) automated, manual platelet - no platelets

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 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 **prostate** is normal in size (1.25 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.12 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.

The **right kidney** is normal size (5.90 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 region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen
The **spleen** is normal in size (1.98 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 **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not segmentally gas distended. 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

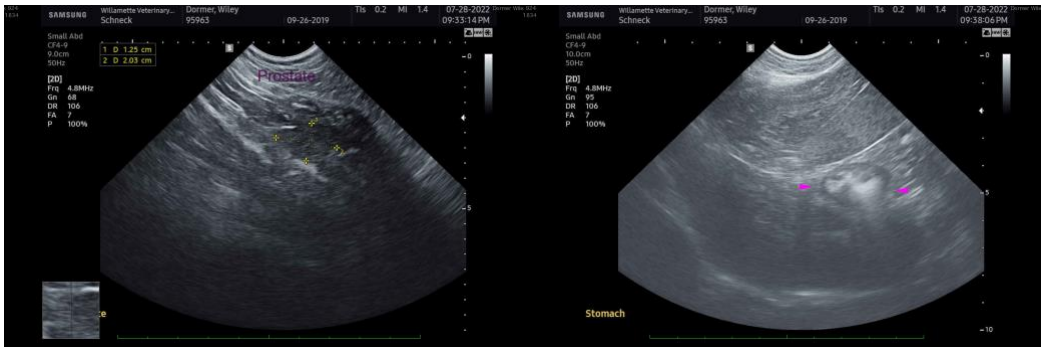
- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., acute gastroenteritis, dietary indiscretion, food allergy/intolerance, infectious/parasitic disease), underlying metabolic issue, mild pancreatitis, toxin exposure, other.

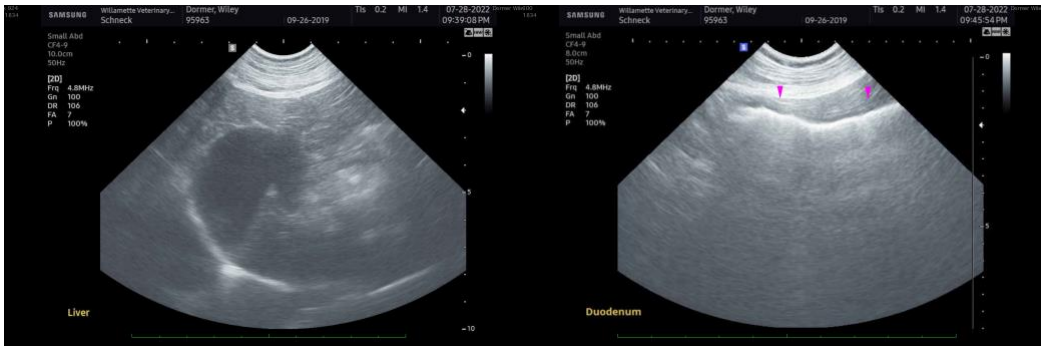
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

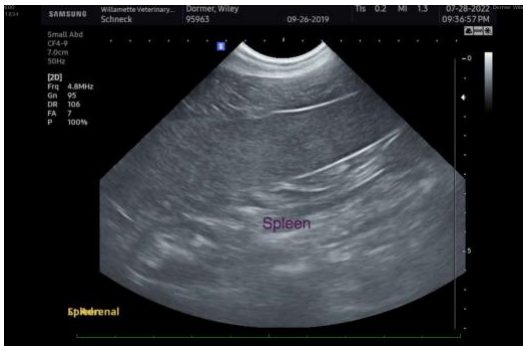
A repeat CBC (send to a diagnostic lab) to reassess the platelet count is recommended. Other diagnostic considerations include the following:

1. Fecal evaluation for ova and giardia
2. A resting cortisol level to screen for hypoadrenocorticism.
3. Thoracic radiographs to assess for occult aspiration pneumonia
4. Supportive care for gastroenteritis/GI ulceration (i.e., proton pump inhibitor, sucralfate, antiemetics, fluid therapy)

Depending on the results of the above diagnostics, a more advanced GI work-up (i.e., malabsorption panel, upper GI endoscopy with biopsies) may be warranted.







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