SonoPath
Clinical Sonography & Telecytology
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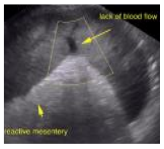
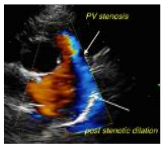
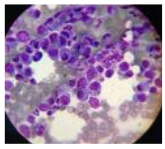
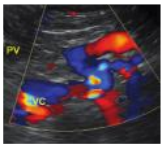

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1-800-838-4268 info@sonopath.com

PATIENT

Binx Slatt

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

6.5 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Alesha Glass

INVOICE

14084

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: Patient presented 7/11/23 for PU/PD and being more anxious. PE: weight loss of 7 pounds, still overweight but no change in diet, and no v/d., atopy, perivulvar dermatitis from poor conformation.

Free catch urine in June: SPG 1.029, pH 7, WBC 6-10, RBC 0-2, no bacteria.
July BW was overall normal with the only abnormality being: cholesterol 428 (131-345).
Recommended trial of Carprofen for pain management due to chronic hip issues as well as 10-day course of amoxicillin in case she does have a UTI. Still not acting herself and V+ every 4 or 5 days.
Cerenia was dispensed and an abdominal US was recommended for further workup.
Cerenia did stop the vomiting.

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 left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal 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 (6.66 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.41 cm at cranial pole) (0.52 cm at caudal pole) 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 caudal pole of the right adrenal gland is visualized and is small in size (0.32 cm in width) with normal glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.01 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal/not seen.

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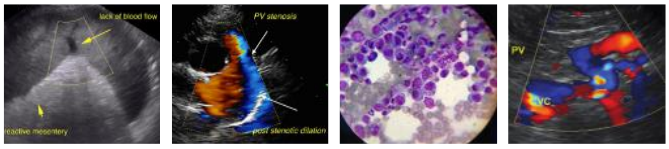

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Gastrointestinal

The lumen is mildly distended with ingesta. 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

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

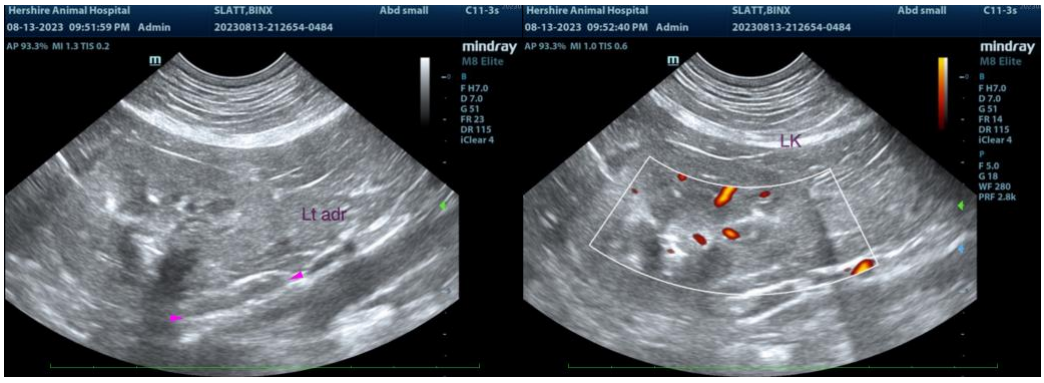
- Unremarkable abdomen

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

1. Urine culture and sensitivity, preferably 5-7 days following the last antibiotic dose.
2. Resting cortisol level to screen for atypical hypoadrenocorticism
3. Three-view thoracic radiographs to evaluate for occult neoplasia in the chest
4. Texas GI panel including serum cobalamin and folate, TLI and PLI to evaluate for maldigestion/malabsorption and pancreatic disease.
5. Given the PU/PD, consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high in this patient.
6. While awaiting test results, symptomatic care is recommended



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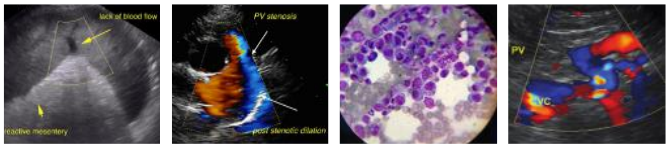

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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