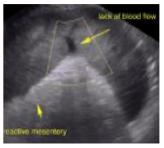
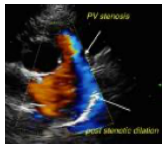
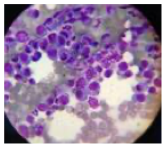
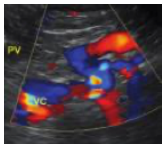
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sadie Daigh

SPECIES
Canine

BREED
Mini Dachshund

SEX
Spayed Female

AGE
9 years

WEIGHT
8.8 lbs

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

IMAGING PERFORMED BY
Dr. Couser

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Couser

INVOICE
11446

DATE
8.19.22

PRESENTING CLINICAL SIGNS

History: Presented 8/18 afternoon for 24 hrs duration vomiting (mucus/bile), diarrhea (with hematochezia), & inappetence. No known salmon exposure. No known dietary indiscretion. P is a known diabetic, typically received 2 U vetsulin BID, received 8/17 AM, skipped 8/17 PM, then received 8/18 AM but did not eat well. Initially diagnosed with DM a few years ago due to an episode of DKA.

Abnormal PE/Chem/CBC/UA Results: Exam: QAR, MM pink, dental disease. Thoracic auscultation wnl. Abd soft, nonpainful. Normothermic. BG 76 on presentation.
CBC: HCT 54.8%, Leukogram & PLT wnl
Chem17: Glu 73, Chol 103, rest wnl.
EPOC: Crea 0.62, Glu 76, K 4.0, LAC 2.12, pH 7.408, BUN 12, HCT 55%
UA: USG >1.050, pH 6.5, Leu 25, Pro 30, Ket 15 (suspect false pos in absence of glucosuria), UBG 4, BIL 3.
Sedivue NSF.
Vcheck cPL = normal

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (3.94 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. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.94 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. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

What is thought to be the caudal pole of the **left adrenal gland** is upper limits of normal size (0.56 in width), with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.62 cm at cranial pole) (0.45 cm at caudal pole) (0.76 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.

Spleen

The **spleen** is normal in size (1.08 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 mildly fluid distended. 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. 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

- Mild gastric ileus

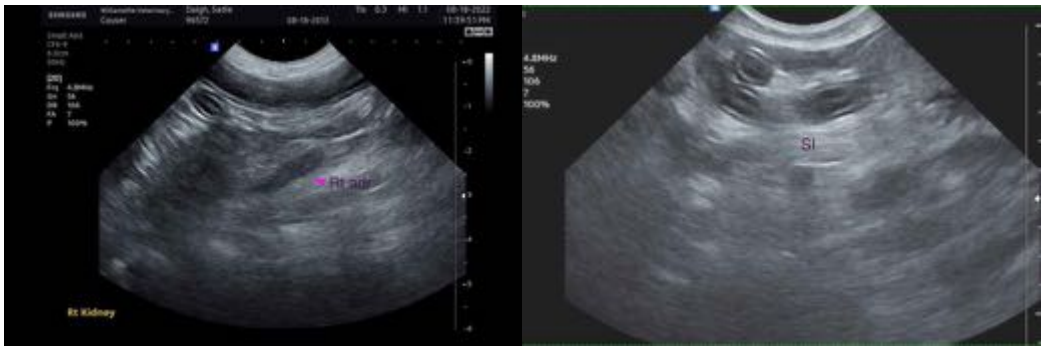
Secondary Findings

- The medullary bands seen in both kidneys may be a benign incidental finding. However, this can occasionally be a marker of subclinical renal disease.

*An obvious cause for the patient's current clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a cPLI to further evaluate for pancreatitis.
- Also consider a fecal evaluation for ova and Giardia.
- Consider prophylactic deworming with Fenbendazole.
- Supportive care for acute gastroenteritis is recommended, including fluid therapy, regular insulin (until the patient is eating), gastric protectants, antiemetics, and pain medication as needed.
- If the patient does not respond with in 48-72 hours of medical management, a more advanced GI work-up should be considered.



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