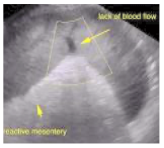
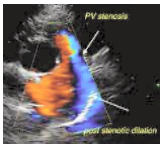
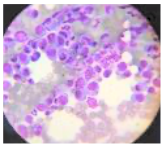
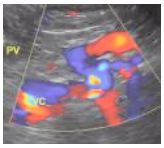
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Toby Shirk

SPECIES
Canine

BREED
Corgi

SEX
Neutered Male

AGE
4 years

WEIGHT
12 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Vet Emerg Ctr

REFERRING VET
Dr. Slenbaker

INVOICE
11445

DATE
8.19.22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating, not drinking, and lethargy. Over the past month and a half patient has been eating on and off. Owner says diagnosed with anaplasmosis recently. They put patient on doxycycline, but patient got sick on it. Patient seemed to improve last week but then on Tuesday started not eating again. Owner went back to reg vet where they gave Cerenia and Entyce but that didn't help. Patient still not eating today and has been getting very lethargic and is hiding a lot. Owner says patients coat has been different this year as well. Owner mentioned that reg vet recommended ultrasound next.
Previous Health Concerns: (+) anaplasmosis
Current Medications/Supplements/OTC: Dasuquin; Entyce

Abnormal PE/Chem/CBC/UA Results: rDVM blood work- NR(7/2022) except for (+) Anaplasma- was (+) 12/2021- no thrombocytopenia, no fever- asymptomatic++ persistent (+)?
Rads- rDVM- AIS report(8/1/2022)- soft tissue opacity(filling changes) to stomach(visible on rads sent here by RDVM, especially on VD)

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 (0.72 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 (5.41 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.

The **right kidney** is normal size (5.65 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 seen.

Spleen

The **spleen** is normal in size (1.26 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 **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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.

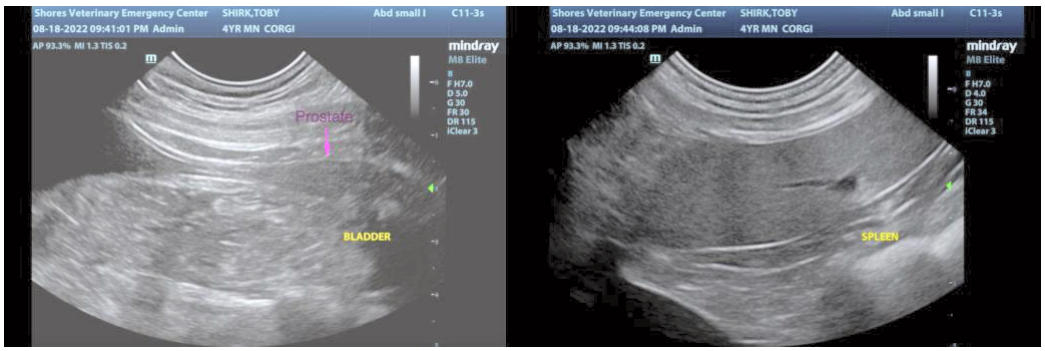
ULTRASONOGRAPHIC FINDINGS

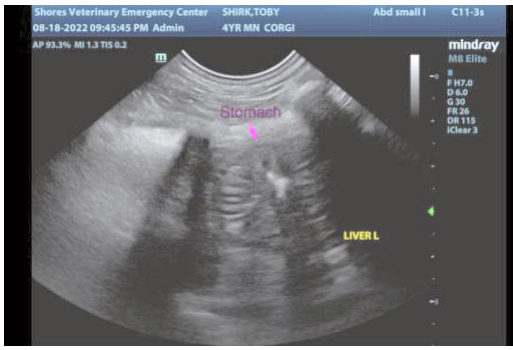
Primary Findings

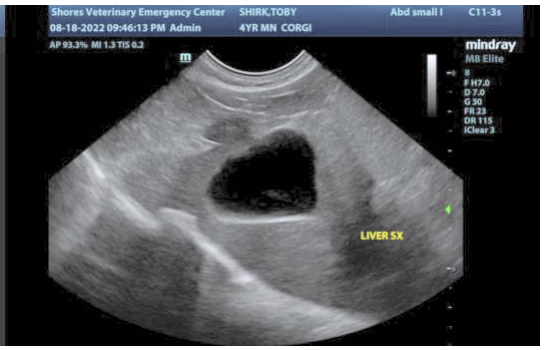
- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study.

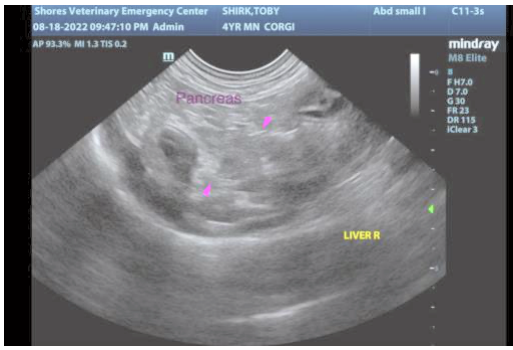
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

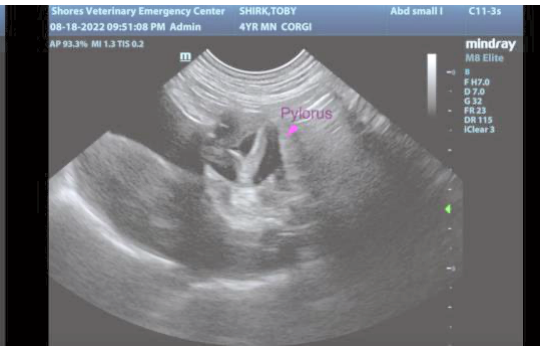
- Baseline lab-work including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Consider three-view thoracic radiographs to assess for occult disease in the chest.
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease
- Thorough orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of the patient's clinical signs.
- Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI to assess for occult pancreatic and small intestinal disease and a resting cortisol level to evaluate for atypical hypoadrenocorticism.

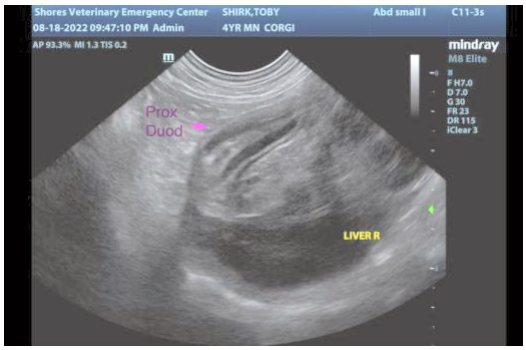












The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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