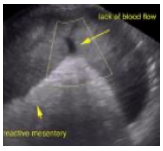
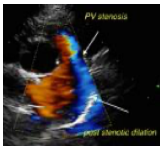
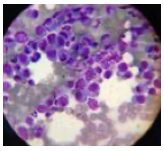
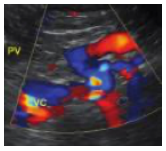
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Maple Kowalski

SPECIES
Canine

BREED
Pitbull mix

SEX
Female, spayed

AGE
3 Yrs.

WEIGHT
21 kg.

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

IMAGING PERFORMED BY
Hayley Heindel

HOSPITAL NAME
Mason Dixon Animal Emergency

REFERRING VET
Dr. Longbottom

INVOICE
15219

DATE
8/23/23

PRESENTING CLINICAL SIGNS

History: severe weight loss, poss masticatory myositis, muscle atrophy, head tremors, disorientation, severe proteinuria
Abnormal PE/Chem/CBC/UA Results: ALT 302, ALP 272, GGT 16, K 2.9, Cl 100 Ammonia 48 CK 77 Cortisol 1.4 T4 1.5

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 the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.76 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 (6.85 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The caudal pole of the right adrenal gland is visualized and is normal size (0.45 cm in width). The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.46 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 severely distended with fluid and 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

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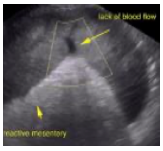
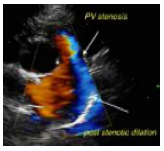
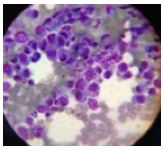
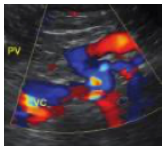

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Severe gastric distention. Differentials include functional ileus vs mechanical obstruction of the pyloric outflow tract.
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider an additional 8-12 hour fast with a repeat ultrasound to better assess the pyloric outflow tract.
- Other diagnostic considerations to further evaluate for causes of weight loss include the following:
  1. Three-view thoracic radiographs to assess for occult pathology in the chest.
  2. Pre and post prandial serum bile acids, Leptospirosis testing (i.e., blood and urine PCR, serology), +/- hepatic tissue sampling (i.e., fine needle aspiration or biopsies) to further evaluate elevated liver values.
  3. Fecal evaluation for ova and Giardia.
  4. GI panel including serum cobalamin, folate, TLI and PLI.
  5. Given the concern for masticatory muscle myositis, consider performing serum type 2 M muscle autoantibody test.

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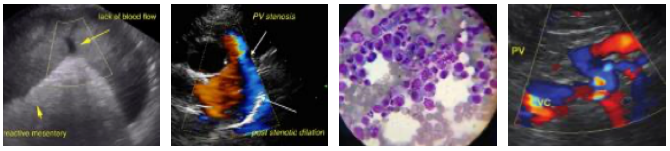

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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