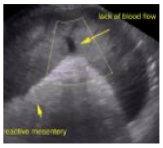
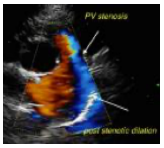
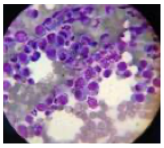
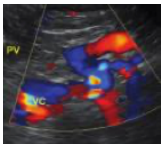
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Marley Mitchell

SPECIES

Canine

BREED

Golden Mix

SEX

Spayed Female

AGE

4.5 years

WEIGHT

15.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura de Cordon

HOSPITAL NAME

Mason Dixon AE

REFERRING VET

Dr. Laura de Cordon

INVOICE

11347

DATE

8.5.22

PRESENTING CLINICAL SIGNS

History: Presented to MDAEH on 8/4/22 because of decreased appetite for about 4 weeks that progressed to anorexia. Patient was put on Metronidazole, Enrofloxacin, Famotidine for possible UTI. No GI symptoms ever reported by owner.

Abnormal PE/Chem/CBC/UA Results: 8.5.22 Chem/comp: BUN 40 Creat 1.3 high normal Phos 6.4 Ca 14.7 Corr Ca 15 Tchol 93 L Lytes: K 5.4 sl H CBC: Lymphocytosis 6.92 cPLI: Normal 2 view AXR: Gastric pylorus appears thickened; proximal duodenum? appears thickened, irregular. Gas in cecum. Right lateral thorax: WNL Pending cortisol levels and repeated CBC

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. A small amount of echogenic debris is observed within the lumen. 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 **left kidney** is normal size (5.24 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 (5.21 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

The caudal pole of the **left adrenal gland** is visualized and is normal size (0.49 cm in width); normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The **right adrenal gland** is normal size (0.80 cm at cranial pole) (0.45 cm at caudal pole); 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 (1.51 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. A moderate amount of aggregated, echogenic debris/sludge, most of which is partially dependent, is observed within the lumen. 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 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

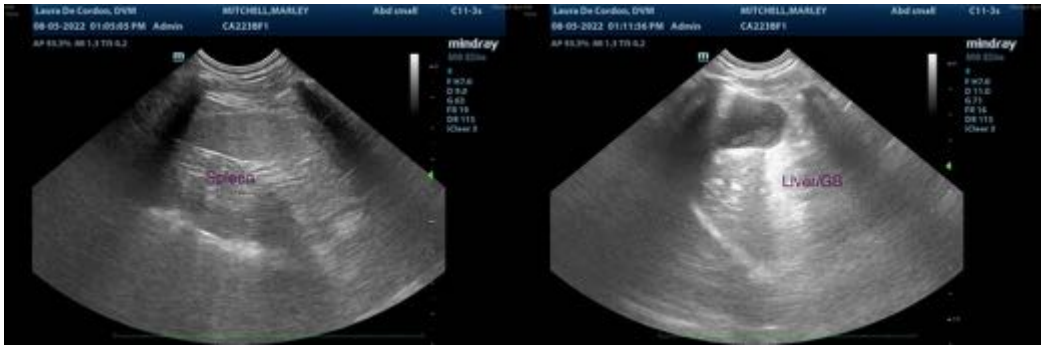
- The hyperechoic medullary band seen in both kidneys may represent a benign, incidental finding. However, underlying kidney disease is also possible.

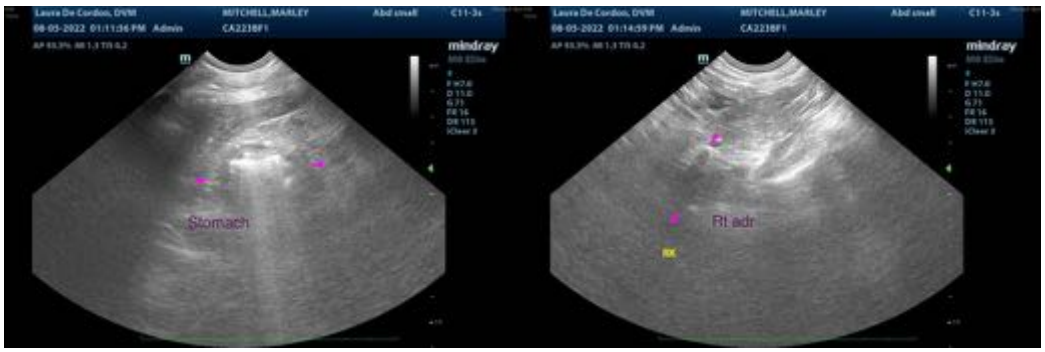
- Gall bladder sludge, non-mucocele

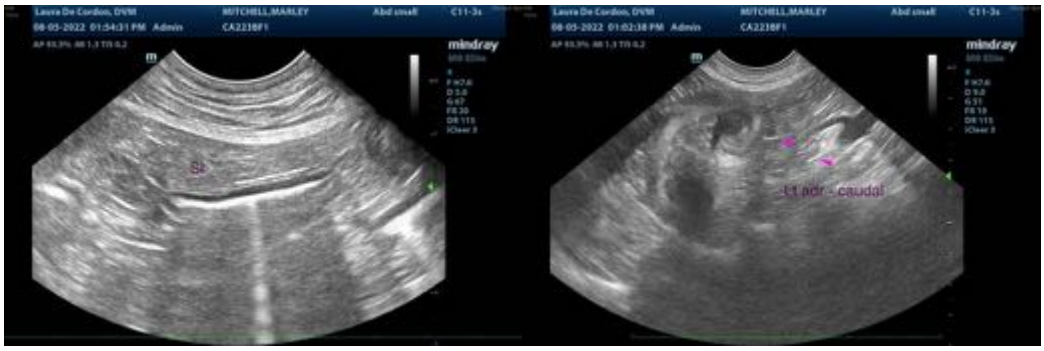
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hypercalcemia, a rectal examination is recommended to assess for anal gland tumors. Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest. A PTH/PTHrP/ionized calcium is also strongly recommended.

- Given the borderline azotemia, a urinalysis 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.

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