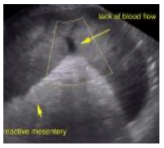
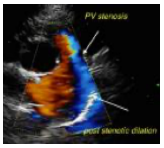
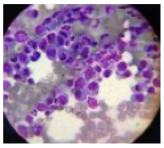
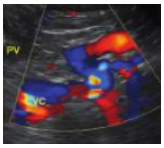
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Copper Peek

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Intact Female

AGE
1 year, 2 mos

WEIGHT
64.2 lbs

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

IMAGING PERFORMED BY
Leon Anderson, DVM

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Leon Anderson, DVM

INVOICE
11649

DATE
9.16.22

PRESENTING CLINICAL SIGNS

Recent History: She is usually a never-can-stand-still energetic dog. This morning did not want to get up and go out, when she did, she pooped, came inside, acted like something hurt and ran for the door spraying pee on the way. She has been reluctant to move, a bit hunched, short gaited in the back legs, and can't get into the car. Long term: She came to them at 6mo of age with "chronic urinary issues". She has never been able to go without some leaking, but it is worse at times. Her vulval has always been swollen. She had a heat in early August and again in early September.

Abnormal PE/Chem/CBC/UA Results: PE: Walks short gaited in the back and a bit posty. She is slow to rise after lying down for any time. No fever. No isolatable pain, swelling, or loss of range of motion. Normal exam other than being quieter than normal and her gait/stance. CBC: Normal Chemistry: Normal UA: clear, SG 1.022, pH 7.0 X-rays of abdomen pending: Apparent food in stomach (despite 6 hours since eating), material in colon, loops of empty small intestine. We'll sent these to you for a read Saturday.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal. The ureteral jet is observed during the study. The visible portion of the proximal urethra is normal.

The **left kidney** is normal size (7.18 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 (7.16 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 **left adrenal gland** is small in size (0.31 cm at cranial pole) (0.41 cm at caudal pole) (2.71 cm in length); with a 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.

The **right adrenal gland** is small in size (0.24 cm at cranial pole) (0.28 cm at caudal pole) (1.24 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 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 to moderately distended with ingesta/soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). 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. A 1.71 x 1.31 cm medial iliac lymph node is visualized.

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

The left **uterine horn** is visible and is normal in size (0.72 cm in diameter). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric luminal contents may represent normal ingesta and/or foreign material (i.e., grass). If the patient was fasted for this study, delayed gastric emptying would be a consideration. The abdomen is otherwise unremarkable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to further assess cardiopulmonary status.

Other diagnostic considerations include the following:

1. Comprehensive tick panel (send to NC State Vector-borne Disease Lab).
2. Spinal +/- peripheral joint radiographs
3. +/- arthrocentesis with submission of joint fluid for cytology and culture
4. Acetylcholine receptor antibody titers to evaluate for myasthenia gravis
5. Given the small adrenal glands, bilaterally, consider a resting cortisol level to screen for hypoadrenocorticism.

Regarding the urinary issues, a urine culture and sensitivity is recommended to assess for infection. Further assessment (i.e., contrast CT scan +/- cystoscopy) for ectopic ureters should also be considered.


Liver


SI


Lt adr
Dist 2.71 cm
Dist 0.36 cm
Dist 0.41 cm

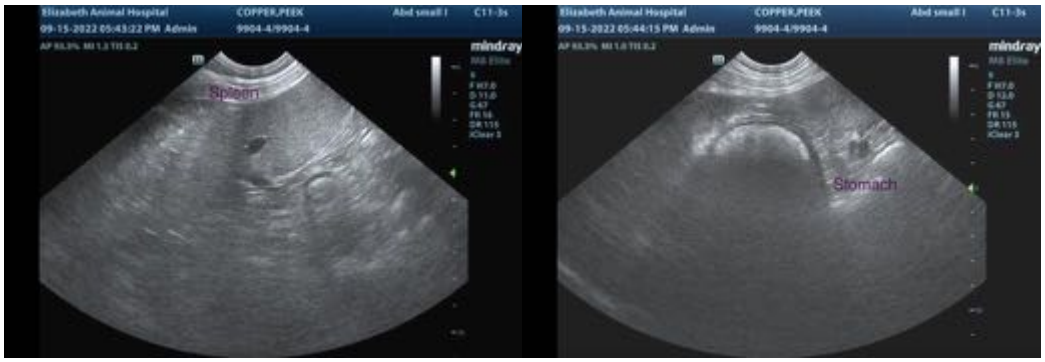

Rt adr
Dist 1.42 cm
Dist 0.24 cm
Dist 0.28 cm


UB


Trigone


Lt uterus


Lt K



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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