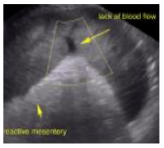
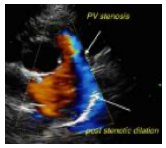
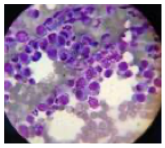
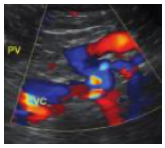
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Maggie Mouton

SPECIES
Canine

BREED
Basset Hound

SEX
Spayed Female

AGE
5 years

WEIGHT
61.2 bs

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

IMAGING PERFORMED BY
Jessica Bailes

HOSPITAL NAME
All Creatures Great&Small VC, Corvalis

REFERRING VET
Beth Marszewski

INVOICE
11691

DATE
9.22.22

PRESENTING CLINICAL SIGNS

History: Presented 2 weeks ago PU/PD; bloodwork showed hypercalcemia, everything else WNL. Yesterday acute onset vomiting: profuse bloody diarrhea started overnight last night.

Abnormal PE/Chem/CBC/UA Results: mild weight loss, 5% dehydrated on exam today; had several bouts of very bloody diarrhea i exam room today. Vomited >20 times overnight last night. Bloodwork 9/15/22: hypercalcemia (12.2), otherwise WNL BW today: CHEM WNL (total calcium now WNL @ 10.4); CBC = hemoconcentration (HCT = 58.5%); Suspect L shift on WBC. Electrolytes WNL.

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right 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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.38 cm at caudal pole) (2.43 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.

The **right adrenal gland** is normal size (0.47 cm at cranial pole) (0.53 cm at caudal pole) (2.78 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 subjectively enlarged 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 is** of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No focal lesions are observed. The pancreatic duct is borderline dilated (0.37 cm in diameter).

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

- The pancreatic changes are consistent with parenchymal remodeling. Mild chronic pancreatitis is also possible.

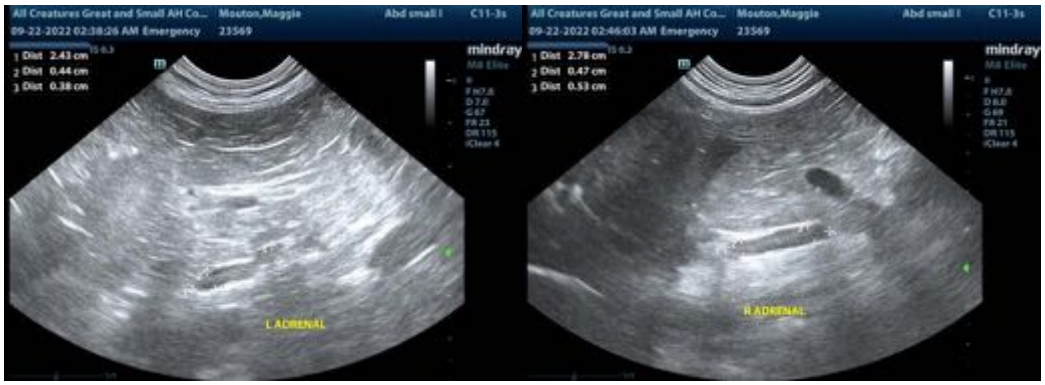
  *An obvious cause for the patient's current clinical signs and hypercalcemia is not identified in this study.

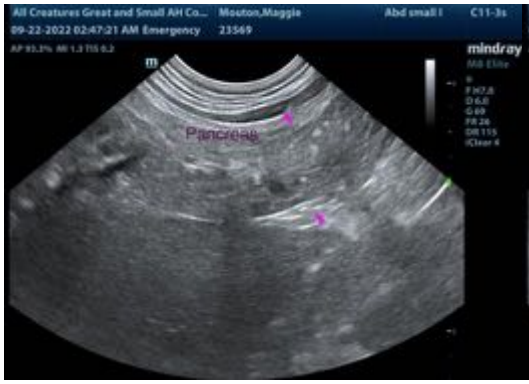
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With regard to the patient's current gastrointestinal signs, consider the following:

1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole
3. Supportive care for acute hemorrhagic gastroenteritis. If clinical signs do not improve with medical management, a more advanced GI work-up may be warranted.

Regarding the hypercalcemia, an ionized calcium +/- PTH/PTHrP should be considered along with a rectal exam (to assess for anal gland masses) and three-view thoracic radiographs to assess for occult neoplasia in the chest.





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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