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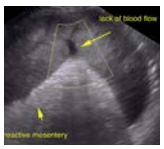
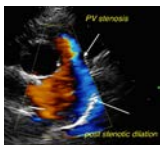
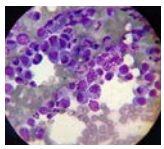
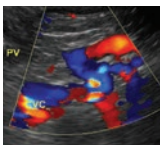

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1-800-838-4268 info@sonopath.com

PATIENT

Baby Bug Lyon

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

3 Years

WEIGHT

1.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kathleen Massa

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Kathleen Massa

INVOICE

44306

DATE

1/19/23

PRESENTING CLINICAL SIGNS

Baby Bug is a 3y FI Chihuahua presenting for acute lethargy and unresponsiveness. P did not eat/drink for the past day. Last heat cycle ~1 month ago. O got the patient about 2 years ago. Historically healthy besides dental disease. Nothing she could have gotten into or been exposed to and has very limited outside contact per O.

Abnormal PE/Chem/CBC/UA Results: -BG on presentation 30 -Temp: 96.1 -BUN 128 -CREA: 2.2 -Phos: 13.6 -CBC showed leukocytosis, neutrophilia, lymphopenia, thrombocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The caudal pole of the left adrenal gland is visualized and normal, measuring 0.47 cm thick. The cranial pole is not well visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

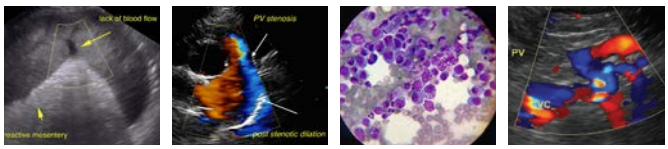
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as very mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

The ovaries are unable to be well visualized in these images. The uterus is partially visualized in one video clip just cranial to the urinary bladder and appears very mildly fluid distended. There is no evidence of a distended uterus visible elsewhere.

ULTRASONOGRAPHIC FINDINGS

- **Very mild gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Mild amount of fluid distention in the uterine body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an obvious ultrasonographic explanation for this patient's severe acute illness. Recommendations include a further metabolic workup, beginning with (to help determine prerenal versus renal azotemia) a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

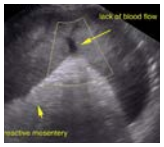
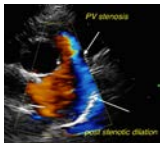
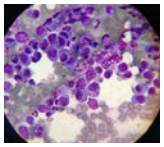
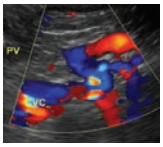
Due to the hypoglycemia, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Additionally, due to the hypoglycemia, bile acid testing is recommended.

If the azotemia is determined to be renal and suggestive of kidney disease, testing for Leptospirosis would be recommended.

In the meantime, in addition to supportive/symptomatic medical management including fluid therapy, antiemetics, gastroprotectants, broad-spectrum antibiotics, Dextro supplementation if necessary, etc., empirical deworming with a 5-day course of Panacur is recommended.

There is no definitive ultrasonographic evidence of a pyometra in these images at this time. However, given the septic picture presented with the bloodwork and the severe patient illness, it should not be

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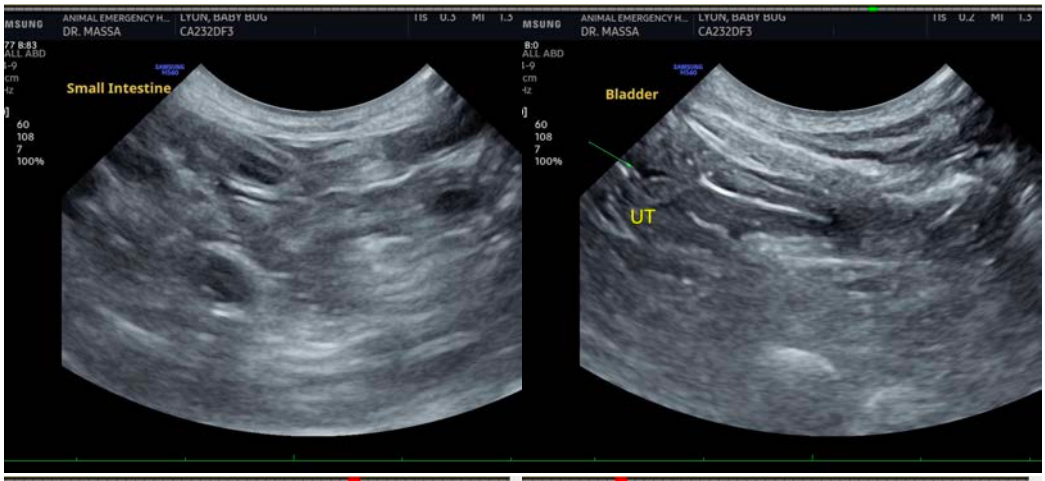
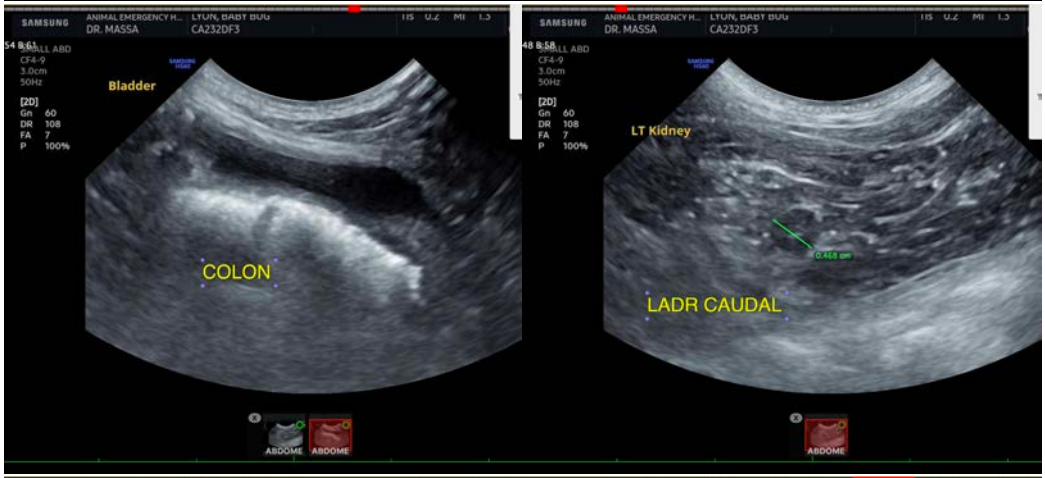
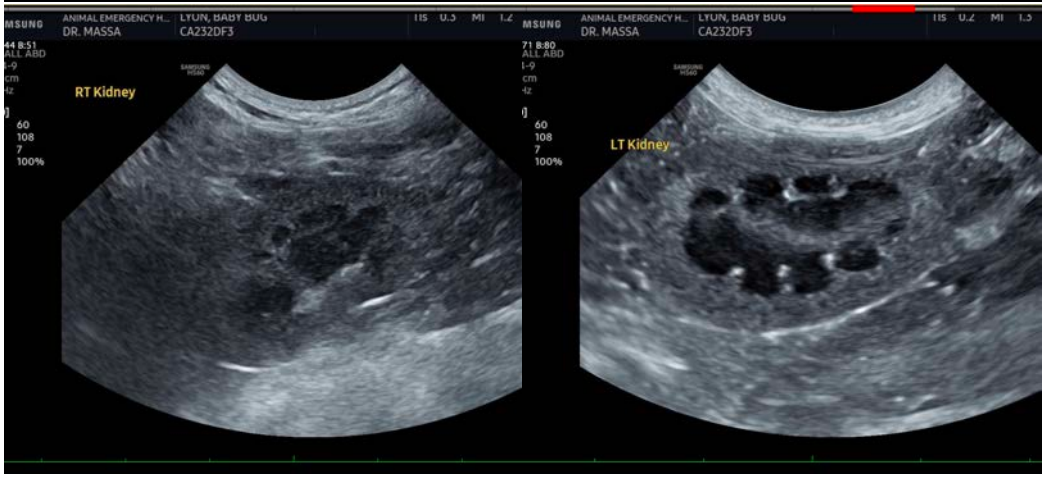
definitively ruled out, especially if it is an open pyometra Therefore, it remains a differential, especially if the clinical picture supports it.







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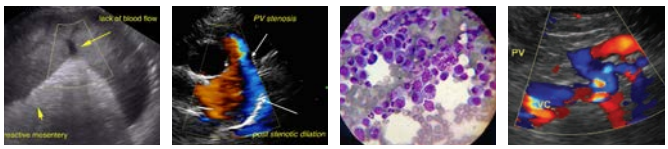

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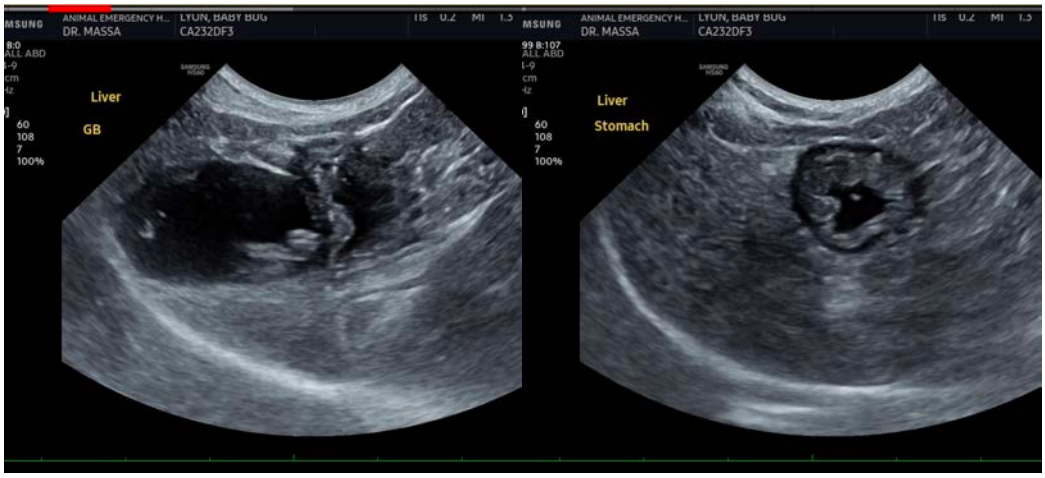

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com