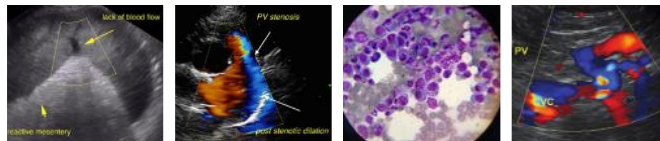
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Emmy Whitney

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
8 Years

WEIGHT
65 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Meghan Schneck

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Meghan Schneck

INVOICE
17537

DATE
10/2/22

PRESENTING CLINICAL SIGNS

History: Rescued from Turkey 2015, tested + for leishmaniasis in 2019 with multiforman. Monitoring with titer. 2-3 months ago decreased allopurinal to once a day (owner elected). Travels between OR and DC, last in DC 8/10; traveled to OR Coast in Aug Still drinking water but hasn't eaten since 9/29 am; vomited 11x between 9/29 and 9/30, May have been shoelace in vomit (tue) hasn't vomited in last 24 hr (received 28 mg Cerenia SC at Eastgate), vomit and burps smell "bad," no diarrhea, consumed shoelace 9/27 and vomited parts of it up. Wed was coughing all nice. Treated in Jan of this year - was licking the foot and given rimadyl. Milder for a while. In Aug return to vet. AUg 31, cytopoint injection. Diagnosed with infected claw (LF, digit 3) at Eastgate.

Abnormal PE/Chem/CBC/UA Results: CBC: leukocytosis (20) characterized by neutrophilia (16) and monocytosis (1.2), Plt 243, Hct 60% Chem: hyperglobulinemia(4.2), BUN (50), creatinine 1.2 and hyperphosphatemia (6.7), hypochloremia (97), Na (141), K (4.6), albumin (3.2) PSL increased (151) -HO

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (6.82 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 infarcts observed. Mild pyelectasia, as well as a nonobstructive nephrolith noted within the renal pelvis.

Right kidney is normal is size (7.51 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

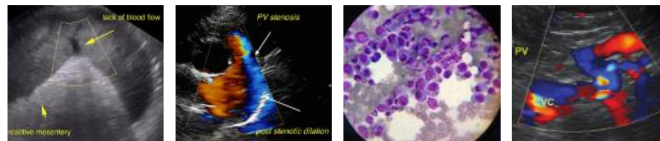
Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.43 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.51 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

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). A 0.7 cm hypoechoic non-capsule-disrupting nodule is noted. Splenic vasculature appears normal.

Liver

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.



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Gallbladder is moderately distended with anechoic bile as well as 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 visible stomach wall is normal in thickness. The lumen of the stomach is moderately distended with echogenic nonshadowing luminal contents, fluid and gas, consistent with normal ingesta and fluid. There is no evidence of obstruction, foreign material or infiltrative disease present, but a partial gastric outflow obstruction cannot be definitively ruled out.

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted. The bowel is diffusely filled with gas, potentially masking subtle or emerging pathology.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.

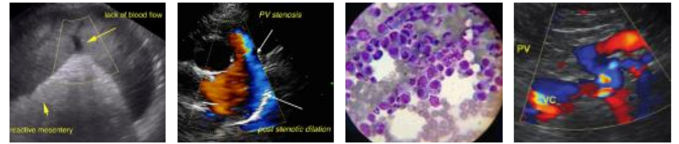
- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

- Nonobstructive nephrolithiasis in the left kidney with mild pyelectasia.

Secondary Findings

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

- 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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients azotemia, if not already evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, there is no visible evidence in these images at this time of foreign material, especially plication, as would be expected with a linear foreign body or definitive obstructive pattern, however, a partial obstruction cannot be definitively ruled out. Recommendations include supportive/symptomatic medical management of gastroenteritis with fluid support, antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur and a bland easy to digest diet. If clinical signs progress and/or persist, recheck abdominal imaging is recommended in the form of abdominal radiographs +/- Barium and/or recheck abdominal ultrasound.

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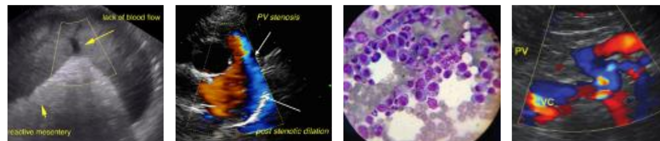

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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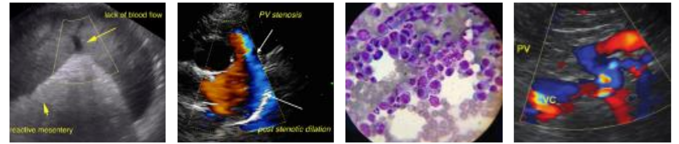

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