SonoPath
Clinical Sonography & Telecytology
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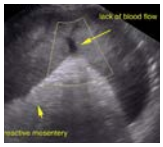
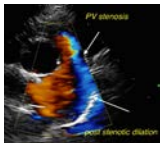
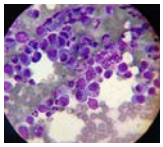
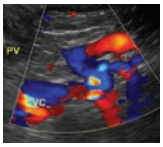





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Birdie Lazzaro

SPECIES
Canine

BREED
Puggle

SEX
Spayed Female

AGE
11 Months

WEIGHT
7.5 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Chain of Lakes AC

REFERRING VET
Dr. Reyes

INVOICE
42461

DATE
11/2/22

PRESENTING CLINICAL SIGNS

Pet presented on Oct 28 for lethargy and anorexia, stools were also soft at that time. On rectal exam on the 28, pet had soft stools and 3 small coconut like seeds were found. Radiographs with review were NSF. In house chemistry was also NSF including lytes. Pet was sent home with probiotics and GI diet. Today presented for continuing anorexia, no vomiting or diarrhea. Pet lost about 0.5 lbs since the 28th. Repeating BW today

Abnormal PE/Chem/CBC/UA Results: On PE pet is not allowing extension of neck, also presented on downward facing dog position and possible ataxic on hind end. Owner mentions that she has been crying at home in pain. Non febrile, abdomen palpated soft

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 (3.2 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 (3.4 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 area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.31 cm at the cranial pole and 0.30 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

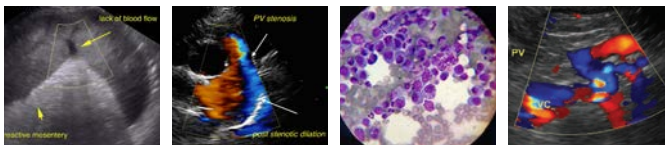
Liver

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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. It is mildly fluid distended, but the contents are most consistent with normal ingesta and chyme. No evidence of foreign material or obstruction.



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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.

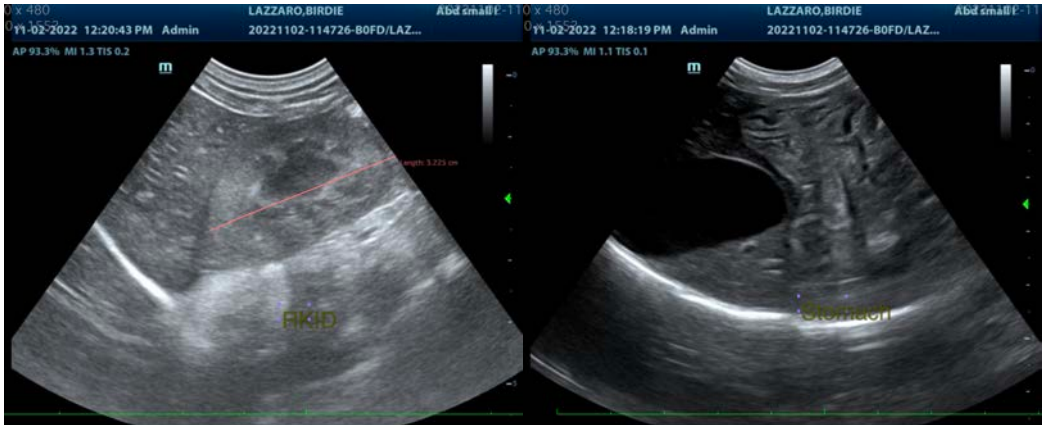
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Relatively unremarkable/normal abdomen without evidence of foreign material or obstruction noted. The gastric contents cannot be definitively ruled out as foreign material, but the appearance is more consistent with normal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected primary cause of this patient's decreased appetite and lethargy is believed to be the reported pain, ataxia, potentially underlying neurologic condition. Therefore, recommendations include full evaluation/workup/management of possible cervical and/or spinal pain, etc., while offering support in the form of an appetite stimulant if necessary, etc.. If vomiting begins and/or inappetence persists beyond workup and management of the underlying neurologic and/or pain condition, recheck abdominal imaging may be warranted.



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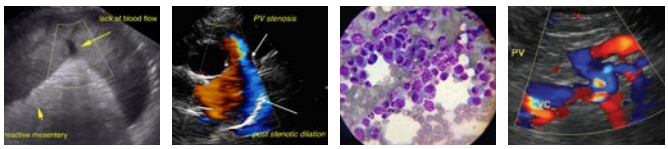

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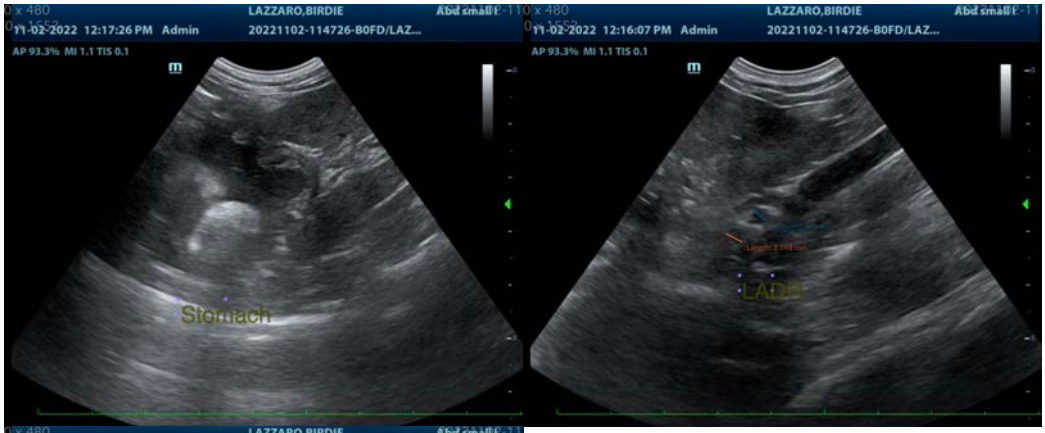

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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