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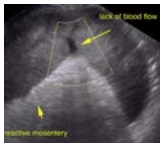
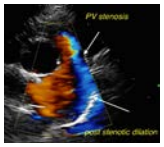
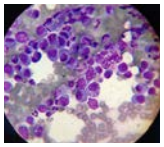
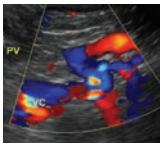

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1-800-838-4268 info@sonopath.com

PATIENT

Oakley Diaz

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

9 Years 6 Months

WEIGHT

18.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Lisa Wade, DVM

INVOICE

42649

DATE

11/8/22

PRESENTING CLINICAL SIGNS

Syringomyelacia and Chiari-like malformation Grade 2/6 heart murmur, echo showed mild degenerative valve disease chronic pancreatitis Acutely presented for anorexia, vomiting, and sudden onset pu/pd yesterday

Abnormal PE/Chem/CBC/UA Results: cPL abnormal chronically elevated PLI on GI panels CBC/Chem normal yesterday Urinalysis 1+ glucose, otherwise normal yesterday

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 (4.7 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

The left kidney is normal in size (5.2 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm at the cranial pole and 0.59 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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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 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. A small polyp adhered to the mucosa cannot be definitively ruled out.

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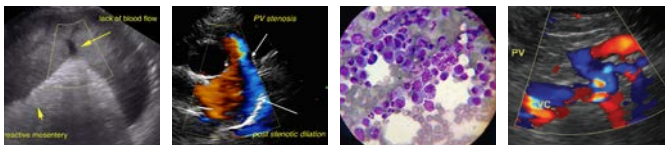

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Gastrointestinal

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.

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, except in the mid cranial abdomen, where there is a focal small bowel loop that is dilated with echogenic luminal contents, consistent with ingesta. There is no acoustic shadowing, no plication, and no obstructive pattern to imply foreign material or an obstruction. However, foreign material cannot be definitively ruled out.

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.

PRIMARY FINDINGS

- **Hyperechoic hepatomegaly -** This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

- **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. A small benign polyp cannot be ruled out.

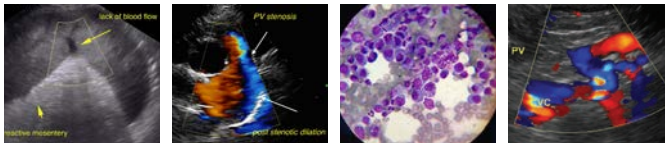
SECONDARY FINDINGS

- Non-obstructive nephrolithiasis bilaterally

- The small bowel luminal contents described above are most consistent with normal ingesta. However, foreign material cannot be definitively ruled out, and this finding should be interpreted in combination with patient's response and/or progression with medical management.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an ultrasonographically obvious cause to explain this patient's acute gastrointestinal signs and PU/PD.



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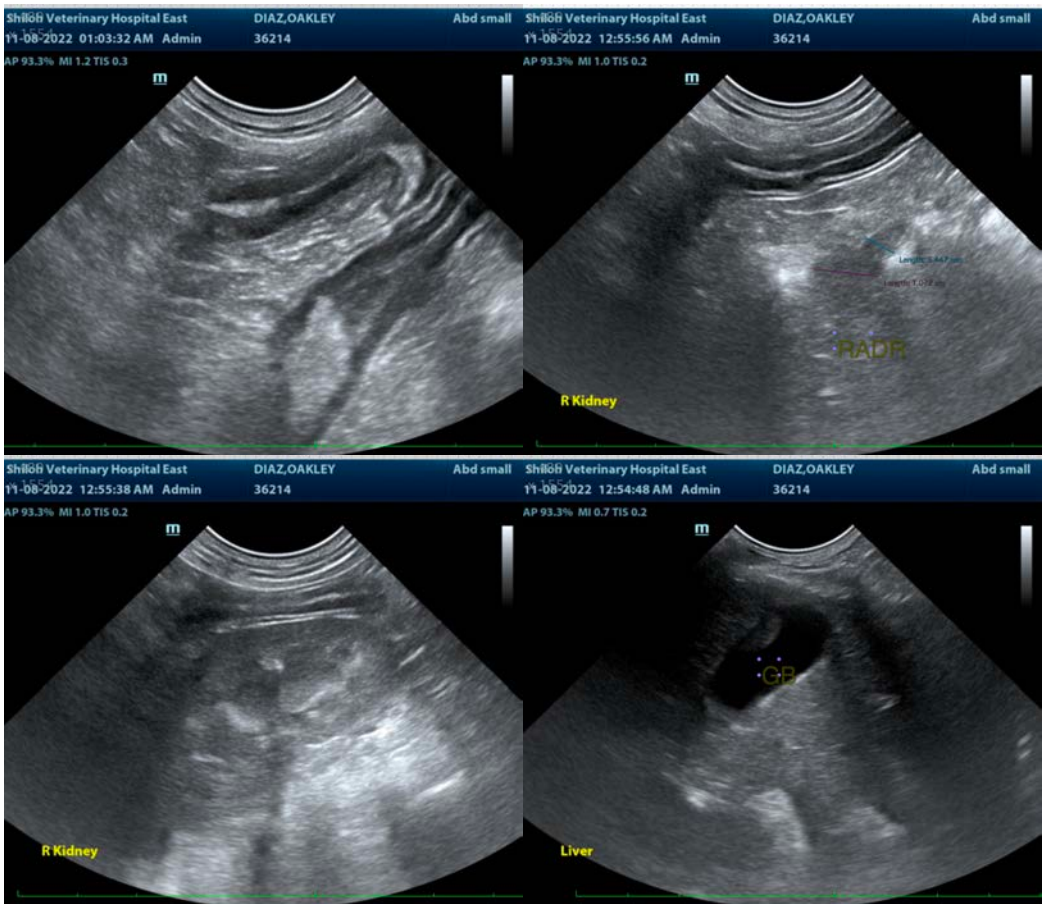
Given the history of pancreatitis, pancreatitis is possible, as a normal ultrasound does not definitively rule it out. Therefore, supportive symptomatic medical management of gastroenteritis, pancreatitis, etc. with antiemetics, gastroprotectants, appetite stimulant, bland low-fat diet, etc. could be considered empirically with monitoring for improvement.

However, given the glucosuria with the reportedly normal blood glucose, an early renal tubular defect could be present and contributing to the clinical signs. A blood pressure is recommended if not recently evaluated, and if early renal disease is suspected, testing for Leptospirosis could be considered.

If gastrointestinal signs persist, recheck fasted imaging, especially of the bowel loop described above, is recommended.



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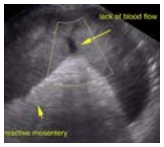
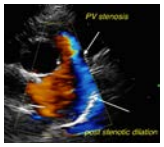
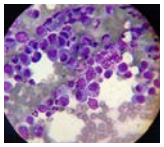
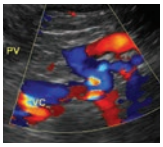

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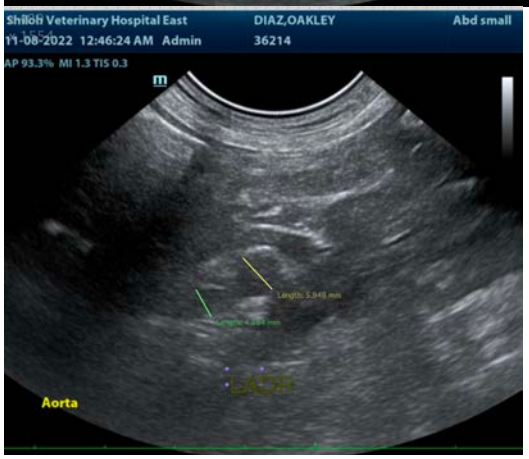

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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