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Clinical Sonography & Telecytology
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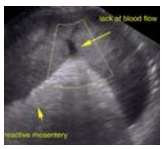
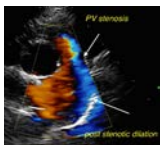
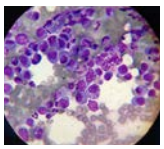
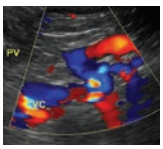

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bandit Morris-Schlichenmaier

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

46258

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3/30/23

PRESENTING CLINICAL SIGNS

Presented to clinic for lethargy, anorexia, and yellow-tinged abdomen. Symptoms noted today. No previous medical issues. No vomiting/diarrhea. Owner states patient was given flea/hw prevention 3 days ago. Blood transfusion performed prior to ultrasound. DX with IMHA today in clinic.
Abnormal PE/Chem/CBC/UA Results: CBC: Mild leukocytosis and neutrophilia, anemia (HCT 9.4%) Chem: ALP 265, t.bili 3.5, mildly elevated BUN EPOC: Hypokalemia (2.8), elevated BUN

Radiographs: Lateral and ventrodorsal radiographs of the whole body dated March 30, 2023 are available for review. Conclusion 1. Mild to moderate gas and fluid distention of the stomach could be associated with delayed gastric emptying secondary to a functional ileus. 2. There is no evidence of small intestinal mechanical obstruction or gastrointestinal foreign material. 3. Normal radiographic appearance of the hepatobiliary structures. 4. Unremarkable thorax. Recommendations A definitive cause for the signs is undetermined. . Given the reported exam findings and bloodwork abnormalities, abdominal ultrasound could be considered.

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 prostate is unable to be well visualized in these images.

The right kidney is normal in size (4.37 cm), shape and echogenicity. Mild pyelectasia noted (possibly secondary to the reported blood transfusion prior to the ultrasound). It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed.

The left kidney is normal in size (4.2 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.

Adrenal Glands

The right adrenal gland is normal in size (0.87 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

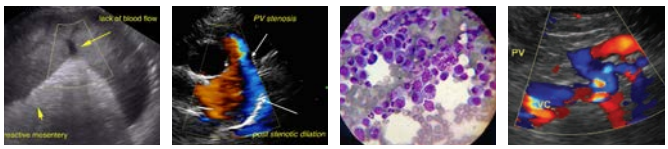
The left adrenal gland is normal in size (0.55 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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



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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. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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

- **Mild bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction. **This is likely secondary to the reported blood transfusion prior to imaging.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a 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.

If not recently evaluated, given the concern for immune mediated hemolytic anemia, comprehensive disease testing is recommended.

In the meantime, beginning immunosuppressive therapy may be warranted if a diagnosis has been made.

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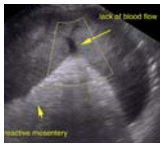
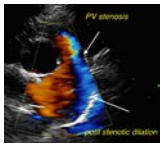
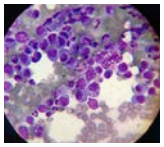
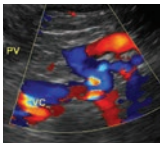

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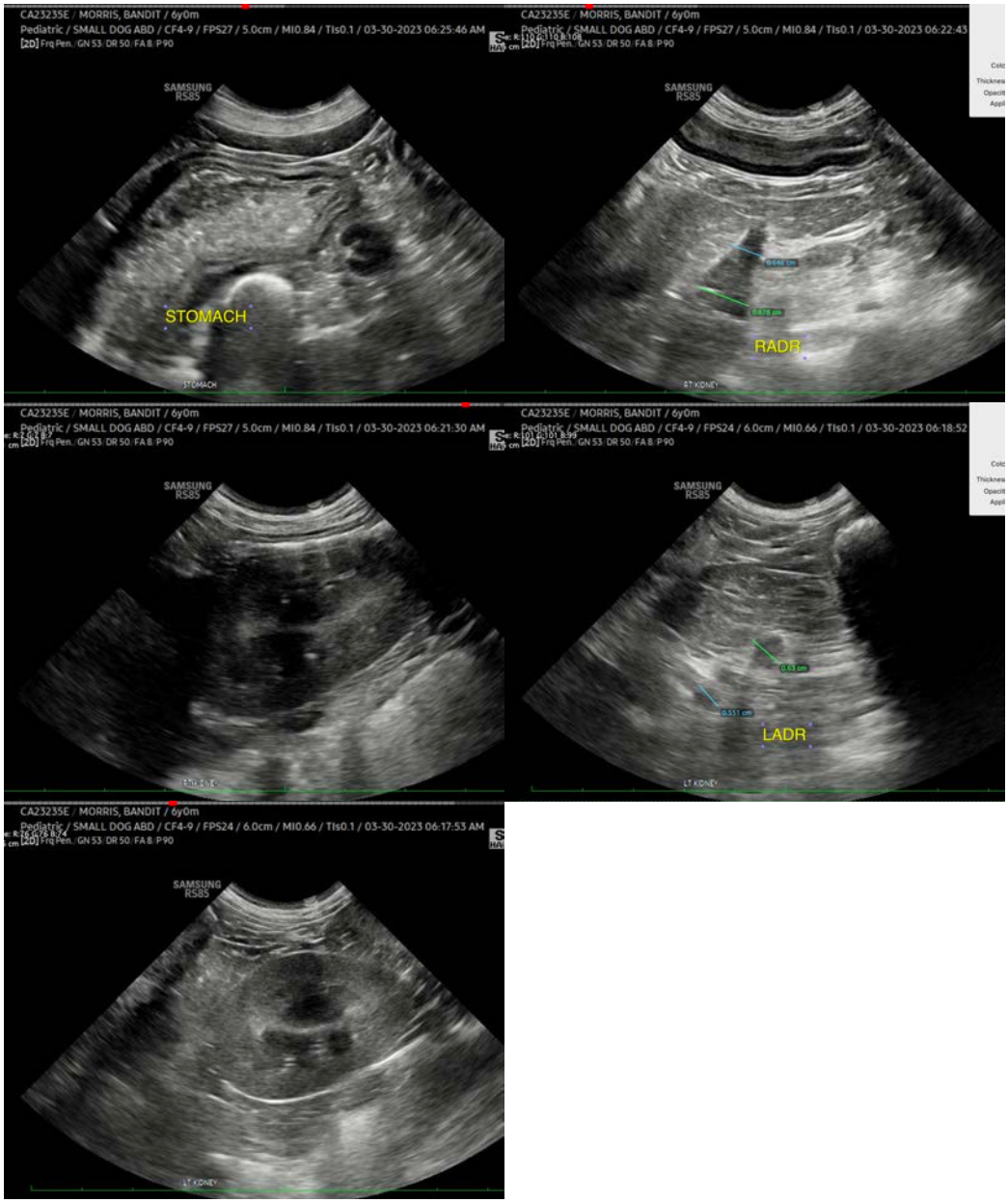

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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