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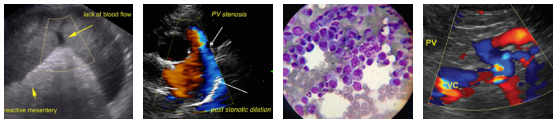

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Cosmo Balloch

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

91 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

45829

DATE

3/9/23

PRESENTING CLINICAL SIGNS

Presented to the ER on 3/3/23 for a sudden collapse episode. He suddenly couldn't use his hind legs and lost control of his bladder. The episode lasted several minutes, and he seemed to fully recover. He did not have any other symptoms consistent with a grand mal seizure. He has had a generalized decreased appetite recently. Otitis was discovered incidentally at the ER and treated with Claro. A recheck physical exam on 3/6/23 was unremarkable.

Abnormal PE/Chem/CBC/UA Results: BP on 3/6/23: average systolic 109; T4 by ED WNL; CBC - Within normal limits TT4 - 1.6 ug/dL (1-4) CHEM - All within normal limits, except for elevated ALP: 460 U/L (23-212) ECG - Normal sinus rhythm (monitored over 1 hour) Drug screen: NEG for THC Urine specific gravity: 1.012 (dilute, isosthenuric) Current Medications Claro Radiographic Findings AFAST and TFAST at ER: Brief echo- No pericardial effusion, nor cardiac masses. Trivial mitral regurgitation (leaking valve at the left atria/left ventricle) appreciated without obvious Left Atrial (LA) enlargement (no measurements taken, only subjective findings), apparently normal systolic function. No free fluid (ascites), no obvious splenic or liver masses. Gallbladder appears normal. No obvious gastric or intestinal foreign body or obstruction, left kidney appears normal. The adrenal glands were NOT visualized.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.06 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 (7.07 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 (2.89 cm long x 1.59 cm at the cranial pole and 1.03 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 (2.67 cm long x 0.90 cm at the cranial pole and 0.64 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.

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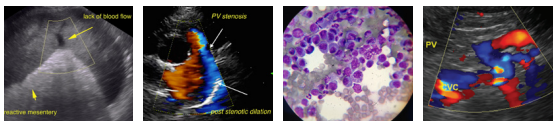

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Liver

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 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 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 an ultrasonographically visible explanation for the patient's collapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported unremarkable lab work, unremarkable brief cardiac evaluation, and now unremarkable ultrasound, recommendations include potentially a full echocardiogram as well as additional assessment for possible orthopedic and/or neurologic causes for the episode.

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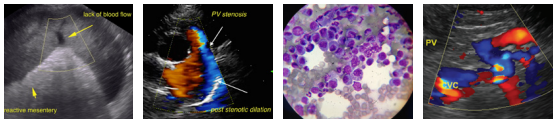

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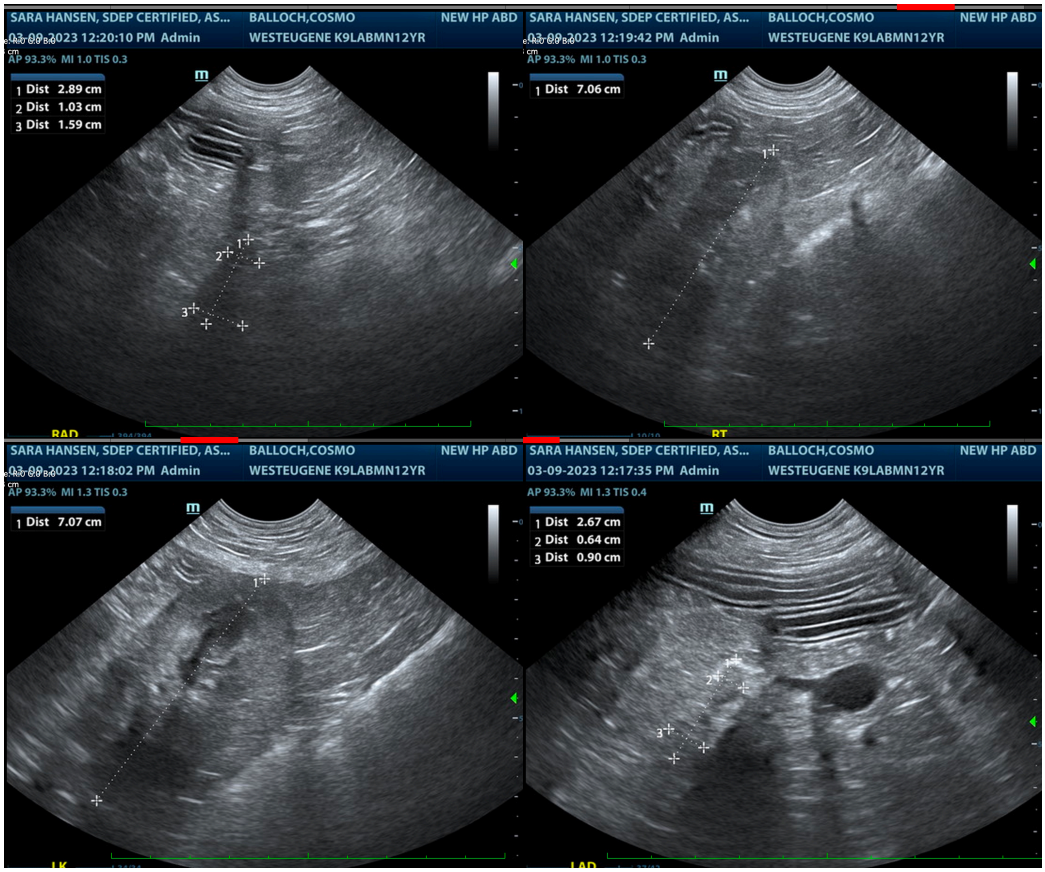

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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