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Clinical Sonography & Telecytology
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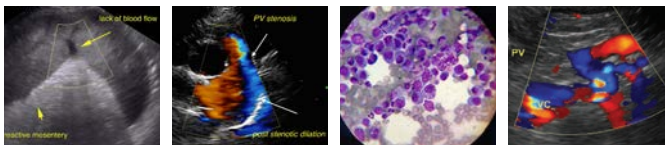


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Lola Lomax

SPECIES
Canine

BREED
Pit Bull

SEX
Spayed Female

AGE
3 Years

WEIGHT
31.8 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
Animal Emergency Hospital Deland

REFERRING VET
Dr. Schwanebeck

INVOICE
43531

DATE
6/28/23

PRESENTING CLINICAL SIGNS

Patient started limping Sunday and has been progressively getting worse, now patient is knuckling bilateral hind limbs. 12mg/kg Aspirin given by owner yesterday. Patient has been lethargic since Sunday, progressively getting worse. Not interested in food today. Presented to rDVM today and HCT 11% (PCV 12% on presentation to AEHD).

Abnormal PE/Chem/CBC/UA Results: CBC: Anemia, mild neutrophilia Chem: Mildly elevated BUN (30), minimal hypocalcemia (7.8), hypoproteinemia (4.1), hypoalbuminemia(1.9), mild hyperglobulinemia (2.2)

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 (6.53 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 (6.18 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 (0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

The left adrenal gland is unable to be well visualized in these images.

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.

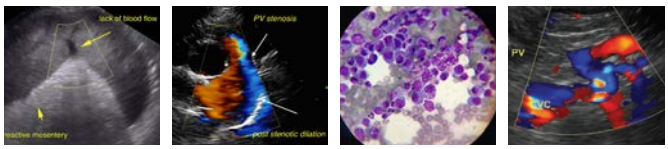
Liver

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. 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.



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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

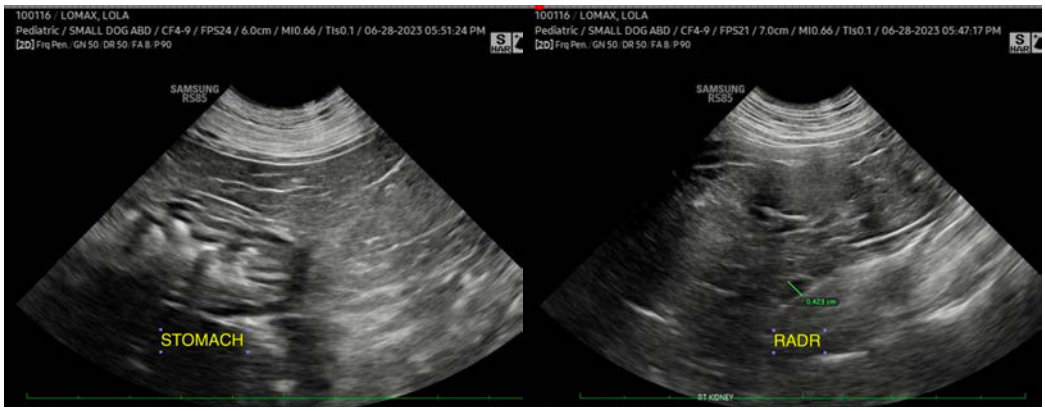
- This is a relatively unremarkable/normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an ultrasonographically visible intraabdominal source of hemorrhage identified in these images at this time. However, that does not rule out microulceration and/or gastrointestinal bleed. Therefore, given this patient's history of aspirin ingestion, close evaluation of the stool for signs of a gastrointestinal bleed is recommended, while potentially contacting poison control to discuss treatment options as well as beginning supportive/symptomatic medical management for possible microulceration in the form of twice daily antacids, sucralfate, antiemetics if necessary, pain management, etc.

Additionally, empirical deworming with a 5-day course of Panacur is recommended and likely transfusion support based on the numbers reported. If the anemia is not believed to be secondary to hemorrhage, then hemolysis is a differential, and further investigation of possible infectious disease, contributing factors, and/or neoplasia elsewhere should be pursued.

In the meantime, given the presenting complain, further orthopedic/neurologic evaluation to identify the cause of the reported paraparesis is recommended.



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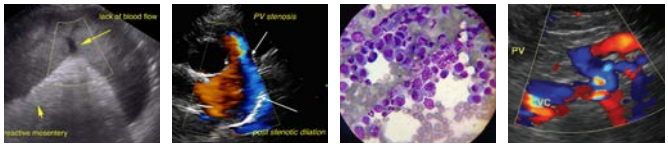

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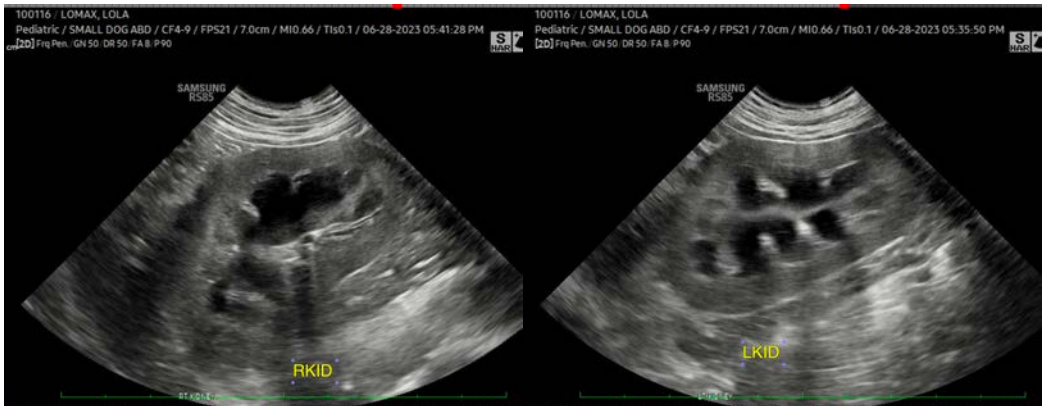

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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