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SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com

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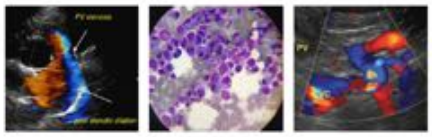

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Roni Robelia 52037A

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Spayed female

AGE

2 years

WEIGHT

7.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. McNeill

INVOICE

31539

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Roni was presented to MVS for vomiting and diarrhea. A few days before Saturday she was having some liquid diarrhea with red and brown coloring. On Saturday around 8pm Roni had clear liquid vomit with bacon pieces. Was given heart guard yesterday but vomited that up. Last night around midnight Roni would dry heave. Today Roni has not eaten or had any water, last time owners noticed her eating or drinking was yesterday. Owner is unsure if Roni has urinated.
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry were WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (4.26 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.

Right kidney is normal is size (4.48 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

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.37 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 0.56 cm at the cranial pole and 0.41 cm at the caudal pole.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

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.

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.

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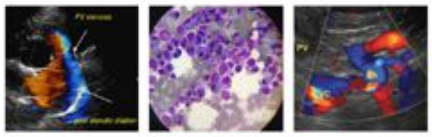

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Gastrointestinal

The visible stomach wall is normal in thickness 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. 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 large intestinal wall is normal in wall thickness (< 0.2 cm) and layering. However, the colon and cecum are both moderately dilated with echogenic fluid.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. The changes are mild and primarily noted in the right limb. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

Mesenteric and right medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. There is no appreciable free fluid in the images provided.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Mild acute pancreatitis.

Fluid dilated colon, consistent with colitis.

Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported clinical signs combined with the visibly, primarily large bowel involvement recommendations include:

1. A fecal if not recently evaluated as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

2. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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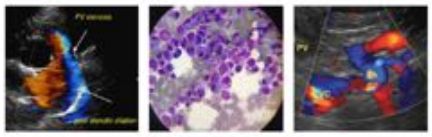

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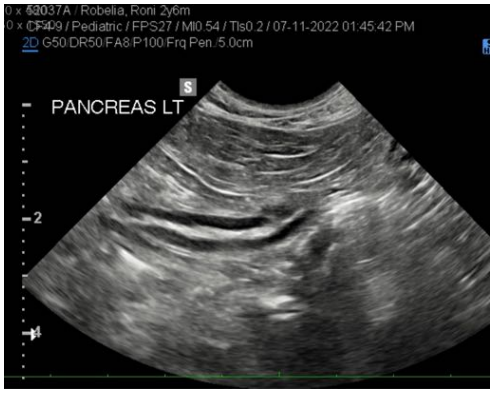
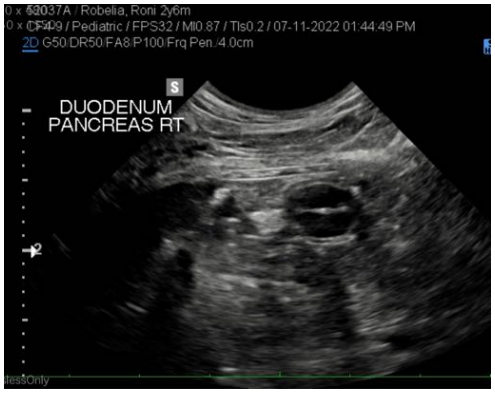
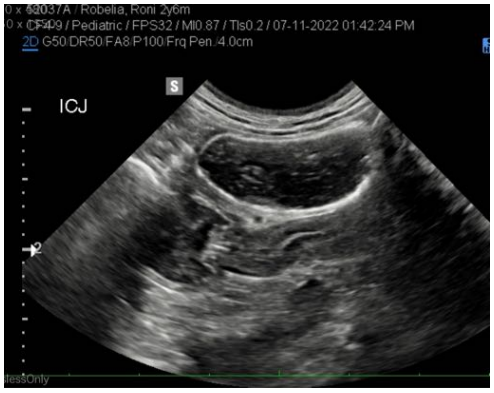
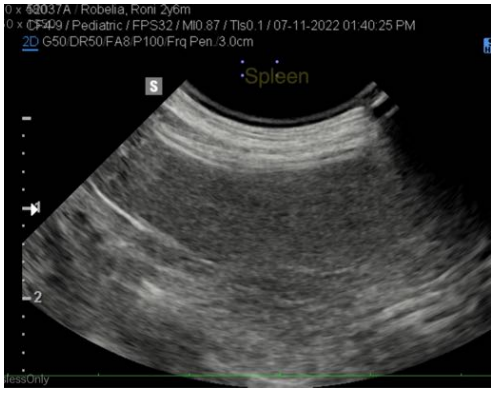
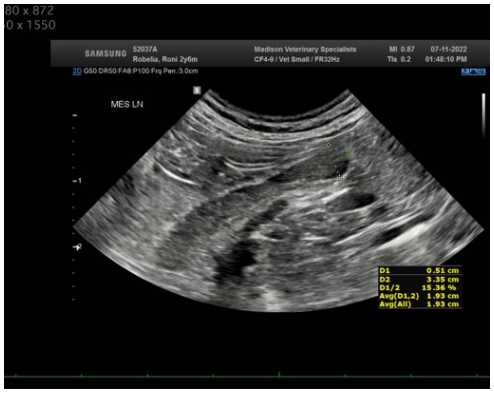
3. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
4. In the meantime, empirical deworming with a 5 day course of Panacur is recommended as well as supportive medical management of gastroenteritis/colitis/mild pancreatitis with anti-emetics, gastroprotectants, nutritional support as needed, pain management if indicated, broad spectrum antibiotics and fluid therapy if necessary. A probiotic as well as potentially a transition to a higher fiber diet or fiber supplements to a low fat diet may help to manage the acute clinical signs.

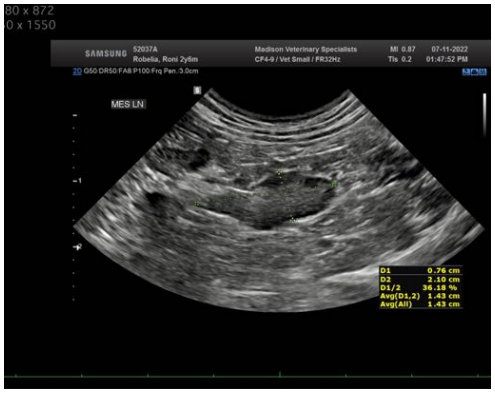












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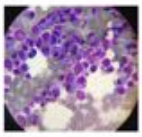


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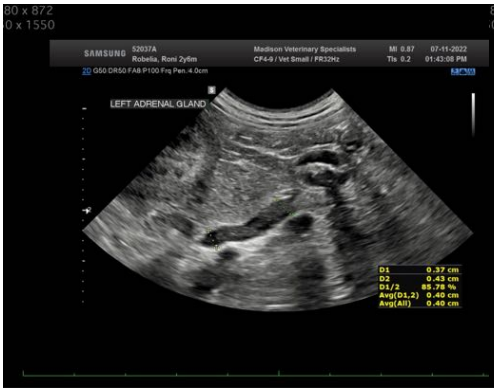

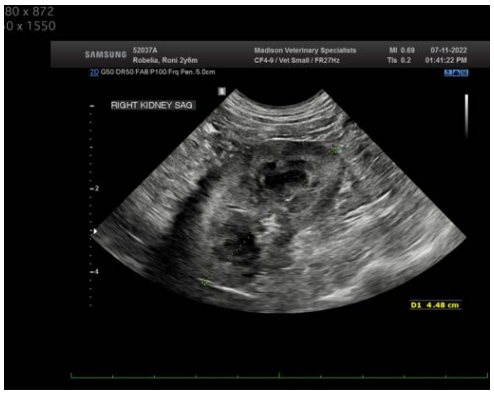

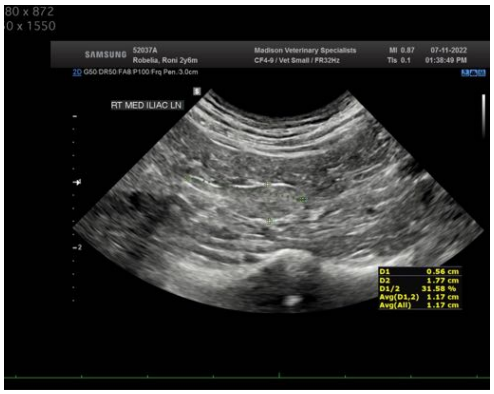

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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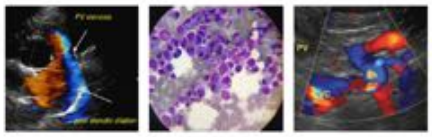

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