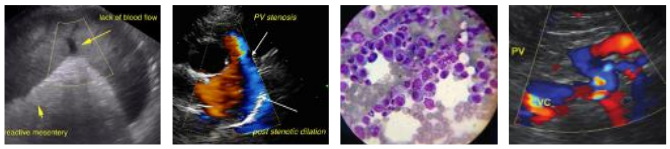
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gemma Crist

SPECIES

Canine

BREED

Italian Greyhound

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

17110

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting blood and black tarry stools. This morning patient was acting off. Owner then noticed that patient had thrown up a large amount of mucous and red blood. Owner says that her puppy pad also contained black tarry stools this morning. Owner says it was a pretty sudden onset. Previous Health Concerns: Seizures Current Medications: phenobarbital; Zonisamide Appetite/When did they eat last: unsure if eating

Abnormal PE/Chem/CBC/UA Results: Temp: 104.4 F Radiographs: empty stomach, splenomegaly but no obvious mass, slight loss of detail cranial abdomen (right sided on V/D), empty small intestines, no obvious foreign material/obstruction Chemistry: phosphorus 1.4 L CBC: PMN 2.56 L, Lymph 7.28 H, Mono 0.07 L, Eos 0.03 L, Hgb 20.3 H, MCH 27.2 H, RDW 12.3 L EPOC: Lactate 3.26 H, HCT 56% H cPL: normal pt/aptt: pt 18.8 N (14-19); aptt 109.8 H (75-105)

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 (4.35 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.

Right kidney is normal is size (4.6 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

Left adrenal gland is normal in size (2.3 cm long x 0.52 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

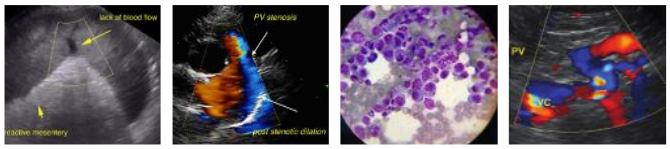
Right adrenal gland is normal in size (2.2 cm long x 0.65 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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 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.



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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 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 visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive nephrolithiasis bilaterally
- Otherwise, this is a relatively unremarkable/normal abdomen without definitive reason for the patients reported gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients lymphocytosis, atypical hypoadrenocorticism is a differential, and therefore, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A fecal exam is also recommended, followed by empirical deworming with a 5-day course of Panacur, even if the fecal exam is negative deworming is recommended.

In the meantime, supportive/symptomatic medical management of the gastrointestinal signs/gastroenteritis with antiemetics, gastroprotectants, including sucralfate and potentially broad-spectrum antibiotics is recommended.

If clinical signs do not improve, endoscopy may be warranted for further evaluation of the lining of the stomach and duodenum.

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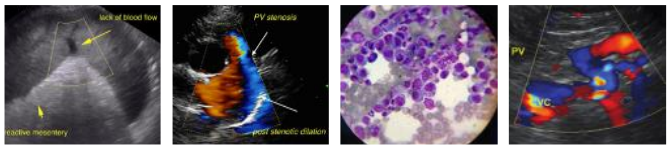

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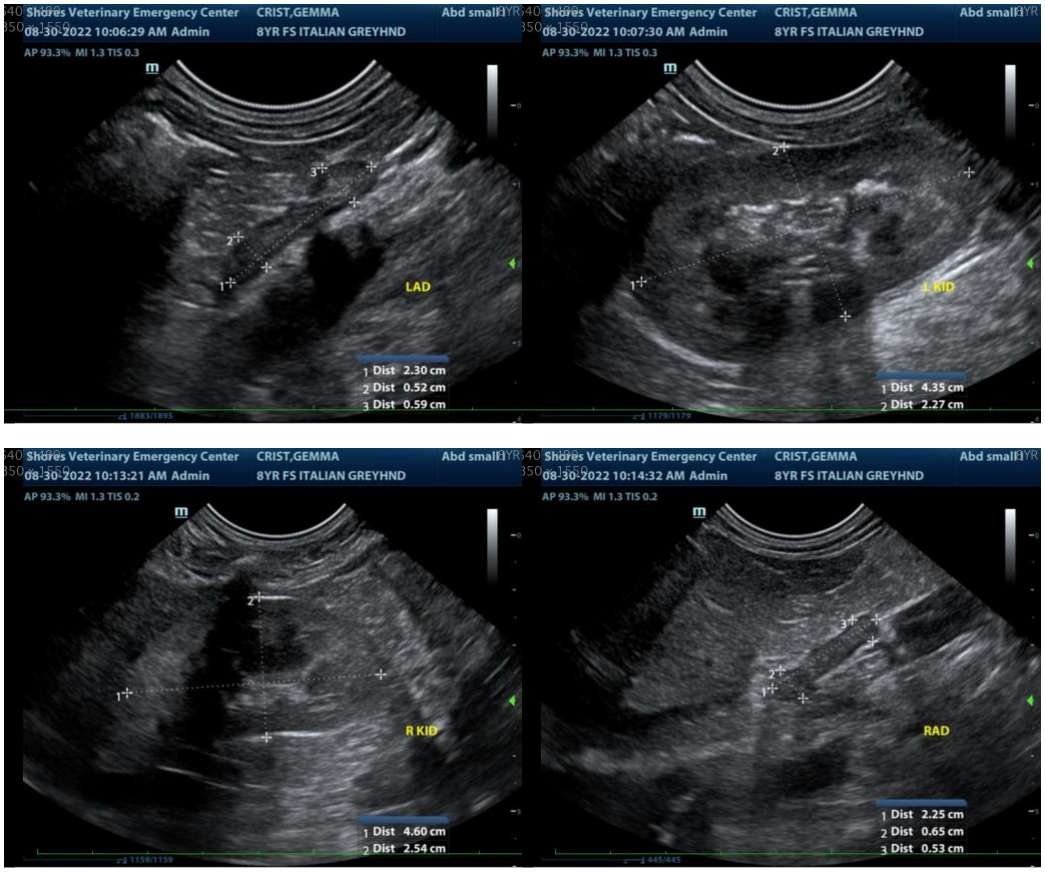

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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