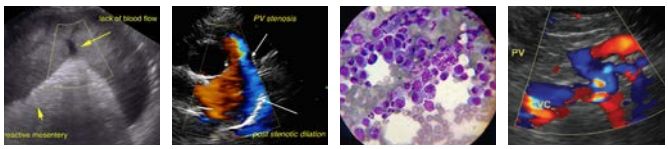
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Miguel Stagg

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

12 Years

WEIGHT

120 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kathleen Massa

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Kathleen Massa

INVOICE

40135

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Miguel is a 12y MN Weimaraner presenting for seizures and vomiting. The patient has had ~4 seizures over the past 2 days- never had seizures previously. The lasted about 1 minute with the patient losing consciousness and paddling. Today, the patient vomited multiple times. Has been E/D normally. History of chronic ear infections and arthritis. P was on prednisone for chronic ear infections, discontinued a week ago.

Abnormal PE/Chem/CBC/UA Results: CBC: mild leukocytosis/lymphocytosis, mild thrombocytosis COMP: mild hyperphosphatemia, mild hyperproteinemia/ hyperglobulinemia, moderate hyperglycemia/ inc ALT/GGT/Tbili, ALP too high to read ALP: 1591 (0-140) EPOC: mild inc pO2/cSO2, mild respiratory alkalosis, mild hyperlactatemia, moderate hyperglycemia PCV/TS: 47%, 10 g/dL

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 (10.2 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.

The left kidney is normal in size (9.9 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 adrenal glands are 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.

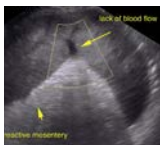
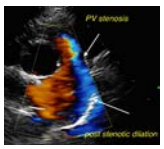
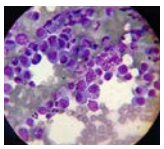
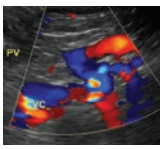
Liver

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 very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 pancreas is not fully visualized in these images (see other).

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Other

In the cranial abdomen, around the stomach, especially caudal to the stomach, there is hyperechoic enhanced mesentery and artifact from gas in the stomach, making full visualization limited. However, differentials include a mild focal peritonitis possibly secondary to pancreatitis, etc. Normal patient variant/artifact, etc. also cannot be ruled out, as this finding should be interpreted with physical exam findings, clinical signs, etc.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic area in the cranial abdomen described – Differentials include inflammation secondary to mild pancreatitis, gastritis, other versus normal patient variant and gas artifact from the GI tract combined. This finding should be interpreted in combination with supporting physical exam findings such as cranial abdominal pain and/or clinical signs, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the neurologic signs, a blood pressure is recommended if not recently evaluated.

Given the reported hyperglycemia, it is recommended to assess glucosuria, etc. to help rule out diabetes mellitus. 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.

There is not an ultrasonographically visible metabolic cause to explain this patient's seizures. Therefore, if another cause cannot be identified, advanced imaging such as an MRI, etc. would be recommended for further workup of the seizures.

As stated above, if physical exam findings, clinical signs, etc. support possible mild pancreatitis, then supportive symptomatic medical management of possible pancreatitis is recommended with recheck fasted cranial abdominal imaging recommended pending results of the remaining evaluation, etc.

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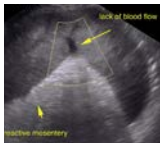
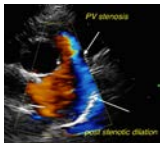
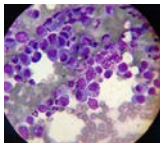
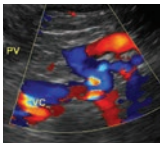

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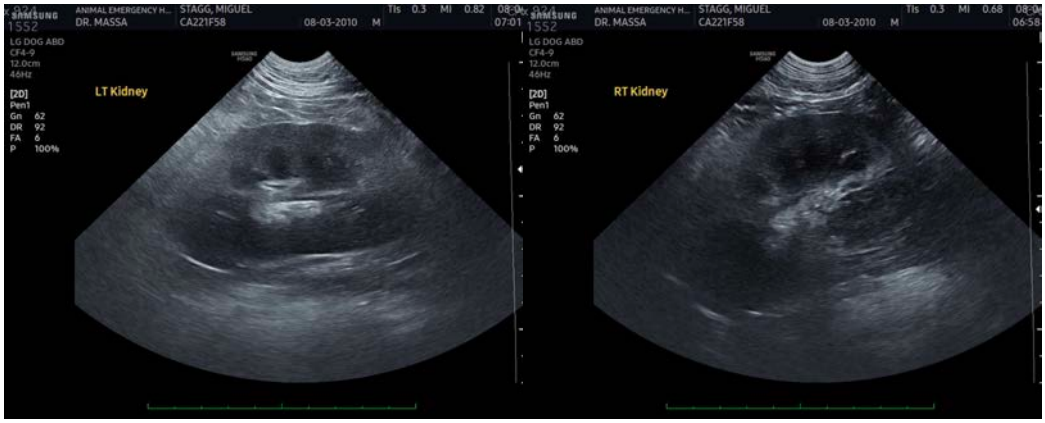

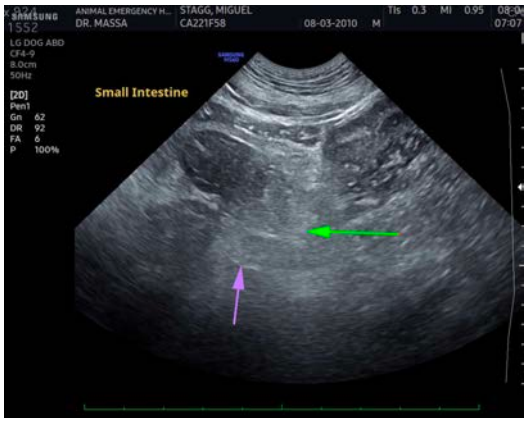

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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