



PATIENT PRESENTING CLINICAL SIGNS

Sugar King

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

12 years

WEIGHT

74 lbs

History: Last 2-3 days hasn't been eating or drinking but did eat some venison just an hour ago. Acting very weak and lethargic, now a little bit better since she ate. Prior to this she was very PU/PD and having accidents at night. Vomited 3 times in the last week, but only after she ate snow. Currently on Gabapentin /carprofen/adequan. Has slowly been getting weaker in her hind end, but it has been a lot worse in the last week. Has had previous IVDD and back surgery, owner notes always has mild ataxia but right rear does seem worse.

Abnormal PE/Chem/CBC/UA Results: Chest and abdominal rads: spondylosis of thoracic and lumbar spine but otherwise NSF CBC/Chemistry: hypercalcemia 12.4 Malignancy panel pending Urinalysis: USG 1.009

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Kidneys appear to be difficult to visualize likely due to patient conformation. Kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm and the right kidney measured 6.87 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.16 cm in length and 0.38 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 1.58 cm in length, 0.44 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled or coarse parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis. Splenic aspirate could be considered. No significant disruption of architecture was noted. FNA is recommended if any weight loss is an issue or for baseline cytological assessment.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of Oakland

REFERRING VET

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Splenic parenchymal changes with smooth capsule
2. Normal GI tract and pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic changes are a common benign age-related change, may be reactive but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out and in the face of significant clinical signs and hypercalcemia, fine needle aspirate should be considered to further characterize parenchymal changes. GI tract and pancreas are normal and no ultrasonographic cause of inappetence is present. Hypercalcemia is a likely explanation for clinical signs of inappetence and pu/pd. Treatment for hypercalcemia (IVF, furosemide, steroids) may help alleviate clinical signs while further diagnostics are pending.



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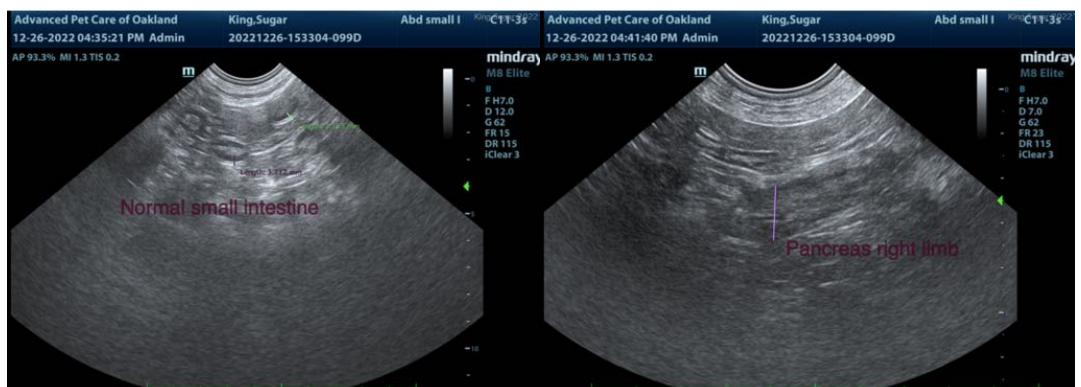
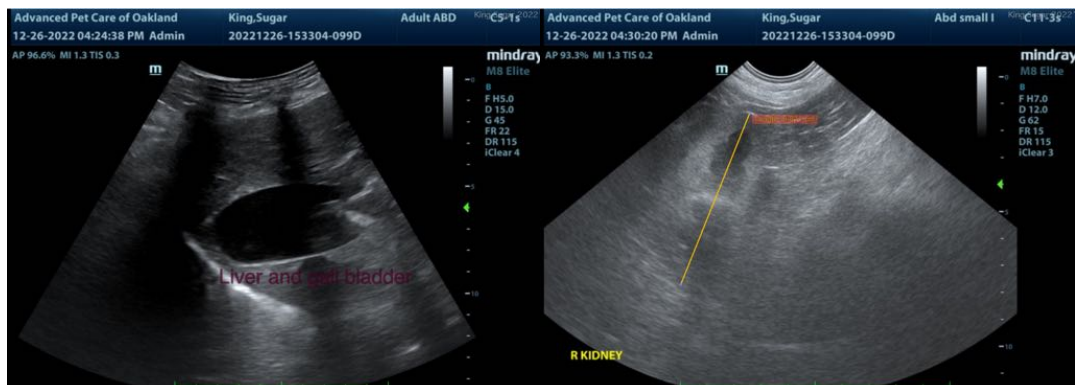
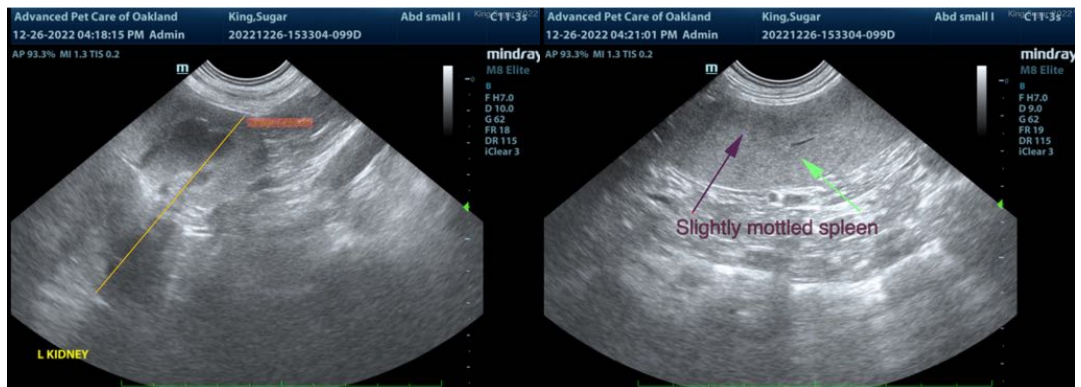
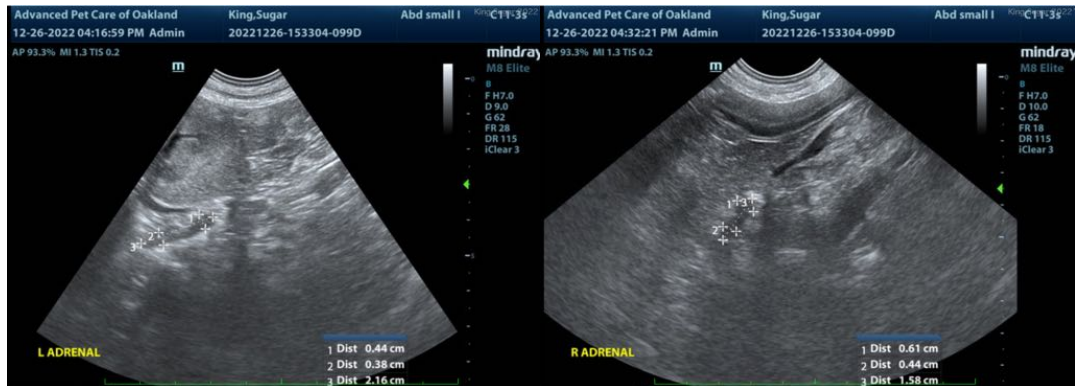
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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