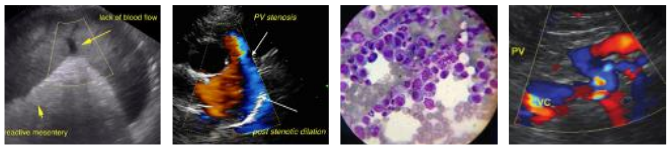
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Boba Gonzalez

SPECIES

Canine

BREED

Lab Retriever Mix

SEX

Male

AGE

5 Months

WEIGHT

50.1

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Samantha Gans

HOSPITAL NAME

Scottsdale VC

REFERRING VET

Samantha Gans

INVOICE

22063

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: 1. Concerns to be evaluated by the Doctor/Reason for Visit: - last ate a full meal Thursday morning - has had a few treats - vomited grass today - diarrhea for 5 days. Was bloody except for today 2. Eating/Drinking? Drinking WNL. Not eating 3. Diet: Royal Canin puppy 4. Coughing, Sneezing, Vomiting, Diarrhea? No C/S 5. Urinating normally? WNL 6. Currently on any medications/supplements? - famotidine - entyce

Abnormal PE/Chem/CBC/UA Results: 1) Diarrhea since 4/11 2) Vomiting since 4/11 3) Inappetance since 4/11 4) Weight loss 5) lethargy r/o: severe gastroenteritis, PLE, IBD, infection, giardia/parasites, EPI, food allergy, toxin, metabolic disease, atypical Addisonian, other Presented on 4/12 and 4/14 and had radiographs (unremarkable) and bloodwork performed, symptomatic outpatient care- represented on 4/16 because he is not improving and losing a lot of weight.

* Study includes 13 still images and 3 video clips, one labeled “middle liver” and two labeled “lt kidney”

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.

The 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 right kidney measured 7.17 cm. The left kidney measured 8.04 cm.

Adrenal Glands

Left adrenal gland was 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 right adrenal gland was not visualized. The left adrenal gland measured 1.13 cm in length and 0.35 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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. Gall bladder is distended with gravity dependent non-organized hyperechoic non-shadowing debris.

Gastrointestinal

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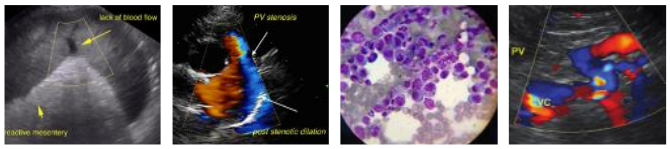

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The stomach contains minimal luminal contents with some gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

Two still images of small intestines are provided and small intestine is visible in other till images. In one still image the small intestine has a relatively uniform diameter with minimal fluid distension. In a separate still image the small intestine is distended with fluid. No shadowing material is visualized, no impression of obstructive foreign body visualized in provided images.

One still image of colon shows gas shadowing. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is not visualized.

Free Abdomen

No masses or free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Fluid distended portion of small intestine
- Distended gall bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two populations of small intestine, one fluid distended and one not, are concerning for possible SI foreign body. No foreign material visualized in the images provided. Stomach is not distended which may be due to emptying from reported vomiting. Non-obstructive gastroenteritis remains a possibility. Thorough assessment for GI parasites is warranted given patients age and empiric deworming should be pursued. Other infectious causes of gastroenteritis such as parvo virus must be eliminated. If puppy is non-response to GI supportive care abdominal exploratory surgery should be considered.

Gall bladder distension is likely secondary to reported inappetence and decreased gall bladder emptying. No impression of distended biliary tree to suggest biliary obstruction is present.

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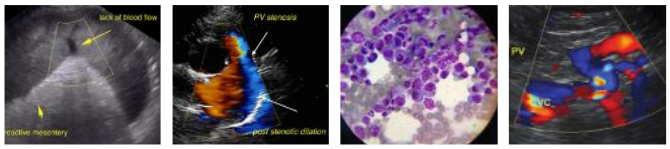

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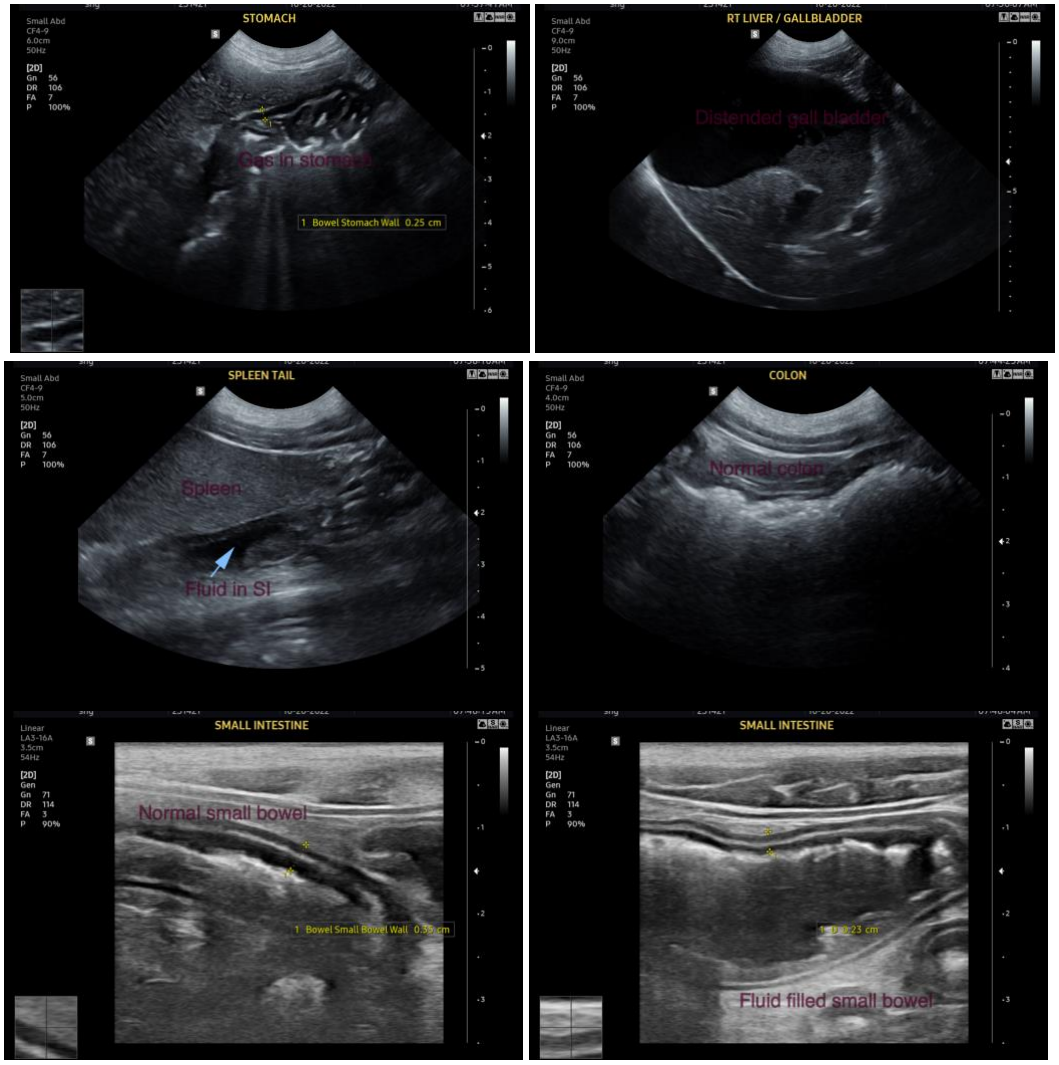

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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