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Clinical Sonography & Telecytology
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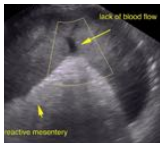
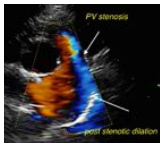
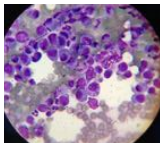
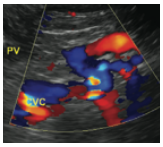

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1-800-838-4268 info@sonopath.com

PATIENT
Dixie Cannon

SPECIES
Canine

BREED
Cane Corso

SEX
Intact female

AGE
1 year

WEIGHT
97 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Arms

HOSPITAL NAME
Gilbertsville AH

REFERRING VET
Dr. Arms

INVOICE
42543

DATE
1/5/23

PRESENTING CLINICAL SIGNS

History: Last heat 9/25/22. Presented on 12/28/2022 with one week history of decreased appetite after one single vomit. Febrile at 103.2. treated with amoxi x 7 days and rimadyl x 2 days. Represented with progressive vomit and diarrhea 12/31/2022, found moderate ascites on FAST ultrasound - submitted for fluid analysis/cytology .blood submitted to lab. rerunning superchem today because specimen run on diluted sample (reason unknown). treated with metronidazole and appetite stimulant. ACTH stim 1/4/2023 with dexamethasone injection (13.6mg) 1/5. Presented today for AUS, recheck superchem, ate 1 can i/d food this AM. subjectively decreased ascites today (reported as moderate amount on 12/31, I would say scant/small amount today).
Abnormal PE/Chem/CBC/UA Results: neutrophil and lymphocyte rich transudate. 21% neuts, 29% small/mid size lymphocytes, 48% mononuclear cells, 2% eos. active low grade inflammatory or irritative process - could be chylous. ddx uroabdomen, systemic hypoproteinemia, hepatic disease, cardiomyopathy, extravascular compression, neoplasia. no bacteria seen. labwork decreased albumin 2.4, TP 4.2, increased phos 6.3, decreased ca 8.1, Na 159, K 5.7, cl 123, chol 63, WBC 16.7k, neut 13193. UA 1.030 quiet sediment. ACTH stim 1/5 pre 4.3, post 6.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The regions of the uterus were imaged with no evidence of pathology.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys both measured 9.0 cm.

Adrenal Glands

The region of the adrenal glands were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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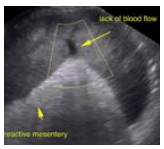
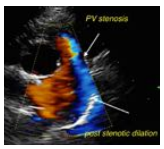
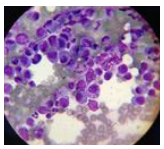
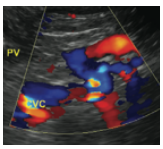

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. The stomach revealed retention of ingesta. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Mucosal fogging was noted with the small intestine. There was no evidence of obstruction. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. There was material in the small intestine that was hyperechoic and linear, yet non-obstructive. This is consistent with intestinal parasites. The colon was unremarkable. Soft stool was noted in the colon. The mesenteric lymph nodes are reactive and measured 2.0 x 0.97 cm. A trace amount of ascites was noted.

Pancreas

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

Free Abdomen

A trace amount of ascites was noted between the liver lobes.

ULTRASONOGRAPHIC FINDINGS

Full stomach, enteritis pattern. Mucosal fogging, possible emerging lymphangectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the adrenal glands were not overtly visualized underlying Addison's should be ruled out. Albumin levels should be monitored carefully in this patient. If the patient was n.p.o. at the time of the sonogram the stomach may be filled with soft foreign matter. However, transit of chyme appeared to be occurring, the intestines were just hyperperistaltic. Fecal exam is warranted as well as screening for Addison's and supportive care GI upset is indicated. Treatment for worm burden would also be indicated. Recheck sonogram in 5-7 days after treatment. There was no evidence of reproductive pathology. The Dexamethasone injection may suppress more significant presentation that is immune responsive. Treatment for enteritis is indicated. Broad spectrum anti-parasitic protocol is recommended as well as screening for Addison's. Baseline cortisol or ACTH stimulation is recommended.

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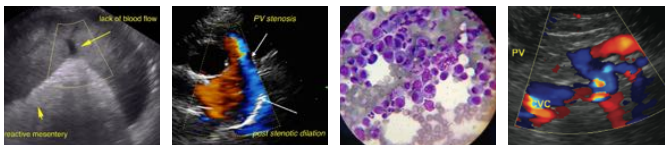

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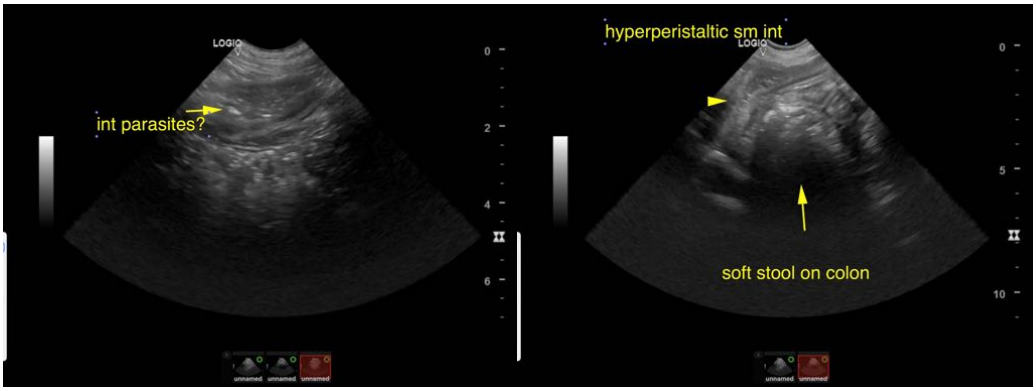

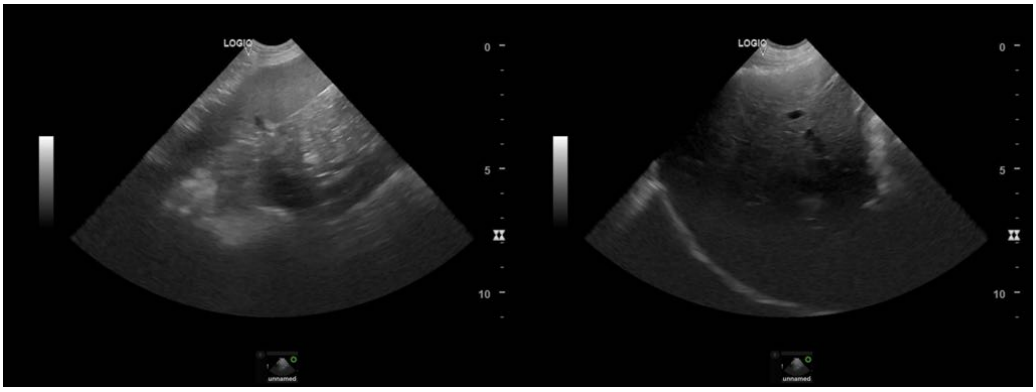

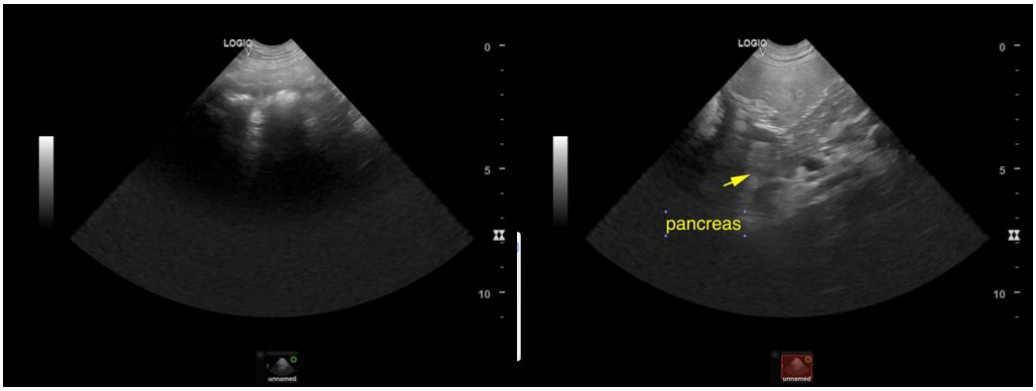

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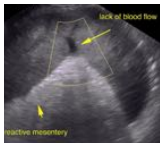
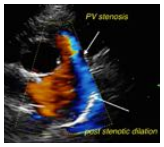
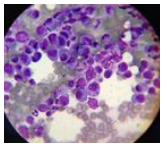
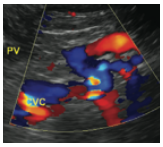

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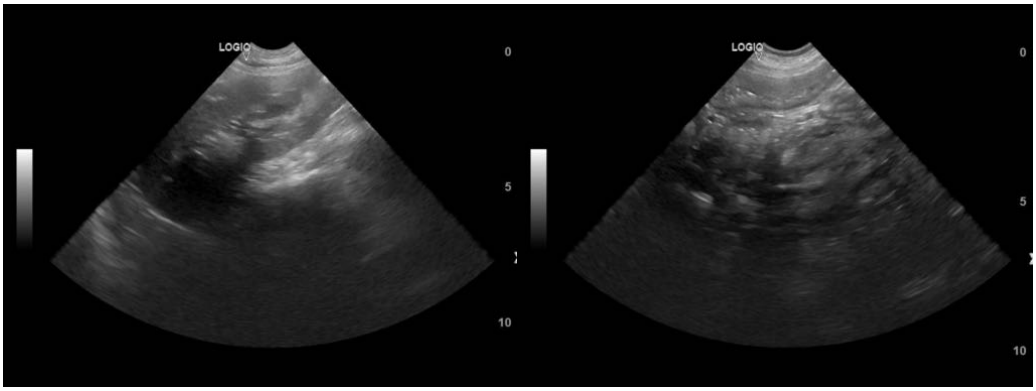

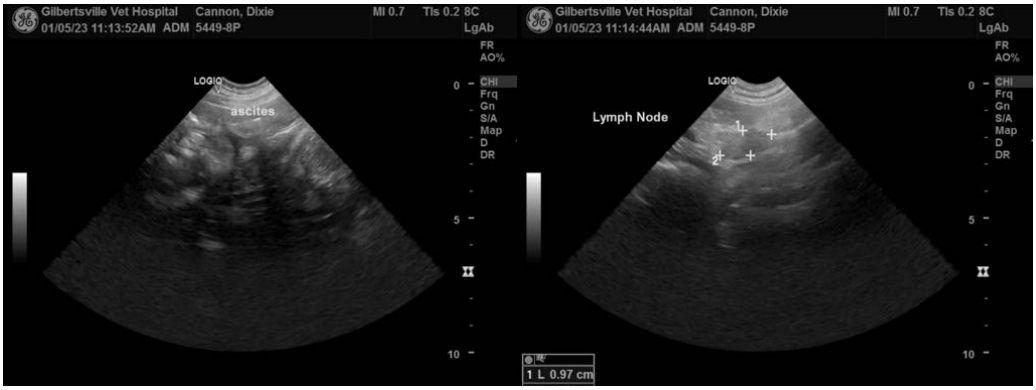

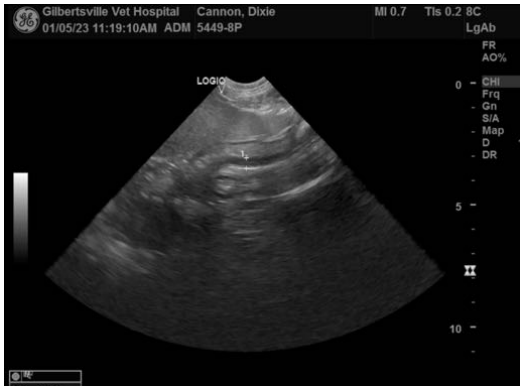

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com