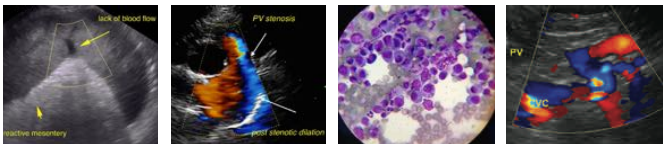
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Max Sigler

SPECIES
Canine

BREED
Dalmatian Mix

SEX
Neutered male

AGE
2 years

WEIGHT
16.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Emily Kalenius

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Jimmerson

INVOICE
95704

DATE
2/1/22

PRESENTING CLINICAL SIGNS

History for ultrasound: 4 days of anorexia, 3 days of bloody diarrhea, long-term carprofen use at appropriate dosing but recent overdose is possible. Presented severely dehydrated, lateral recumbant, hypothermic, copious volumes of bloody diarrhea, frequent regurgitation. Pt required rescue IVF boluses and stablization.
Abnormal PE/Chem/CBC/UA Results: CBC: Neu 0.71, mono 3.89, eos, 0.02, wbc 6.32, (wnl), HCT 47%, retic hgb 20.4) Chem: BUN 103, TP 8.9, Glob 6.3, ALP 456 , glu 151, Crea did not run - rerunning dilution= Crea 6.3 EPOC: Crea 6.24, BUN 87, glu 145, Ca 0.99, tco2 27.8, HCT 55% cPL: significantly abnormal UA = USG 1.024 Blood smear: severe neutropenia confirmed (no WBC on 95% of HPF), no bacteria Three view thoracic rads: no evidence of pneumonia, normal cardiac silhouette Three view abd rads: normal serosal detail, gas in stomach, SI some looped appearance but no evidence of obstruction

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 **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 right kidney measured 5.0 cm. The left kidney measured 4.6 cm.

Adrenal Glands

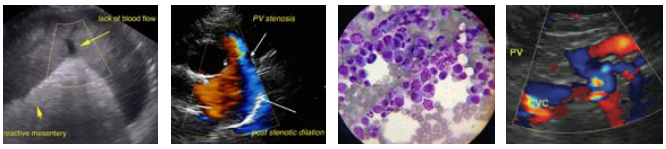
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.48 x 0.42 cm at the caudal pole and 0.51 cm at the cranial pole.

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.

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



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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

The **pylorus** was empty in this patient. Hyperperistalsis was present. Reactive mesentery was noted around the upper duodenum.

Pancreas

Minor heterogenous changes were noted in the **pancreas,** primarily in the right base.

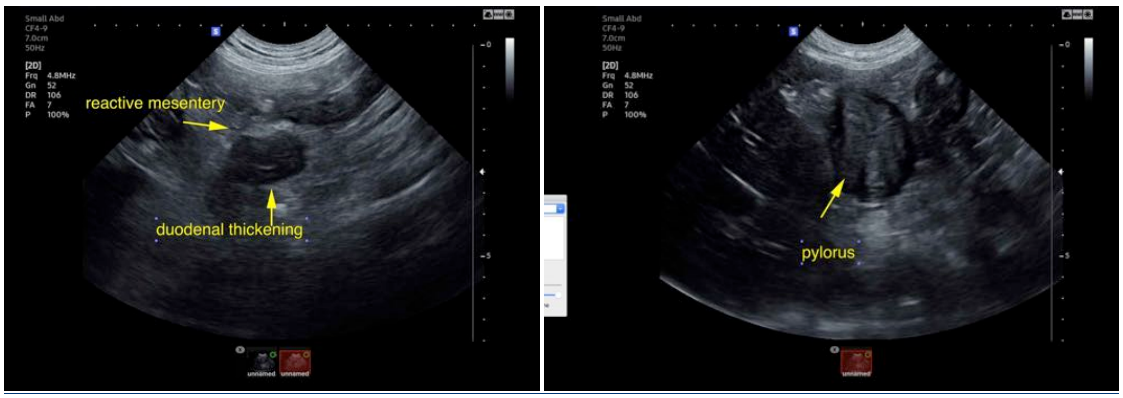
ULTRASONOGRAPHIC FINDINGS

Gastroduodenitis. No evidence of foreign matter.

Possible minor pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive medical care should prove effective. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend a fresh fecal smear and fecal floatation analysis. Recheck is recommended in 48-72 hours to ensure no progression.



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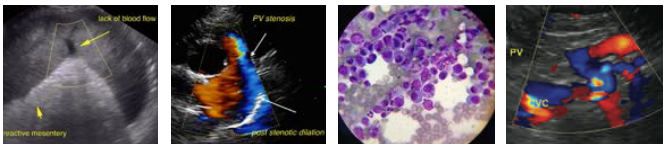

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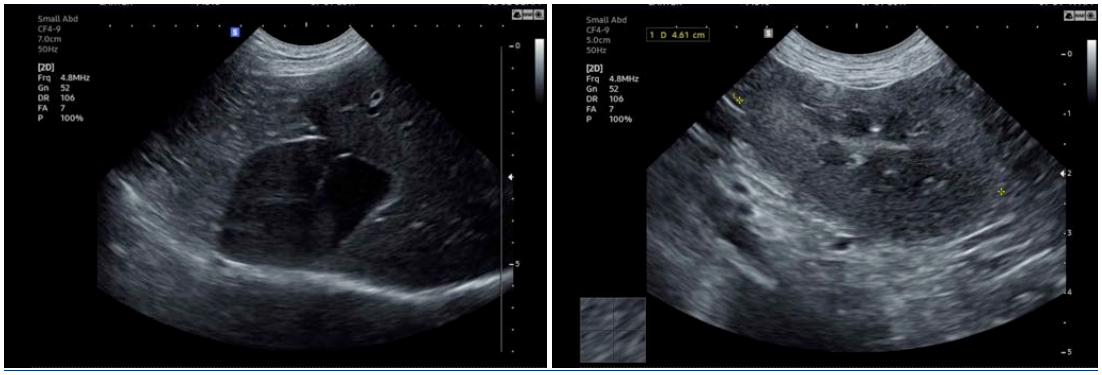

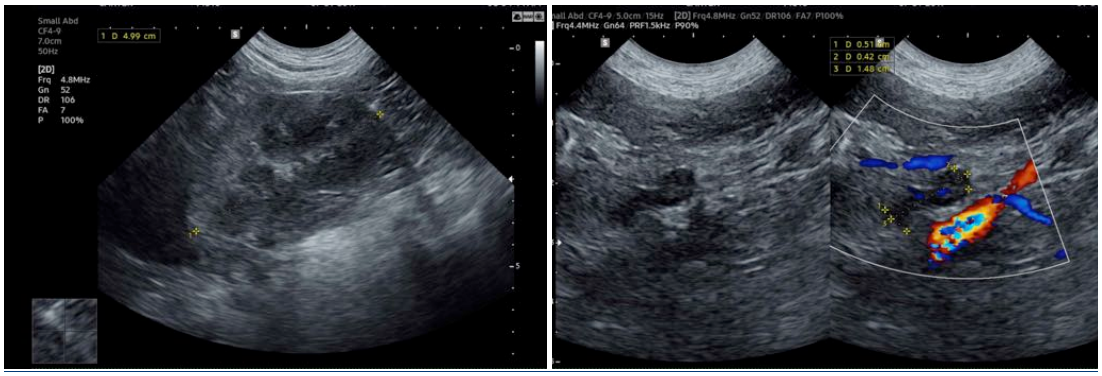

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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