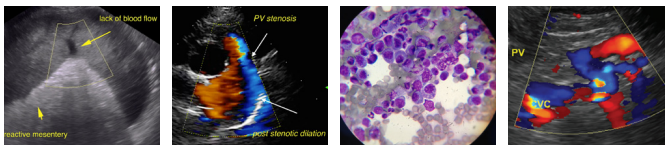

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Russell Kupczyk

SPECIES
Canine

BREED
Pit Bull

SEX
Neutered Male

AGE
2 Years

WEIGHT
52 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Waffle

HOSPITAL NAME
Torch Lake VC

REFERRING VET
Dr. Waffle

INVOICE
35799

DATE
2/23/22

PRESENTING CLINICAL SIGNS

Hx of chronic diarrhea (unknown duration as she is currently a in a rescue). Was seen at ER clinic on the 11th for liquid/water, blood tinged diarrhea. Cortisol test 10.4. CBC - HCT was 32 and now is down to 22%. Globulins were1.9 and now3.4; albumin was 2.6 and now 3.0. Anemia is hypochromic microcytic at this time. Fecal was performed at ER clinic and negative. Unsure if she was dewormed at that time. She was started on hydrolyzed protein diet and metronidazole., amoxicillin, ondansetron, lomotil. Abnormal PE/Chem/CBC/UA Results: CBC - hypochromic, microcytic anemia (22%) Chem - ALB - 3.0 GLob - 3.4 Urinalysis not performed yet

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 were noted. Ureteral papillae were normal. The prostate was uniform at 1.5 cm.

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 left kidney measured 7.46 cm. The right kidney measured 7.38 cm.

Adrenal Glands

The **left adrenal gland** was flattened and subnormal in size at 2.5 mm. The **right adrenal gland** was flattened and subnormal in size at 3.0 mm.

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 were 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 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

Some retention of ingesta was noted in the **stomach**. Transit of chyme in the small intestine appeared to be present. Soft stool noted in the colon. The colonic wall was unremarkable.

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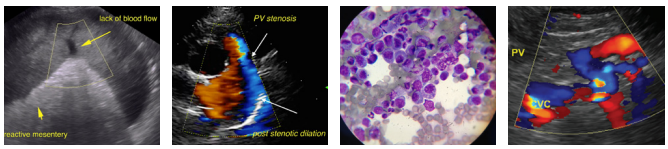

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Pancreas

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.

Other

The aorta revealed a thrombus at the level of the left renal artery. The thrombus measured approximately 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

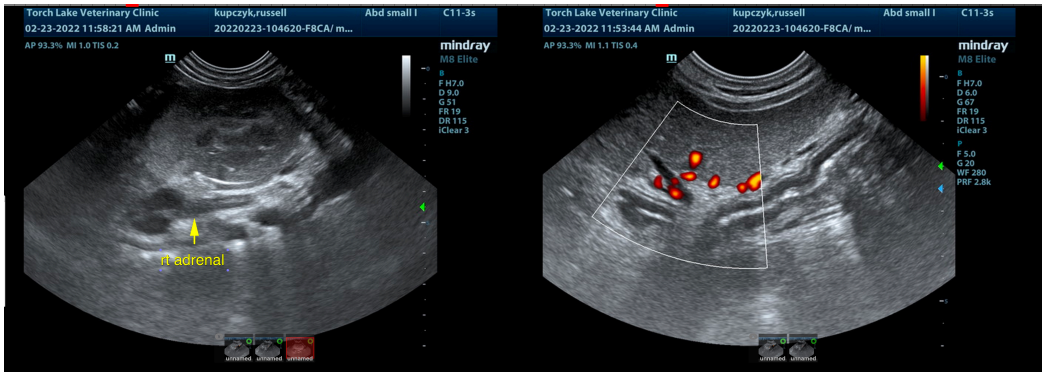
- Flattened adrenal glands
- Aortic thrombus, non-obstructive at the time of the sonogram
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even the adrenals are subnormal in size, given the cortisol level being normal, Addison's is not suspected. Subnormal adrenal size may be owing to chronic metabolic burnout. GI protectants protocol warranted. CBC path review and bone marrow aspirate indicated. Broad-spectrum anti-parasitic protocol warranted even though the fecal was negative. If no significant proteinuria present, then protein loss is likely GI related. Full coagulation panel warranted given the hypercoagulable state. Empirical trial with Plavix therapy could be considered. Recheck sonogram of the aorta in approximately one week. Guarded prognosis.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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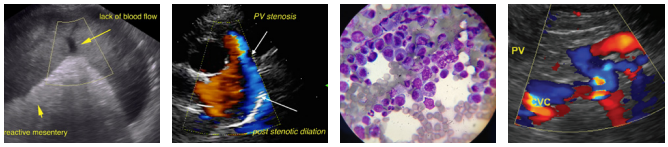

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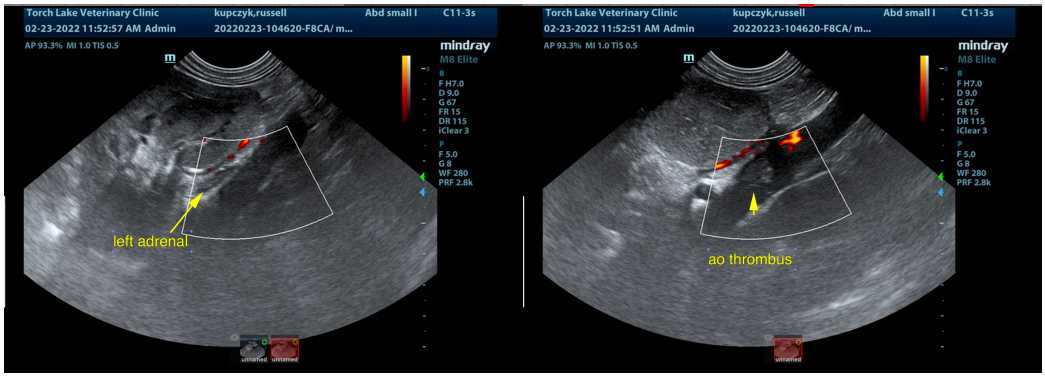

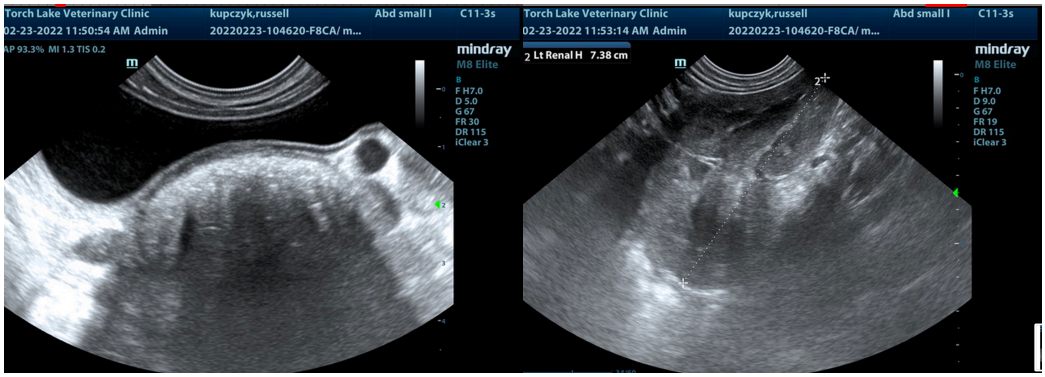

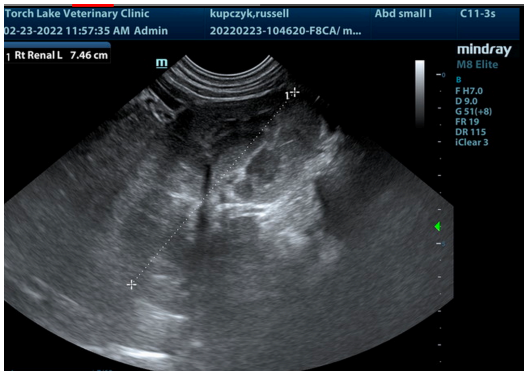

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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