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Clinical Sonography & Telecytology
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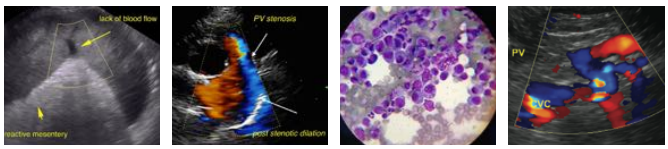

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1-800-838-4268 info@sonopath.com

PATIENT
Penny Brown

SPECIES
Canine

BREED
Dachshund

SEX
Spayed female

AGE
9 years

WEIGHT
17.44 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rupley

HOSPITAL NAME
All Pets Medical Center

REFERRING VET
Dr. Rupley

INVOICE
43959

DATE
4/25/23

PRESENTING CLINICAL SIGNS

History: PRESENTED FOR: for lethargy, decreased appetite since 4/24 REPORTED SYMPTOM: Dad flew out on 4/23 and Penny was fine that morning and evening. On 4/24, she was fine in the morning when the Mom left for work, but when she came back she noticed that she was a little lethargic and had low energy; almost depressed. She also noted that last night Penny would whine at the edge of the bed almost every hour. On 4/23, she ate her morning and evening meal. On 4/24, she ate her morning meal but not evening meal. Mom cleaned all the bowls and offered her a small amount of her old food in her hand (this was a game they play sometimes; one hand will have food and the other will not.) Mom did this in hopes this was going to get her excited about eating, and it seemed to work. Mom then offered 1 cup of the Orijin food and Penny ate it all. 4/25, Mom offered her 1 cup or Orijin and 2/3 cup of the Low fat, but Penny was not interested. No vomiting or diarrhea noted. Recent bm contained fuz from a toy. VITALS: 17.44 pounds. Temperature: 101.9 (normal range is 99.5 F- 102.0 F) Heart Rate: 116 bpm (normal is 70-80) Respiratory Rate: 32 bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Apoquel 3.6mg 1 tablet twice daily (last given 4/24 AM), Gentaved spray on the affected areas of the back once daily, Phytovet medicated shampoo twice weekly (last bath on 4/23). EXAM FINDINGS: Pain is apparent on cranidorsal abdominal palpation, but no obvious organ enlargement, mass, or foreign body is palpated. Dehydrated ~10%. Resists full flexion and right flexion of the neck or deep muscle palpation of the spine (history of IVDD). Dental disease. LAB RESULTS: The cPLI is result is normal. Chemistry panel reveals slightly elevated glucose. CBC results reveal elevated PCV. Urinalysis results reveal protein 30, rare red blood cells, low numbers of rod bacteria, pH of 6.5, and Specific Gravity: 1.021. ASSESSMENT AND PLAN: Urinalysis findings were consistent with a urinary tract infection, however other causes have not been ruled out. Urine submitted for bacterial culture (recent Convenia injection). Trial treatment begun with Buprenorphine sustained release injection, subcutaneous fluid therapy, gabapentin, and AmoxiClav. Abdominal ultrasound performed to rule out pancreatitis or intestinal disease / foreign body. Medical progress exam and repeat urinalysis recommended in two weeks.

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 left kidney measured 5.06 cm and the right kidney measured 5.22 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 right adrenal gland measured 0.74 cm. The left adrenal gland measured 0.58 cm.

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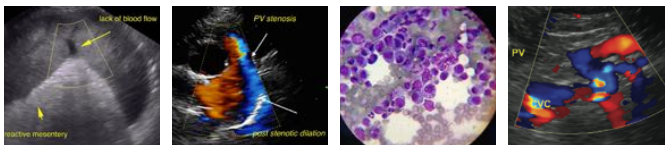

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Spleen

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 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 **gastrointestinal tract** was empty, yet mild enhanced mesentery was noted around the small intestine. The changes were subtle and may be owing to prior insult. Deep abdominal palpation is warranted to assess for any discomfort noted in the midabdomen. There was a minor amount of ingesta noted in the stomach.

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.

ULTRASONOGRAPHIC FINDINGS

Largely unremarkable abdomen with mild, remodeled mesentery, likely owing to old issues.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other causes of the clinical signs such as orthopedic/spinal pain, thoracic or CNS disease should be considered. The mesenteric remodeling is likely from prior episodes of enteritis. All in all the abdomen appears benign.

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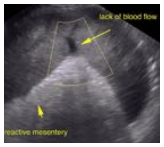

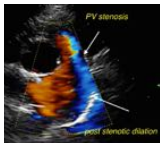

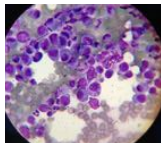
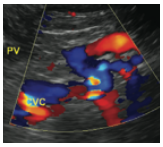

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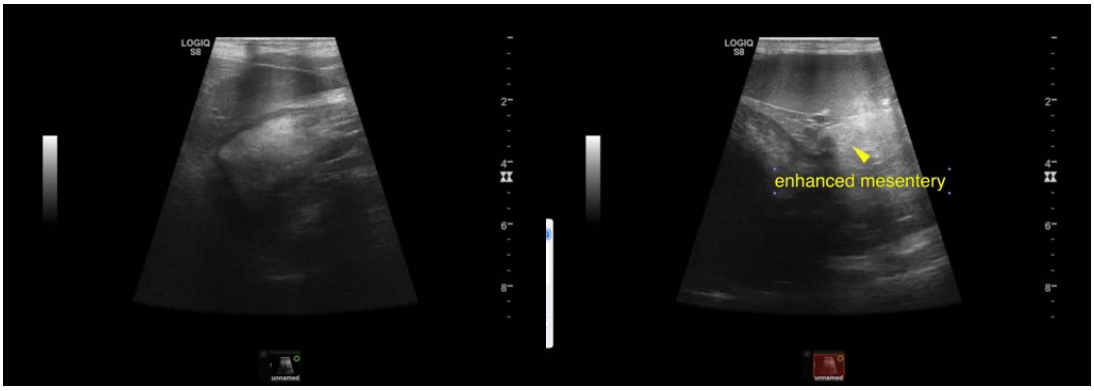

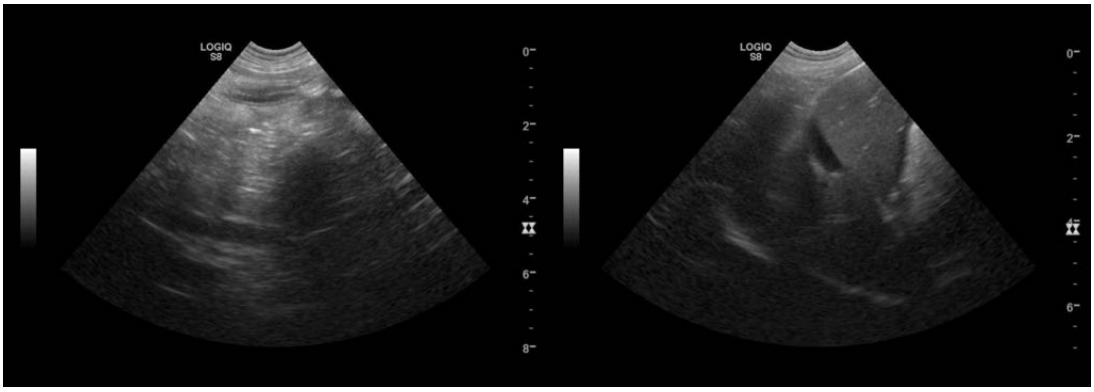

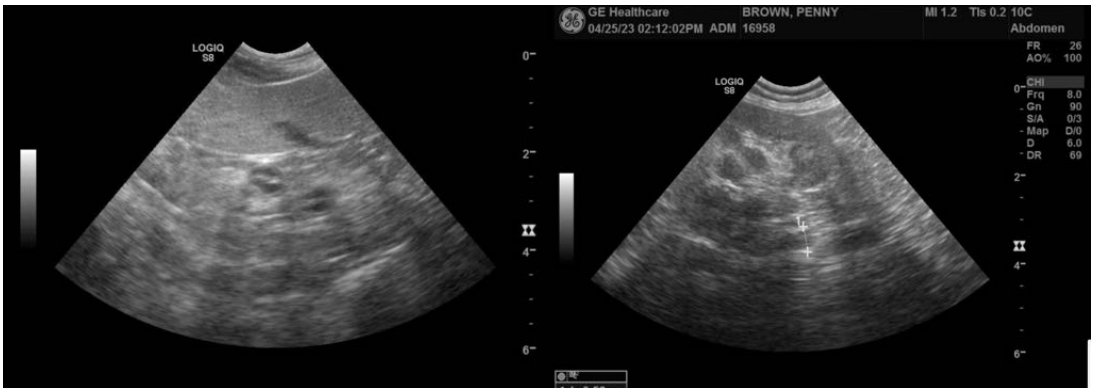

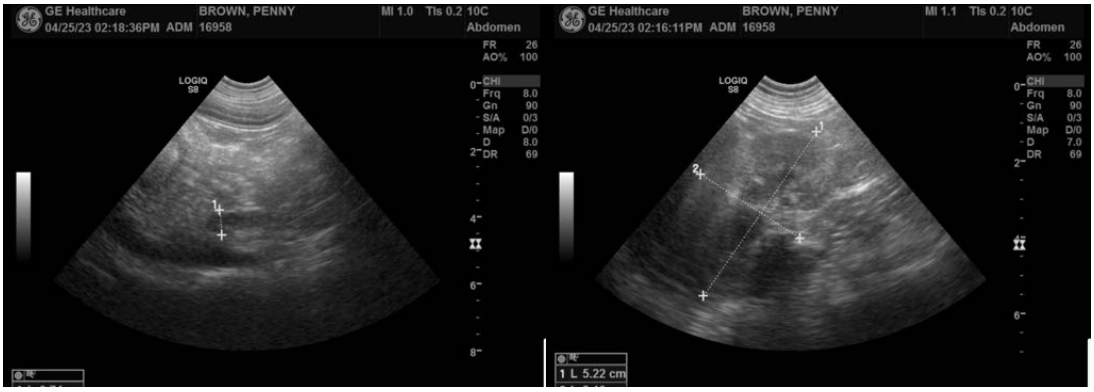

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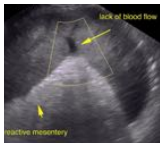
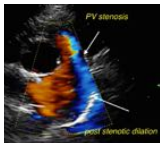
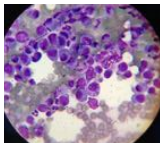
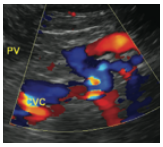

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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