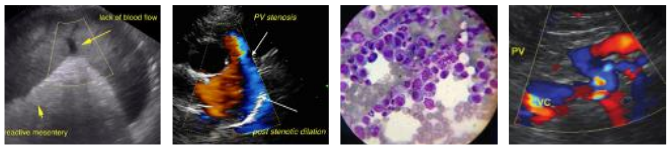
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Daisy Mae Gillis

SPECIES
Canine

BREED
Pug

SEX
Spayed Female

AGE
10 Years

WEIGHT
16.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Magguilli

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Magguilli

INVOICE
37466

DATE
5/6/22

PRESENTING CLINICAL SIGNS

presented 5/5 for anorexia that evening and a distended abdomen hx pancreatitis, hypothyroidism, seizures (last dec '21, not on meds currently), and collapsing trachea cbc - hct 45.5, leukocytosis 27.41, neutrophilia 20.58, monocytosis 2.24, thrombocytosis 492, rest nsf chem 17 - hyperproteinemia 8.5, hyperglobulinemia 5.6, low chol 102 t4/sdma - no slides in house CPL - normal ainful, leukocytosis, hyporexic, distended abdomen _Ddx: pancreatitis, gastroenteritis, non-GI disease/referred back pain - OPEN hx seizures, hypothyroidism, collapsing trachea, pancreatitis_
Abnormal PE/Chem/CBC/UA Results: FAST - no free abd fluid, no obvious masses, large amnt of gas shadowing from colon UA - usg 1.046, ph9, trace protein, rest nsf

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 **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 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The **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 left adrenal gland measured 0.40 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

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** presented mild increased portal markings. The gallbladder and common bile duct were unremarkable. Mild hepatic remodeling noted.

Gastrointestinal

The **stomach** and small intestine were unremarkable. The colonic wall was thickened with some early loss of mural detail. Wall thickness measured up to 6.0 mm. Increased submucosal echogenicity noted.

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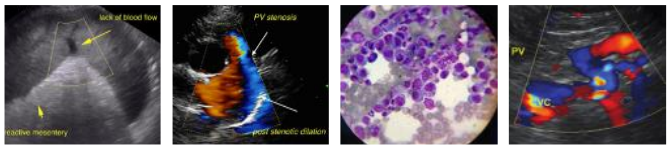

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Pancreas

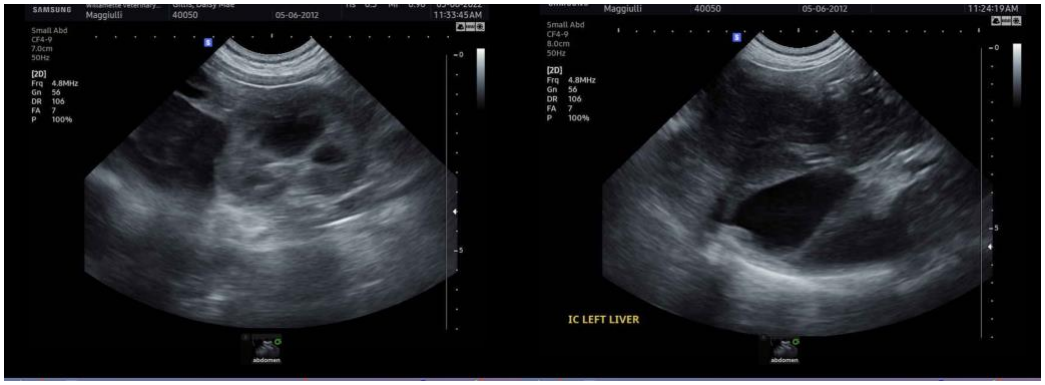
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

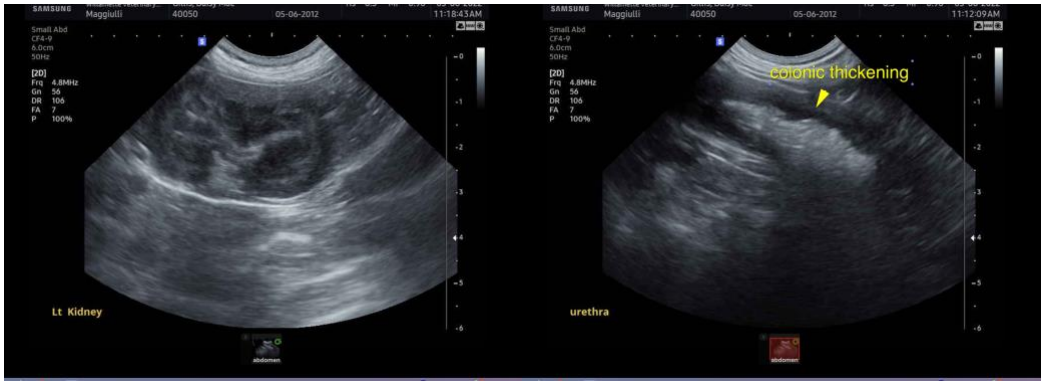
ULTRASONOGRAPHIC FINDINGS

- Colonic thickening, non-specific – likely colitis, possibility of emerging colonic neoplasia
- Unremarkable age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. Colonoscopy with colonic scraping indicated. Other causes of hyporexia/anorexia such as orthopedic pain, CNS disease or thoracic disease should be considered.





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