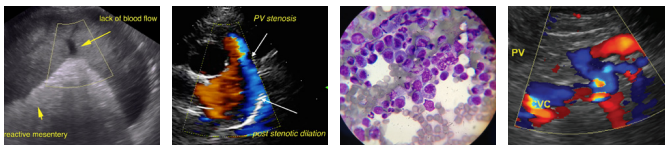
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oscar Thomas

SPECIES
Canine

BREED
Labrador

SEX
Neutered male

AGE
10 years

WEIGHT
67.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Korgman

HOSPITAL NAME
RBNorthside AH

REFERRING VET
Dr. Coughlin

INVOICE
76116

DATE
7/12/23

PRESENTING CLINICAL SIGNS

History: Presented in May for week long history of diarrhea, exam was unremarkable: started on Metronidazole, fortiflora/bland diet Labs Alb 2.1, dec Ca+ 8.7, dec chol 69, PSL N 25 cbc - HCT 39, inc lymph, inc plt, RBC 5.5 Tech appt 10 days later: vetscreen/cbc - stools improved Alb 2.2, chol 60 RBC 3.9 dec, HB 9.2, HCT 28 %, Retic 4% Recommened Sucrulfate 1 gm tid (slurry) and Omeprazole 20 mg sid - owner did not get right away - rechecked labs first 6/27/23 - exam unremarkable - diarrhea resolved Chem Alb 2.3 dec, Ca 8.7 low cbc - rbc 4.2, HB 9.3 and HCT 29% Static change to rbc parameters - owner started gastroprotectants as above. Disc recheck labs while on meds vs u/s - owner sched u/s

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. A slight amount of bladder sand was noted and measured 0.3 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney. The left kidney measures 7.2 cm. The right kidney measured 6.35 cm.

Adrenal Glands

The right adrenal gland was subnormal in size and measured 0.54 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland was not visualized.

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.

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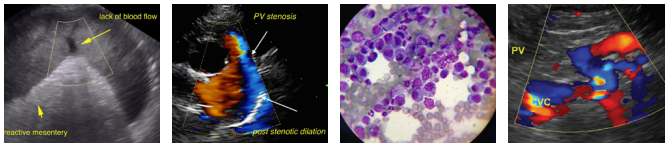

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive.

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.

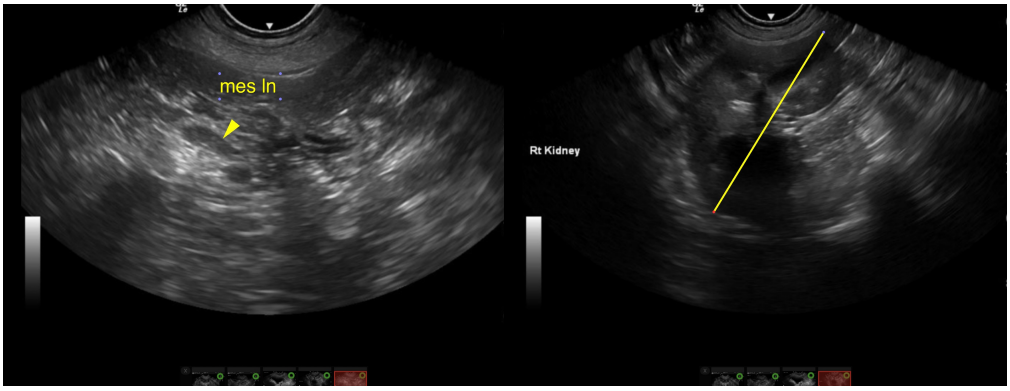
ULTRASONOGRAPHIC FINDINGS

Subnormal right adrenal gland, left adrenal gland not visualized.

Minor left renal pyelectasia and bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted given the low albumin, anemia and clinical signs. The patient may be passing calculi periodically, not likely a primary issue. If no significant proteinuria is present then protein losing enteropathy is likely even though structurally the GI tract appears unremarkable.



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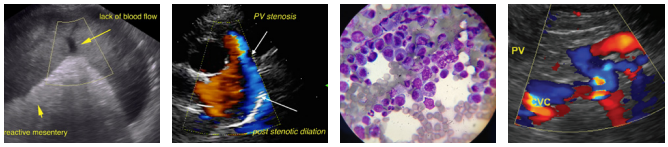

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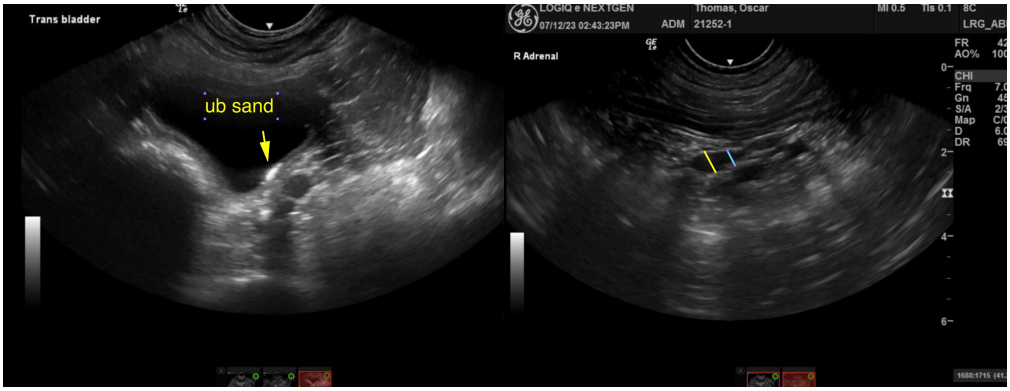

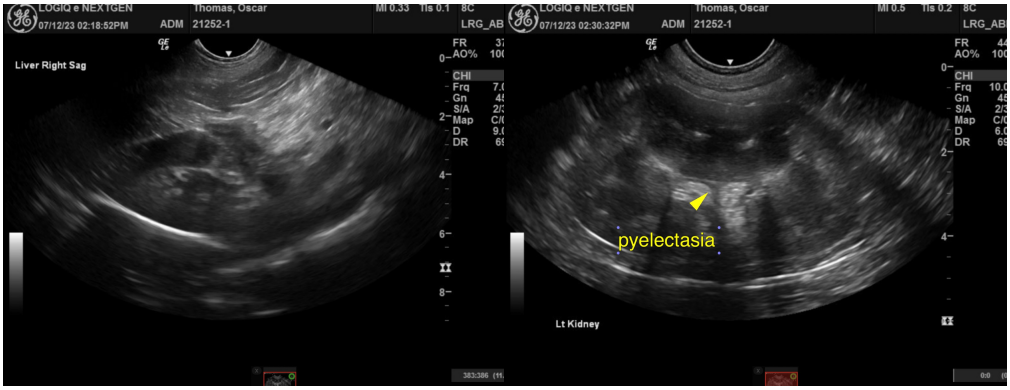

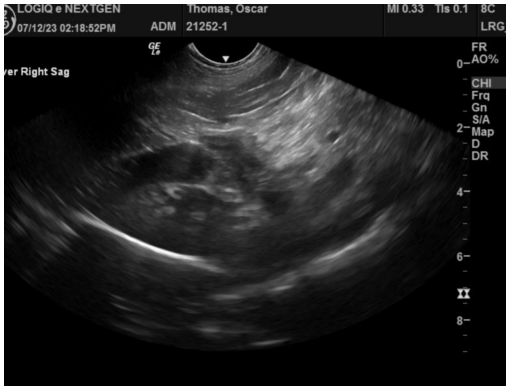

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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