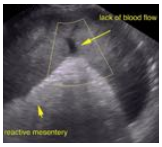
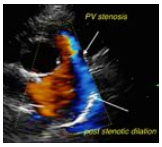
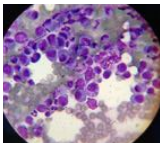
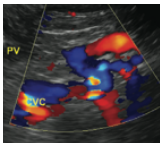
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Haven Darrell

SPECIES
Canine

BREED
Labrador/Pit Mix

SEX
Spayed female

AGE
14 years

WEIGHT
58 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Melissa DaSilva

HOSPITAL NAME
Pocono Peak VC

REFERRING VET
Dr. Thompson

INVOICE
46416

DATE
8/2/23

PRESENTING CLINICAL SIGNS

History: Not able to withold food/water. Patient has a history of chewing and passing foreign bodies, ate a mattress two days ago. No medications other than Advantix. Patient on IV fluids for 2.5 hours prior to ultrasound.
Abnormal PE/Chem/CBC/UA Results: Doughy abdomen, mid-abdominal distention. 2 small, firm mammary nodules. CRT ~3 seconds, dark pink/tacky gums. Radiograph shows mild gastric dilation around pylorus w/ small piece of radiopaque material. Elevations: WBC 20.8, PLT 783, GLOB 4.7, ALKP 2015, CHOL 342 Decreased: AMYL 457

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 7.03 cm. The right kidney measured 7.44 cm.

Adrenal Glands

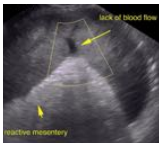
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.51 x 0.51 cm at the caudal pole and 0.62 cm at the cranial pole. The left adrenal gland measured 3.19 x 0.69 cm at the cranial pole and 0.71 cm at the caudal pole.

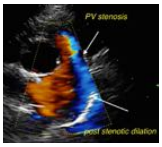
Spleen

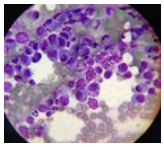
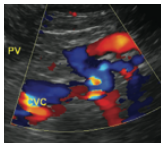
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 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





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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Some shadowing material was noted in the stomach and measured 2.6 cm with fluid filled dilation. Softer material was also present. It would be suspicious of foreign matter given the patient's history and radiographs. Some luminal material was noted in the duodenum. This is suggestive for continuation of the foreign matter. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

The body wall in this patient revealed a hypoechoic 2.78 x 1.05 cm undifferentiated nodule. A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Undefined body wall nodule caudal to the left kidney.

Gastroduodenal foreign matter presuming the patient t was n.p.o. at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the body wall nodule would be ideal. If the patient was n.p.o. at the time of the sonogram and clinical signs are persistent then I recommend exploratory surgery with gastrotomy/enterotomy.

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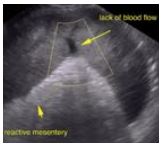
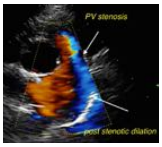
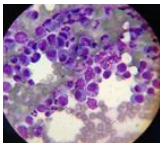
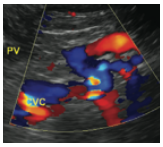

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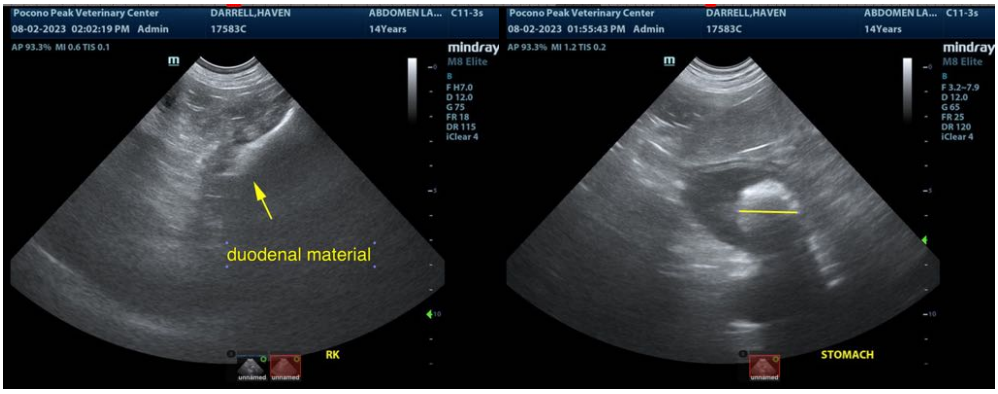

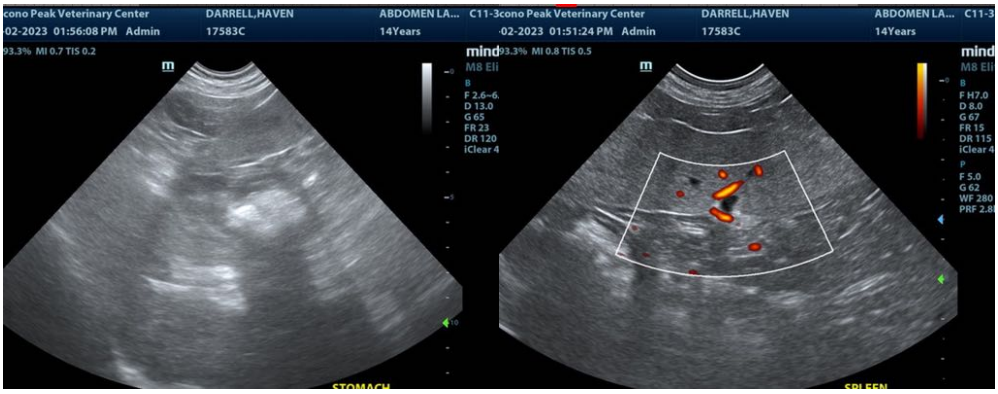

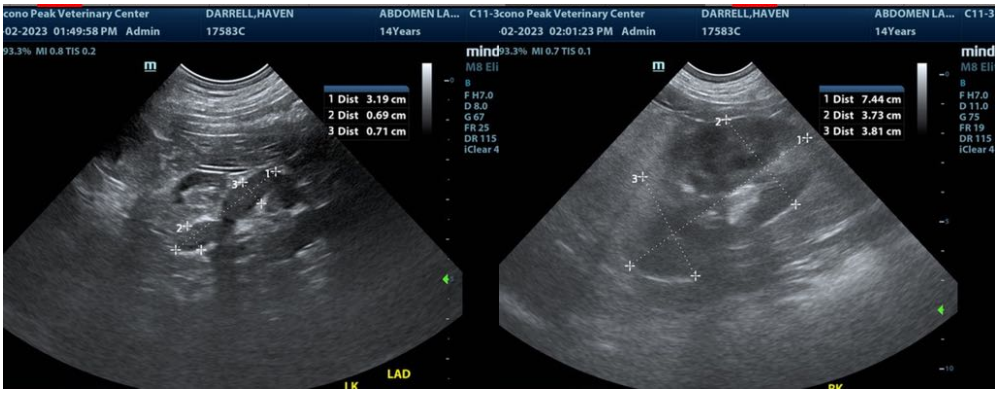

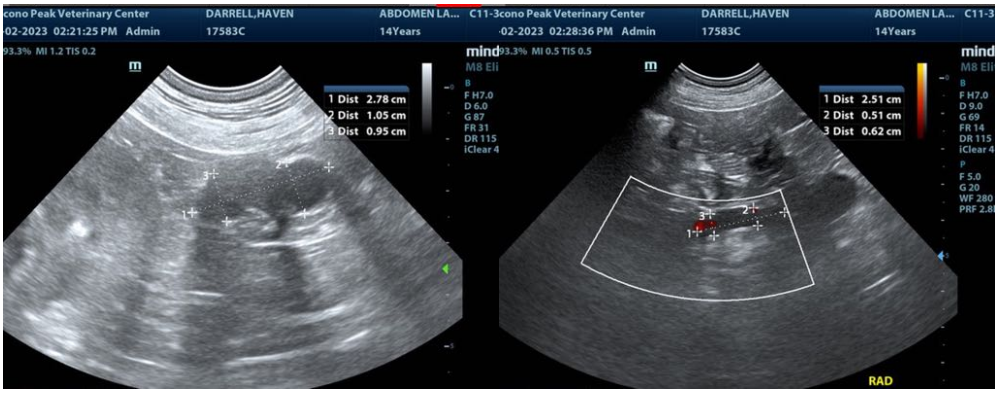

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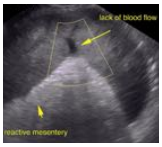
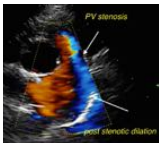
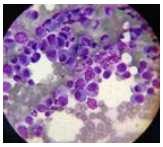
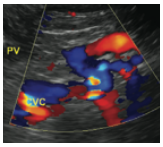

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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