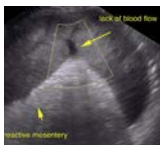
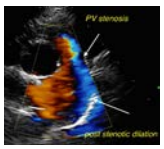
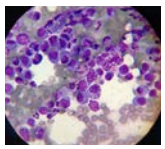
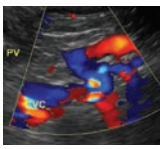
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Rommy Hernandez

SPECIES
Canine

BREED
Rottweiler

SEX
Intact Male

AGE
3 Years

WEIGHT
125 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Deml

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Johnson

INVOICE
41656

DATE
9/24/22

PRESENTING CLINICAL SIGNS

P is a 3yr 2mo old MI Rottweiler presenting for lethargy, not eating, bumps affecting the dorsum of patient and salivation for 1 day of duration. O noted starting yesterday (9/23/22) that P was not eating like he normally does in the morning. P also noted throughout the day that P was salivating from the oral cavity pretty significantly as well. When P would go out to urinate, P would void large amounts that appeared concentrated per O which is a new finding. O decided to wait the night and see how the P would do the next morning. This morning, O noticed diffuse small raised lesions affecting P's dorsum that he did not notice the night before. This morning, P was still not eating, but he was drinking small amounts of water. Even though P is salivating, O noticed no vomit. No C/S/V/D. No current meds. No history of travel. Only P within the household. Raised small red dermal bumps diffusely affecting patient. On cytology of free catch urine- large number of rods and cocci noted.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem (in-house)- Neutrophilia (33.6 x 10^9/l)- R/O inflammatory response (acute/chronic) vs stress (acute vs chronic) Monocytosis (2.09 x 10^9/l)- R/O inflammation (acute vs chronic) vs tissue necrosis vs corticosteroid-induced Increased ALP (167U/L)- R/O Cholestatic dz vs glucocorticoids vs bone disease Increased creatinine (2.0 mg/dL) w/ normal BUN- R/O Pre renal (dehydration, cardiac shock vs Renal vs Post-renal (UTI, Obstruction, ruptured bladder) USG- Performed in-house 1.037

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 3.0 cm, no evident pathology.

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 8.0 cm. The right kidney measured 8.0 cm.

Adrenal Glands

The **left adrenal gland** was visualized obliquely, measuring 0.50 cm.

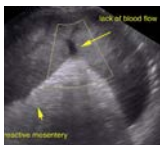
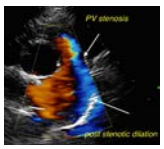
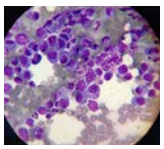
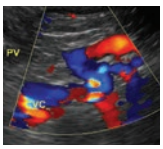
The region of the **right adrenal gland** was unremarkable.

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

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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

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

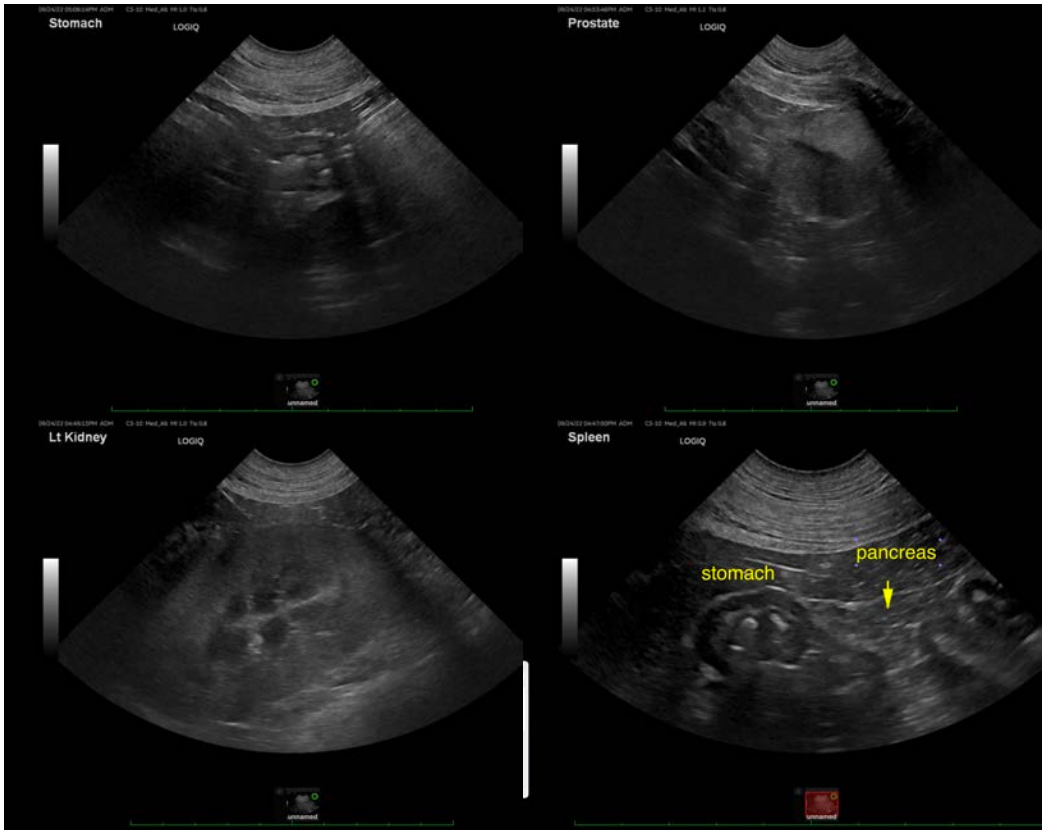
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. The left adrenal gland was visualized, yet possibly subnormal in size. Screening for Addison's warranted, given the vague clinical signs. ACTH stimulation indicated. No evidence of significant disease otherwise.



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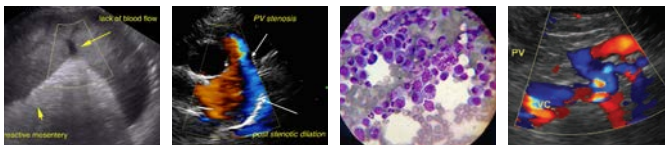

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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