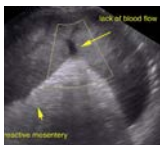
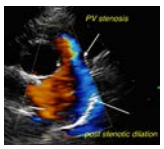
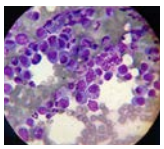
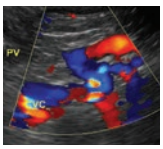
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Oliver Griffin

SPECIES
Canine

BREED
Shih Tzu

SEX
Neutered Male

AGE
11 Years

WEIGHT
16.22

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Mychajlonka

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Galanti

INVOICE
45338

DATE
2/16/23

PRESENTING CLINICAL SIGNS

Presented for evaluation for congestive heart failure and GI upset. O notes on Tuesday P presented to VECC after eating a Greenie and then having difficulty breathing. P has a history of a heart murmur diagnosed in November during a dental and P was started on Vetmedin and Cardalis (spironolactone and benazepril). P vomited that night as well per O. O notes that VECC suspected congestive heart failure, offered hospitalization, and gave P an injection of lasix. O then went to their primary veterinarian (Caring Hands AH) and thoracic radiographs were taken diagnosing CHF. P was started on Cerenia and Vetmedin/Cardalis doses were raised (1.5 tabs of each q24h). O notes P started having hemorrhagic diarrhea today and is concerned P had a seizure like event last night. O described P started shaking and hypersalivating but never lost consciousness. P has also not ate the past 2 days. Abnormal PE/Chem/CBC/UA Results: PCV/TP: 49%/8.6 2. Thoracic radiographs- 3 views- Moderate cardiomegaly. Pleural effusion in the craniodorsal lung field (mild) WBC 22.88 + 6.00-17.00 10^9/l HGB 18.3 + 12.0-18.0 g/dl MCHC 40.3 + 31.0-39.0 g/dl NEU 20.89 + 3.00-12.00 10^9/ ALP 443 HIGH 20-150 U/L PHOS 2.5 LOW 2.9-6.6 mg/dL GLU 118 HIGH 60-110 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is distended with a large volume of anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is small in size, shape and architecture and measures 3.7 cm. Slight irregular contour, consistent with prior renal infracts. There is decreased corticomedullary distinction and normal echogenicity. Pyelectasia noted at 0.15 cm, consistent with diuretic therapy and polyuria. There is no evidence of nephroliths or hydroureter. A hyperechoic medullary band is noted. Several very small cortical cysts were present.

The right kidney is small in size, shape and architecture and measures 3.6 cm. Slight irregular contour, consistent with prior renal infracts. There There is decreased corticomedullary. distinction and normal echogenicity. Pyelectasia noted at 0.20 cm, consistent with diuretic therapy and polyuria. There is no evidence of nephroliths or hydroureter. A hyperechoic medullary band is noted. Several very small cortical cysts were present.

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at the caudal pole and 0.45 cm at the cranial pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

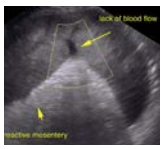
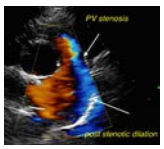
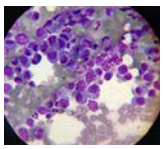
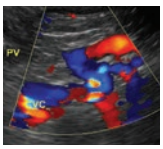
The right adrenal gland is normal in size (0.48 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver was subjectively enlarged in size with slightly rounded contours. Smooth peripheral margins. The echogenicity appears mildly hyperechoic with normal portal markings, consistent with vacuolar infiltration. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The

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

PATIENT

Oliver Griffin

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years

WEIGHT

16.22

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

45338

DATE

2/16/23

visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is significantly distended with bile as well as a moderate amount of non-dependent hyperechoic debris that is coalescing centrally, though it does not fill the entire gallbladder. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas had a coarse echotexture and was very slightly hypoechoic and measured 1.4 cm thick. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Chronic degenerative renal changes with mild pyelectasia
- Prominent pancreas – rule out resolving or emerging pancreatitis.

SECONDARY FINDINGS

- Moderate amount of organized gallbladder debris

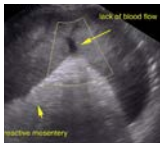
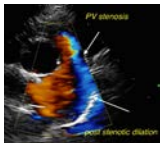
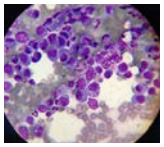
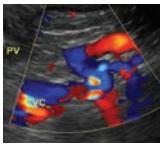
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gastroenteritis on this examination, though the pancreas was prominent, so a very mild pancreatitis or emerging pancreatitis could be considered. Consider ongoing treatment for vomiting with antiemetic therapy and consider side effects of cardiac medications as the cause of the vomiting.

There were chronic changes to the kidneys. Consider urinalysis and culture if urinary tract infection is suspected, though the changes to the kidneys are consistent with chronic kidney disease with diuretic therapy.

Consider Ursodiol therapy once feeling better and inf not contraindicated in this patient.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Oliver Griffin

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years

WEIGHT

16.22

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. MychajIonka

HOSPITAL NAME

Craig Road AH

REFERRING VET

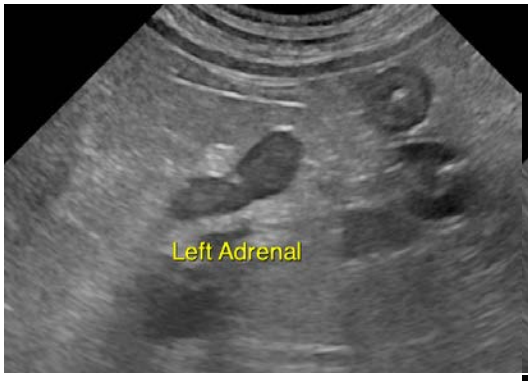
Dr. Galanti

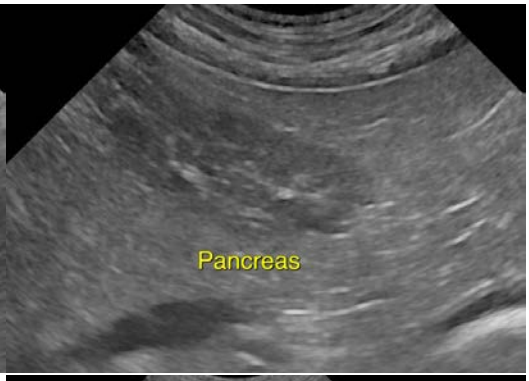
INVOICE

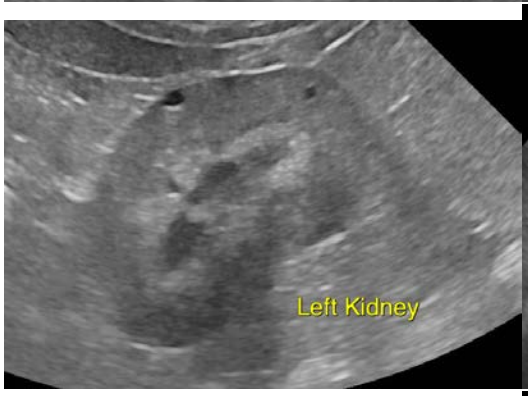
45338

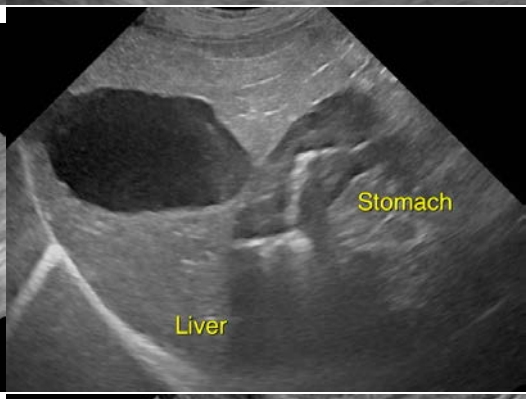
DATE

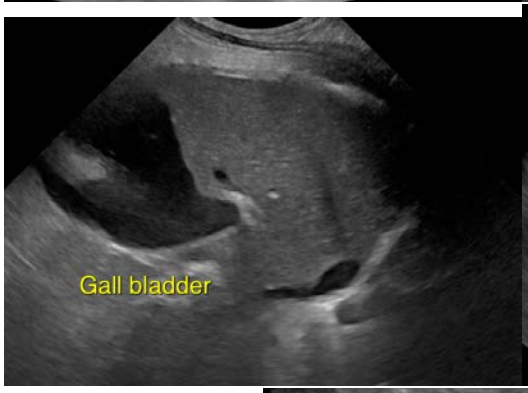
2/16/23

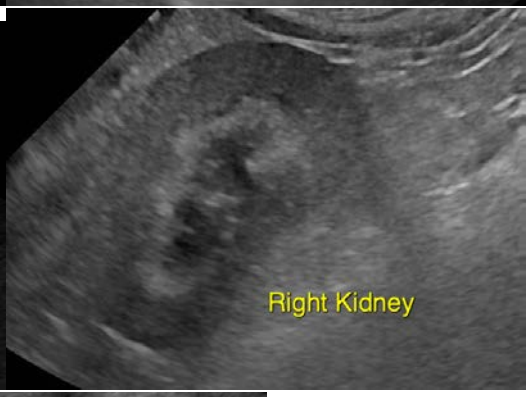


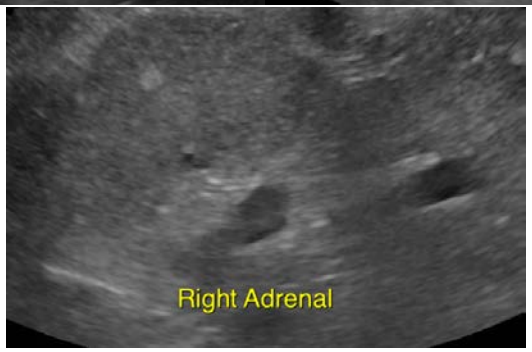




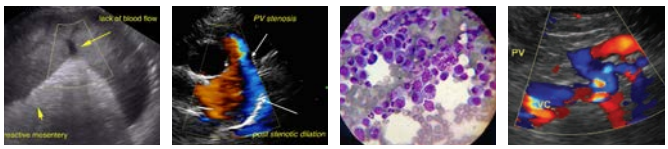








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oliver Griffin

SPECIES
Canine

BREED
Shih Tzu

SEX
Neutered Male

AGE
11 Years

WEIGHT
16.22

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Mychajlonka

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Galanti

INVOICE
45338

DATE
2/16/23

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.

Jessica Midence, DVM, DACVIM (SAIM)

info@SonoPath.com