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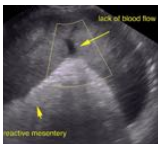
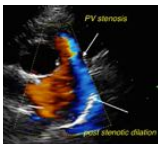
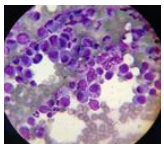
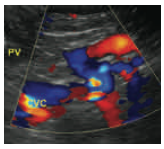
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Mick Mensinger

SPECIES
Canine

BREED
Australian Shepherd

SEX
Neutered male

AGE
2 years

WEIGHT
47 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Mayra Sanchez

HOSPITAL NAME
Sunset AH

REFERRING VET
Dr. Polit

INVOICE
98079

DATE
4/5/22

PRESENTING CLINICAL SIGNS

History: Intermittent chronic retching Patient brings up saliva and sometimes a small amount of food Patient has been on medications for "coughing" wit no improvement
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9 CBC: mild eosinophelia 1244 (0-1200) Chem: NSF Digital fecal scan = NPS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of free floating sediment is present, most likely composed of mucus, crystalline material and exfoliated cells. The mild amount of debris is likely clinically insignificant given the lack of inflammatory changes to bladder wall.

The left kidney measures 5.90 cm (within normal limits). The capsule is smooth. A thin hyperechoic line is observed within the medulla traversing parallel to the corticomedullary junction. The medulla is mildly hyperechoic to the cortex. Its overall architecture, including the definition of the corticomedullary junction, is preserved. Very small, punctate, mineralizations of the diverticulae are present; there are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney measures 6.09 cm (within normal limits). Findings are similar to the left kidney.

Adrenal Glands

The left adrenal gland measures 0.48 cm at the cranial pole, 0.52 cm at the caudal pole and 2.34 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

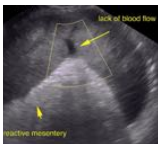
The right adrenal gland is not well visualized due to the gas in the surrounding region. It is approximately 0.44 cm in diameter.

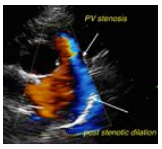
Spleen

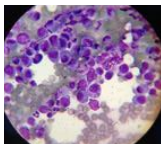
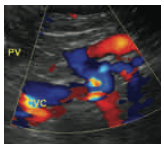
The spleen is folded on itself. It is within normal limits in size, architecture, echotexture, and echogenicity, and the capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.





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The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not visualized, but there are no obvious signs of an obstruction of the biliary tree.

Gastrointestinal

The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Mild fogging of the mucosa is observed in some of the small intestines. The mesentery surrounding multiple loops of bowel in the region of the spleen is mildly hyperechoic. Dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. There is a large amount of formed stool in the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

No overt abnormalities are observed. However, only a small portion of the left limb is visualized. The right pancreas is not well visualized due to the gas in the surrounding intestinal tract.

Other:

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not present.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause of Mick's retching is not identified on today's abdominal ultrasound. However, the mildly hyperechoic mesentery in the region of the spleen may be due to subclinical pancreatitis and/or inflammatory bowel disease. Although fogging of the mucosa of the small intestines is a non-specific sign, it may be indicative of inflammation, thus, inflammatory bowel disease cannot be excluded.
- The mineralization and subtle "medullary rim sign" noted with both kidneys is uncommon for a dog of Mick's age. These may be normal findings for him, however, evaluation of his diet is suggested to ensure it is not too high in calcium. For example, a raw meat diet may be high calcium, but may also cause esophageal irritation if it contains ground bones.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis may be worthwhile to exclude proteinuria based on the low body condition score and renal changes, and calcium oxalate crystalluria.

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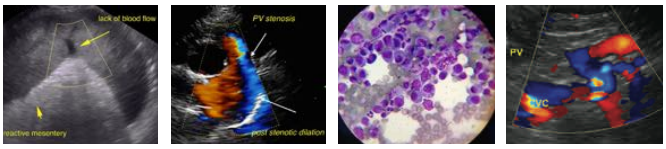

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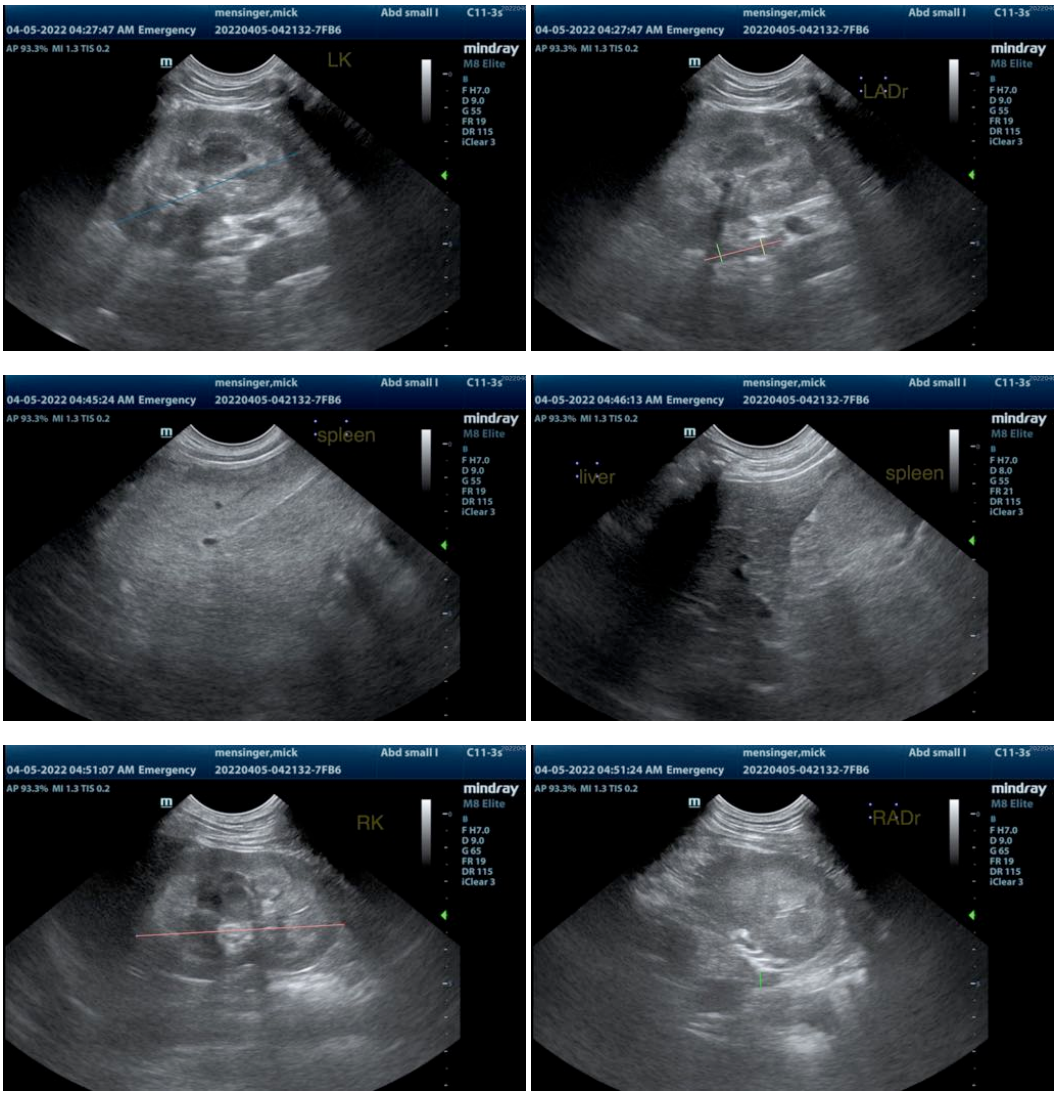
A baseline cortisol is suggested to exclude hypoadrenocorticism due to the vague gastrointestinal signs and history of eosinophilia.

Further evaluation for signs of gastroesophageal reflux disease (GERD) is suggested as many dogs with inflammatory bowel disease can suffer from GERD. It would also be worthwhile to determine whether Mick suffers from constipation as there was a large amount of very firm stools in his colon, which can stimulate the gastrocolic reflex.

The clients may obtain videos of Mick eating food of variable consistencies, as well as while drinking water, to determine if he suffers from other signs of dysphagia. If the latter is identified, further diagnostics, consisting of an esophagram and endoscopy will be necessary.

Deworming with fenbendazole (three days and repeated three weeks later), and feeding a hypoallergenic/hydrolyzed diet should be administered prior to pursuing endoscopy.



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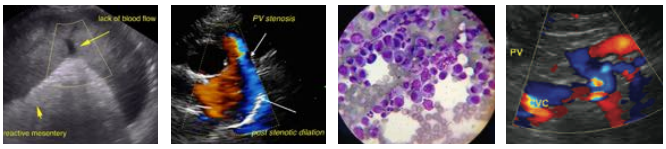

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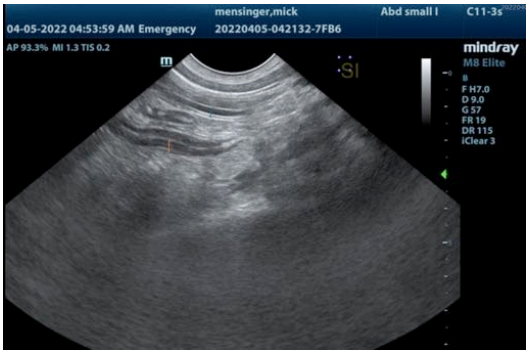

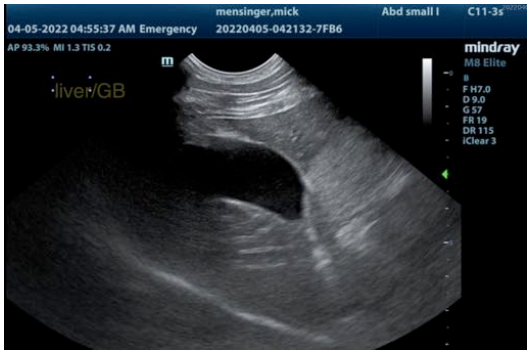

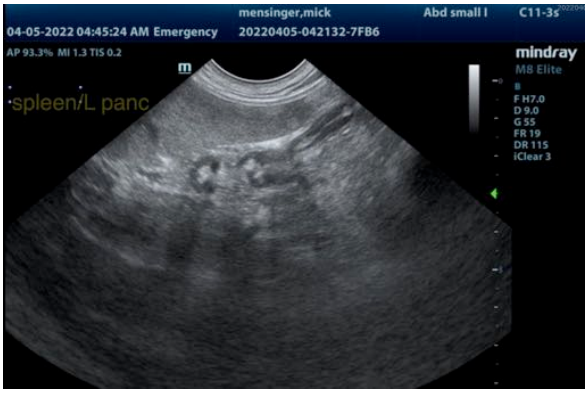

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com