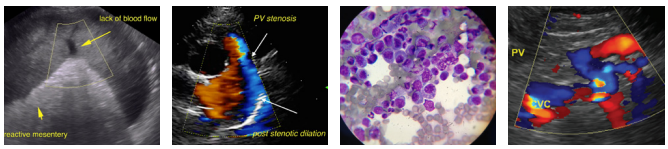
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bud Osborne

SPECIES
Canine

BREED
Terrier X

SEX
Neutered Male

AGE
12 Years

WEIGHT
30 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Dr. James Hornbuckle

HOSPITAL NAME
Golden Isles AH

REFERRING VET
Dr. James Hornbuckle

INVOICE
36653

DATE
4/1/22

PRESENTING CLINICAL SIGNS

Bud presented for acute hx of vomiting and diarrhea, some pizza crust a week ago but otw no diet changes. No known exposure to toxins or FB.
Abnormal PE/Chem/CBC/UA Results: Xrays of abdomen and chest were unremarkable save for multiple pin point mineralizations in chest Abnormal Labs-->wbc 21K, neutrophils 17.6k Alkp 1078, Alt 1432 Tbili 10.6 Icteric Serum

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 sediment, cystoliths, polyps or a mass.

The left kidney is within normal limits in size (5.48 cm) for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (5.36 cm) for the patient's weight. Findings are similar to the left kidney.

Adrenal Glands

The left adrenal gland measures 0.52 cm at the caudal pole, 0.64 cm at the cranial pole (mildly increased for a dog of Bud's stature). The length is 2.12 cm. 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 measures 0.49 cm at the cranial pole, 0.47 cm at the caudal pole, and 2.0 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

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

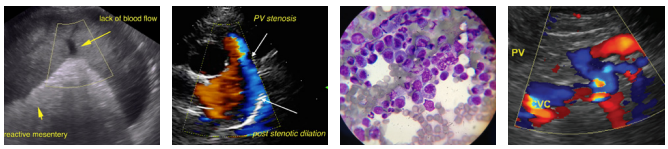
Liver

There are no obvious signs of hepatomegaly. The liver is, subjectively, diffusely and mildly hyperechoic. The walls of the portal veins are mildly prominent (hyperechoic). Perivascular cuffing, consistent with deposition of fat with possible mild fibrosis, is observed surrounding the larger hepatic blood vessels. The latter findings are not considered clinically significant.

The gall bladder wall is thickened at 1.9 mm, and is markedly hyperechoic. It is surrounded by an anechoic rim circumferentially, which is suggestive of edema. The cystic and common bile ducts are not visualized but there are no obvious signs of dilation or tortuosity.

Gastrointestinal

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



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

PATIENT

Bud Osborne

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

12 Years

WEIGHT

30 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. James Hornbuckle

INVOICE

36653

DATE

4/1/22

The intestines are not thickened, but the mucosa is prominent in some bowel loops, whereas the submucosa is mildly more prominent in others. Mucosal fogging and corrugation of the duodenum is present, but measures within normal limits. A large amount of gas is present in the colon, which is mildly thickened.

Pancreas

Both limbs of the pancreas are hypoechoic, and the surrounding mesentery is hyperechoic.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The diffuse hyperechogenicity of the liver is suggestive of a vacuolar hepatopathy, as well as cholestasis. Ascending inflammation (hepatitis), secondary to pancreatitis and cholecystitis, are also suspected.
- Changes observed with the gastrointestinal tract are suggestive of enterocolitis.
- Signs of active pancreatitis are present.
- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration.
- The rounded cranial pole of the left adrenal gland may be due to a benign adenoma or hyperplasia. There are no signs of a mass. A sonographic re-evaluation of the adrenal glands in 2-4 months is suggested. A low-dose dexamethasone suppression test or an ACTH stimulation test is not recommended at this time, even if Bud is demonstrating clinical signs of hyperadrenocorticism, as false positives may occur (i.e. due to underlying illness).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics for pancreatitis may be pursued (spec cPL, other), although it will not change treatment recommendations.

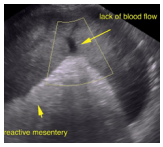
Intravenous fluids, intravenous antiemetics and intravenous analgesics are recommended.

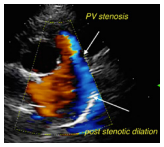
Antibiotics are not necessary unless there are systemic signs of illness, such as sepsis, or if cholecystitis appears bacterial in origin (signs of toxic neutrophils or left shift on CBC).

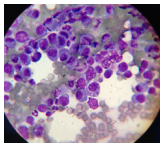
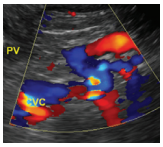
If the vomiting has stopped, but diarrhea is persisting, a clay-based paste such as Entero Aid may be administered.

An internal medicine consult may be requested if further suggestions are desired regarding treatment.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Bud Osborne

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

12 Years

WEIGHT

30 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

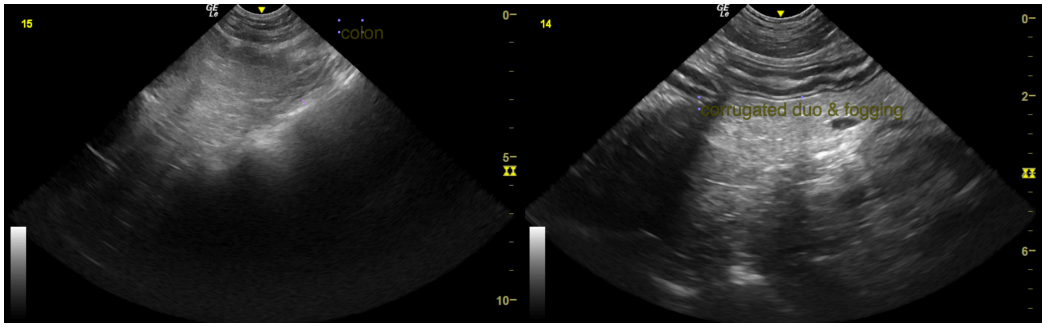
Dr. James Hornbuckle

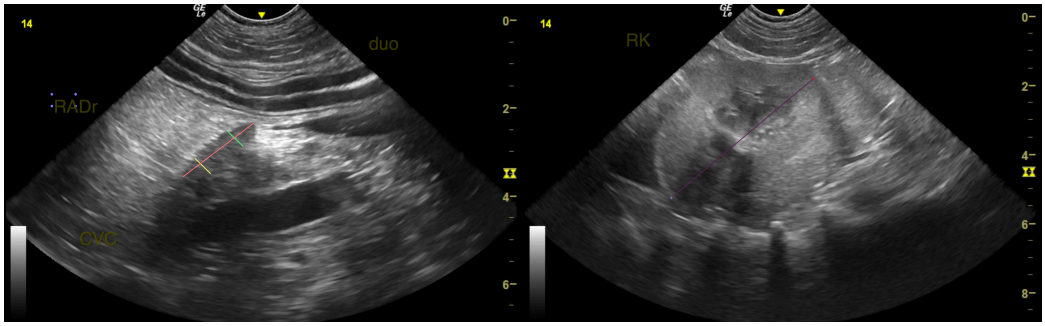
INVOICE

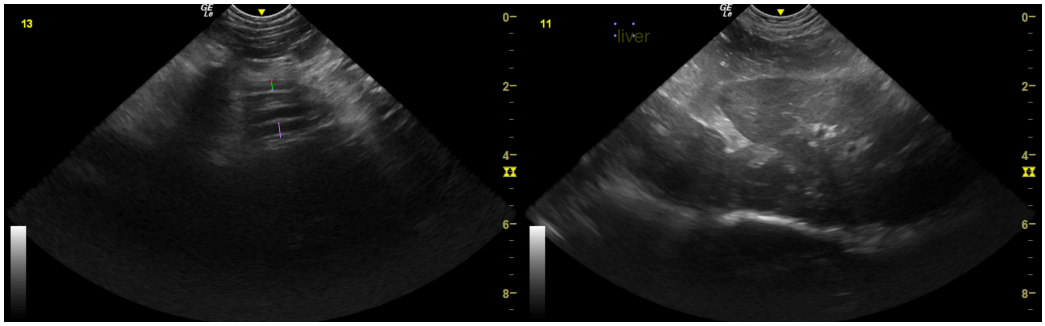
36653

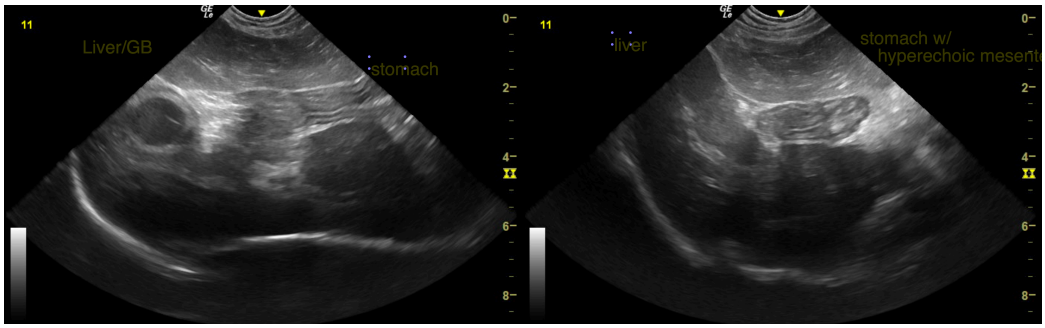
DATE

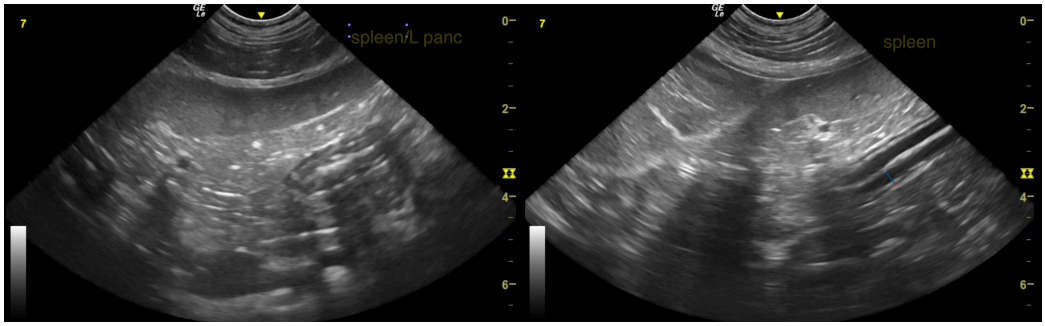
4/1/22



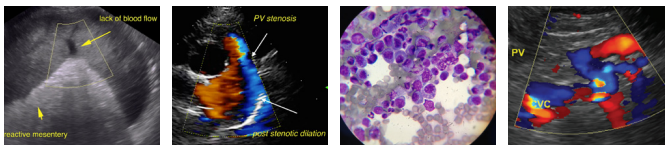








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bud Osborne

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

12 Years

WEIGHT

30 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

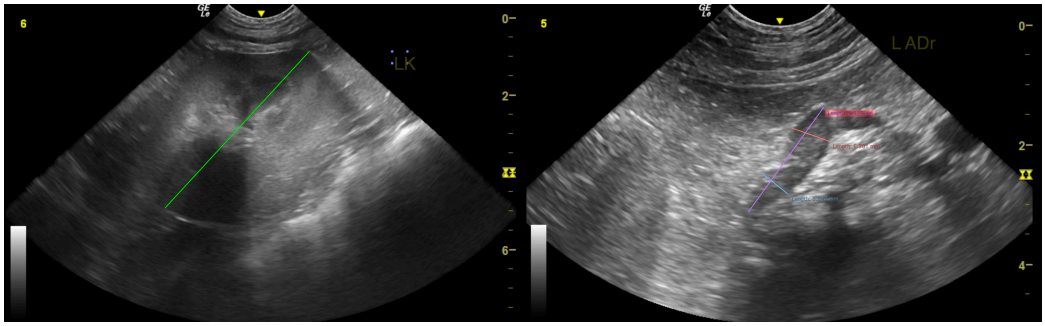
Dr. James Hornbuckle

INVOICE

36653

DATE

4/1/22



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