IMAGING PERFORMED BY

SVS Mobile Imaging KC 816 - 401 - 5010

wsimagingkc@gmail.com

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-836-4266 info@sonopath.com SonoPath.com

PATIENT

Sadie Grace Robinson

SPECIES

Canine

BREED

Labrador

SEX

F Intact

AGE

8 months

WEIGHT

36 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

13054

DATE

1/13/22

PRESENTING CLINICAL SIGNS

Intermittent pollakiuria and inappropriate urination August 2021. UA: UTI. Symptoms resolved with Amoxi, Carprofen, but hyposthenuric on recheck UA. Had guzzled water prior to UA. Consult with Idexx. Recheck UA without fasting or withholding water, but not allowing excessive water consumption; Urine S.G. improved. 10/27/21 Vomited all night. O reports soft stools for some time; in house fecal float & SNAP giardia 6/30/21 negative. Idexx Fecal Dx Ag and Giardia: coccidia. Responded to Cerenia, diagel, SQ fluids, and Albon. 11/15/21 Presented for diarrhea again. Treated for SIBO: Flagyl, Synacore, Hill's i/d, Forbid (coprophagy tx). 12/28/21 Still having diarrhea. PU/PD. 1/12/22: Bile acids, Lepto test, recheck SDMA,BUN,crea.
Abnormal PE/Chem/CBC/UA Results: Only abnormalities included: 8/4/21 in house UA: Leuk 500/uL, S.G. 1.022, prot 100 mg/dL, Bld 250 ery/uL, WBC/RBC each >50/hpf. 8/18/21 in house UA: pH 8, S.G. 1.002, Leuk 500/uL, but WBC/RBC each 24.0 (4.8 - 19.0 ug/L). 12/28/21: Idexx UA: S.G. 1.005, pH 6.5, cocci >40 phpf 12/28/21: Idexx Total Health/CBC: abnormalities: MCHC 32.2 (32.6 - 39.2 g/dL), IDEXX SDMA 23 (0 - 14 µg/dL), Creatinine 1.7 (0.5 - 1.5 mg/d), Phosphorus 7.0 (2.5 - 6.1 mg/dL), Sodium 153 (142-152), TCO2 28 (13 - 27 mmol/L), Total protein 5.2 (5.5-7.5), Globulin 2.0 (2.4 - 4.0 g/dL), Albumin: Globulin Ratio 1.6 (0.7 - 1.5), Cholesterol 118 (131 - 345 mg/dL). 1/7/2022: Idexx ACTH stim test: WNL (Not Atypical Addison's). 1/13/21: Lepto antibody ELISA negative, PCR pending. Idexx Bile acids panel with ammonia, renal panel: SDMA 18 (0-14), Total Protein 5.2 (5.5-7.5), Globulin 2.1 (2.4-4.0). Bile Acids post prandial WNL. Ammonia in process. Sending urine for culture. Rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and tone with primarily anechoic urine present with mild nondependent, particulate sediment, which may indicate minor cellular or crystalline debris. No overt evidence of inflammatory or neoplastic mural changes, as well as no overt evidence of urinary bladder overdistention. Subjectively, the ureters appeared to be within the area and subjectively entering the ureteral papillae. The cystourethral junction and proximal urethra to a depth of 3.0 cm exhibited normal structure and subjective tone without evidence of proximal urethral urine retention or dilation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.36 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion.

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The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.35 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.33 cm.

The colon exhibited intact and sonographically unremarkable visualized walls with subjective semi-formed feces present in the colon lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Intermittent, mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 2.1 cm x 0.67 cm. No evidence of free abdominal fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal urinary bladder with mild particulate sediment
- Sonographically unremarkable bilateral kidneys - no evidence of congenital disease such as congenital renal dysplasia or overt nephritis such as pyelonephritis
- Structurally normal liver exhibiting normal hepatic size and vascular volume - no evidence of a portosystemic shunt
- Sonographically unremarkable gastrointestinal tract / colon

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- Intermittent benign mesenteric and focal medial iliac lymphadenopathy - immunologic immaturity, given the age of the patient, suspected, benign hyperplasia or minor reactive lymphadenitis possible

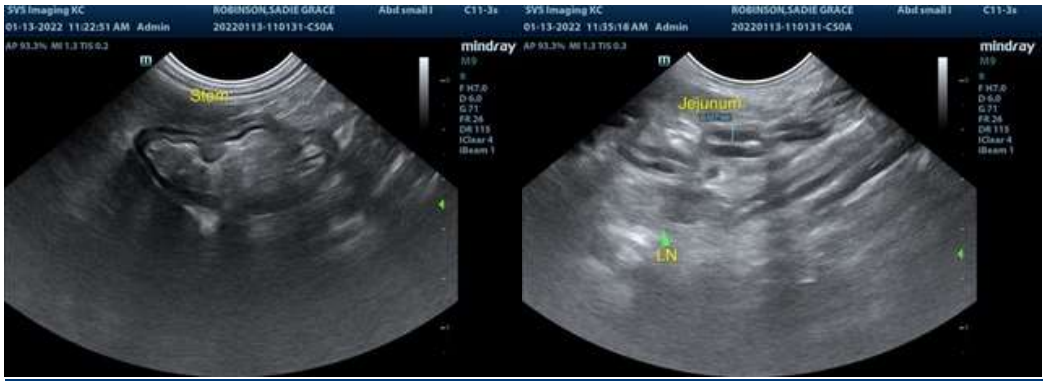
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of an ectopic ureter or other urinary bladder congenital pathology was not definitively evident. If recurrent urinary tract infections, additional considerations may include cystoscopy or contrast study if strong suspicion of ectopic ureter.

Dietary intolerance / food hypernasality may be playing a role in this patient in regards to gastrointestinal signs. A limited antigen or hydrolyzed diet and high colony count probiotics such Proviable may prove beneficial. Correlation with pending diagnostics Including urine C/S is recommended.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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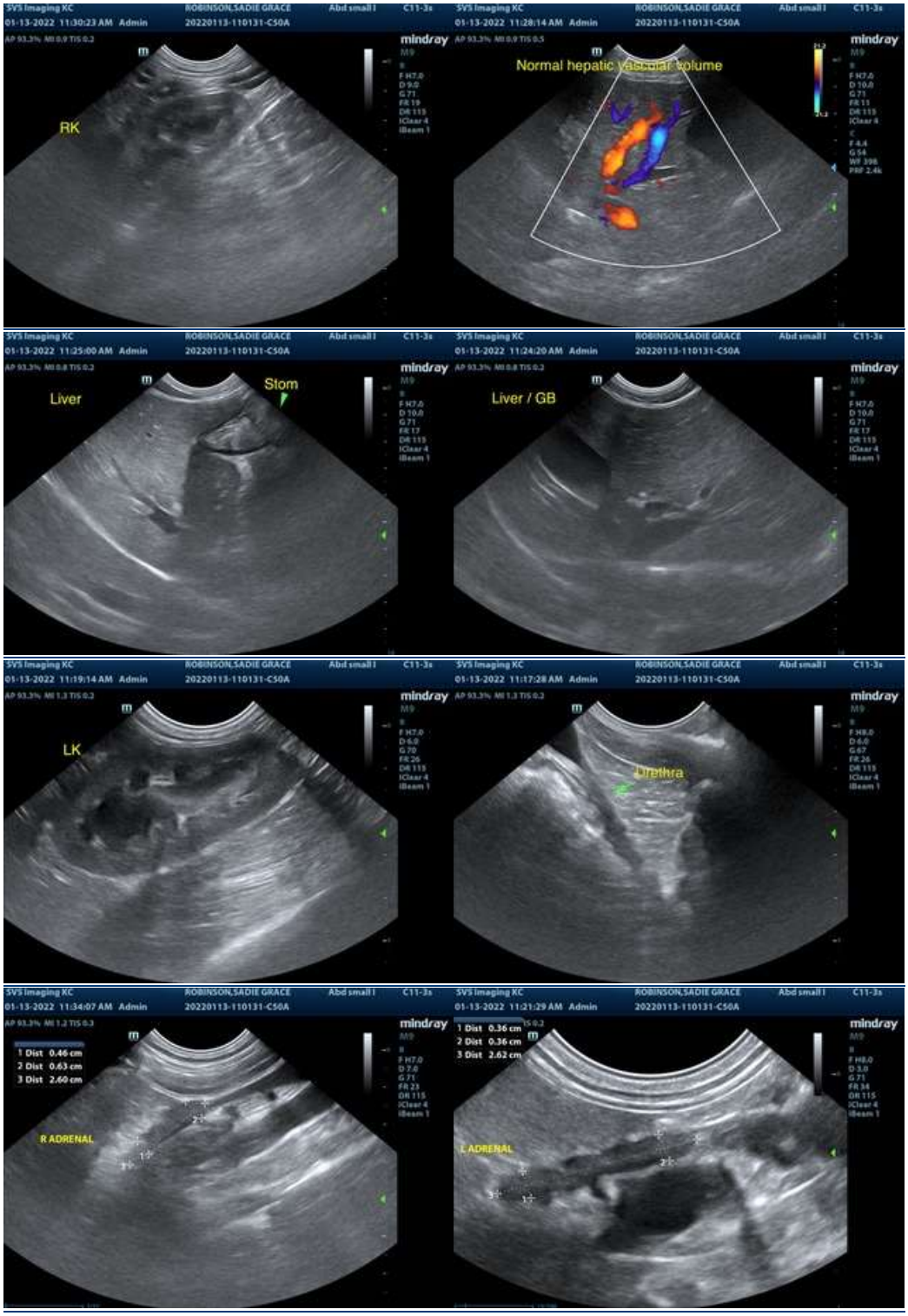

The information and recommendations provided are based on the images presented by the

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referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com