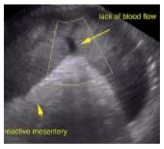
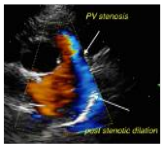
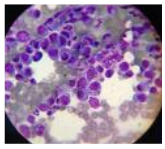
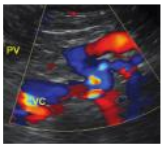
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Dakota Gallie

SPECIES

Canine

BREED

Pomeranian X

SEX

Female Spay

AGE

10

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Properties AC

REFERRING VET

Dr. Morley

INVOICE

15967

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Not eating since dental Dec 1 but has not lost weight. Has had some intermittent vomiting. Abnormal PE/Chem/CBC/UA Results: Elevated cPL no other abnormalities.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal to mildly subnormal in size containing mild anechoic urine. Possible mild prominent ventroapical to dorsoapical urinary bladder wall was noted, although full evaluation of the urinary bladder walls was limited owing to lack of urine distention. The ventroapical urinary bladder wall width measured 0.35 cm. No calculi or tumors were present. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited mild nonuniform cortex echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

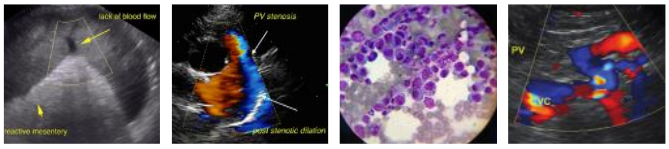
The bilateral adrenal glands exhibited mild prominent size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.43 cm width in the cranial pole and 0.69 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the cranial pole and 0.74 cm width in 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. 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, possibly adhered gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing ingesta / chyme was present in the gastric lumen.

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 duodenum wall measured 0.38 cm width. The jejunum wall measured 0.34 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Heterogeneous pancreas - The appearance of the pancreas is not sonographically consistent with significant or active pancreatitis, although low-grade to mild pancreatitis and/or pancreatic remodeling owing to previous inflammation is possible.
- Sonographically unremarkable gastrointestinal tract with minor gastric ingesta / chyme
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris, potential for discrete gallbladder polyps (non-mucocele)
- Bilateral mild prominent adrenal glands, no adrenal tumors - nonspecific

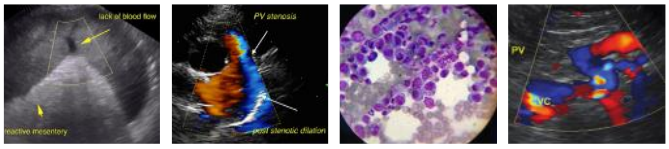
Secondary Findings

- Nonspecific mild chronic renal changes
- Possible mild cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild age-related / geriatric abdomen without sonographic evidence of significant visceral pathology.

Some degree of minor gastric hypomotility, if documented NPO, possibly secondary to nonspecific to mild inflammatory gastrointestinal process in conjunction with potential low-grade to chronic pancreatitis are both potentials. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if persistent / progressive inappetence, GI signs, or evidence of weight loss. Empirically, as-needed GI



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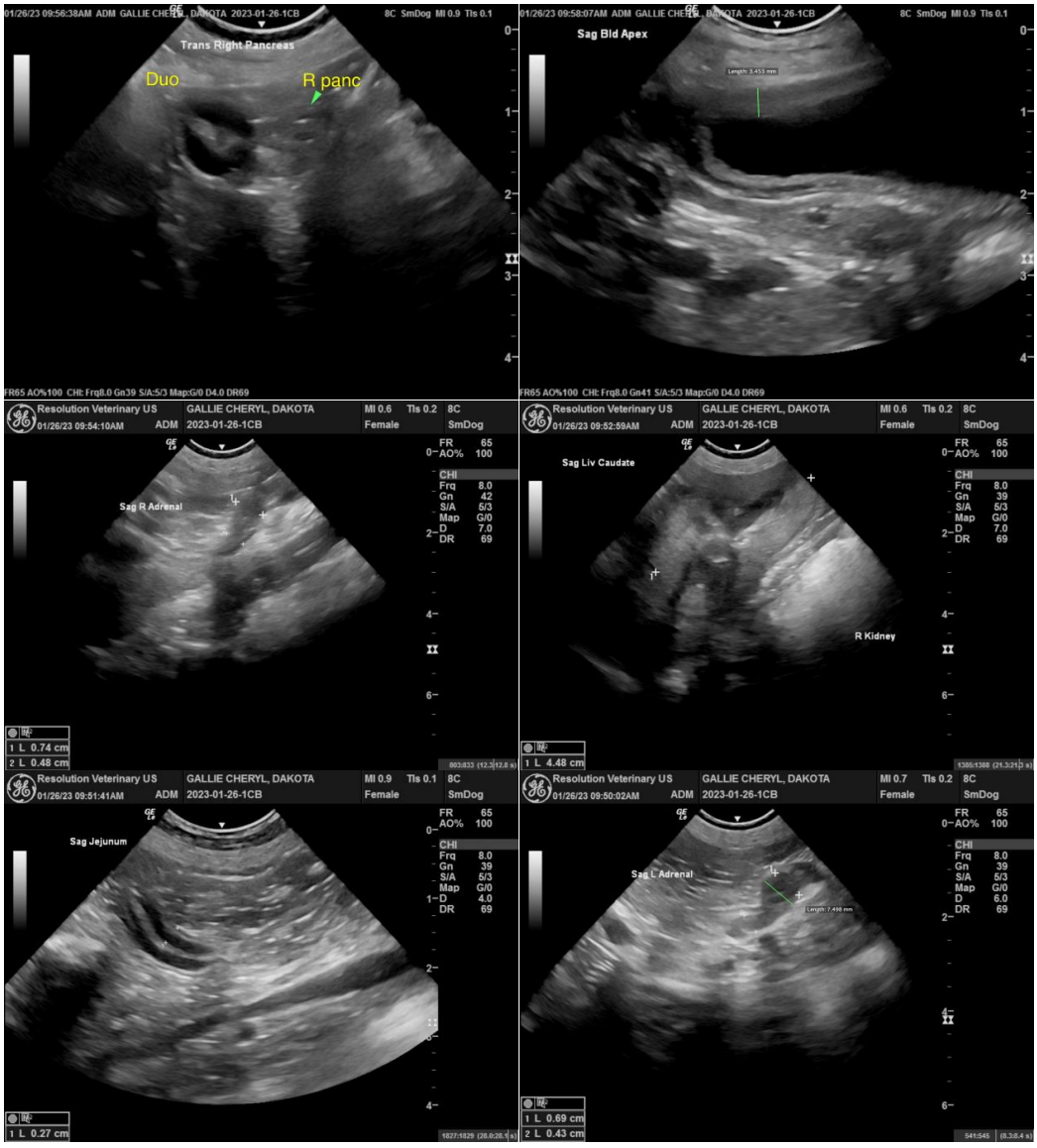
supportive care with potential novel protein or hydrolyzed diet trial, and gastroprotectant protocol may prove beneficial.



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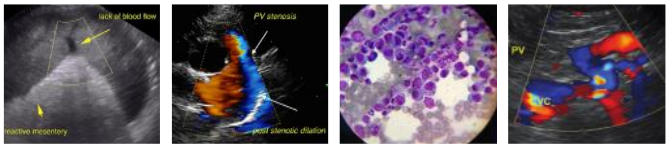

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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