



PATIENT PRESENTING CLINICAL SIGNS

Kaia Berkelman

History: Owner reports that up to about 3 weeks ago was doing really well and always healthy. Pulled a bunch of ticks off of dog. Lyme negative. Now has thick discharge from nose, loss of hair with scabbing on legs, lump that came up on head ruptured suddenly, has had a few "allergic type reactions to things". Nothing different or new in home. Has off and on lameness and seems really painful. Eats raw diet. Has had little appetite lately and only pooping every 3rd day. Has lost more weight today. Not herself at all. Very listless. Thought enlarged spleen palpable on exam.

SPECIES

Canine

BREED

Shep X Sheltie

Abnormal PE/Chem/CBC/UA Results: N/A

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

23.8 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

No overt pathology in the area of the uterine remnant.

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 pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.69 cm 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. 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

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.

The gallbladder was non-distended in size with anechoic content with moderate mildly congealed yet nonorganized echogenic sludge. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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PATIENT

Gastrointestinal

Kaia Berkelman

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate nonshadowing variably echogenic ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical or metabolic intestinal ileus.

BREED

Shep X Sheltie

Normal visible colon wall layers were present with formed to shadowing fecal matter. No evidence of colonic distention.

SEX

Spayed Female

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 was evident.

AGE

9.5 Years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

23.8 Pounds

- Sonographically unremarkable gastrointestinal tract/colon with gastric ingesta
- Mild gallbladder debris- not consistent with mucocele criteria
- Normal spleen- no evidence of splenomegaly or splenic neoplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen without evidence of overt visceral pathology. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A definitive cause of the patients clinical signs and weight loss was not obvious. Potential for musculoskeletal contribution to the patients weight loss may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

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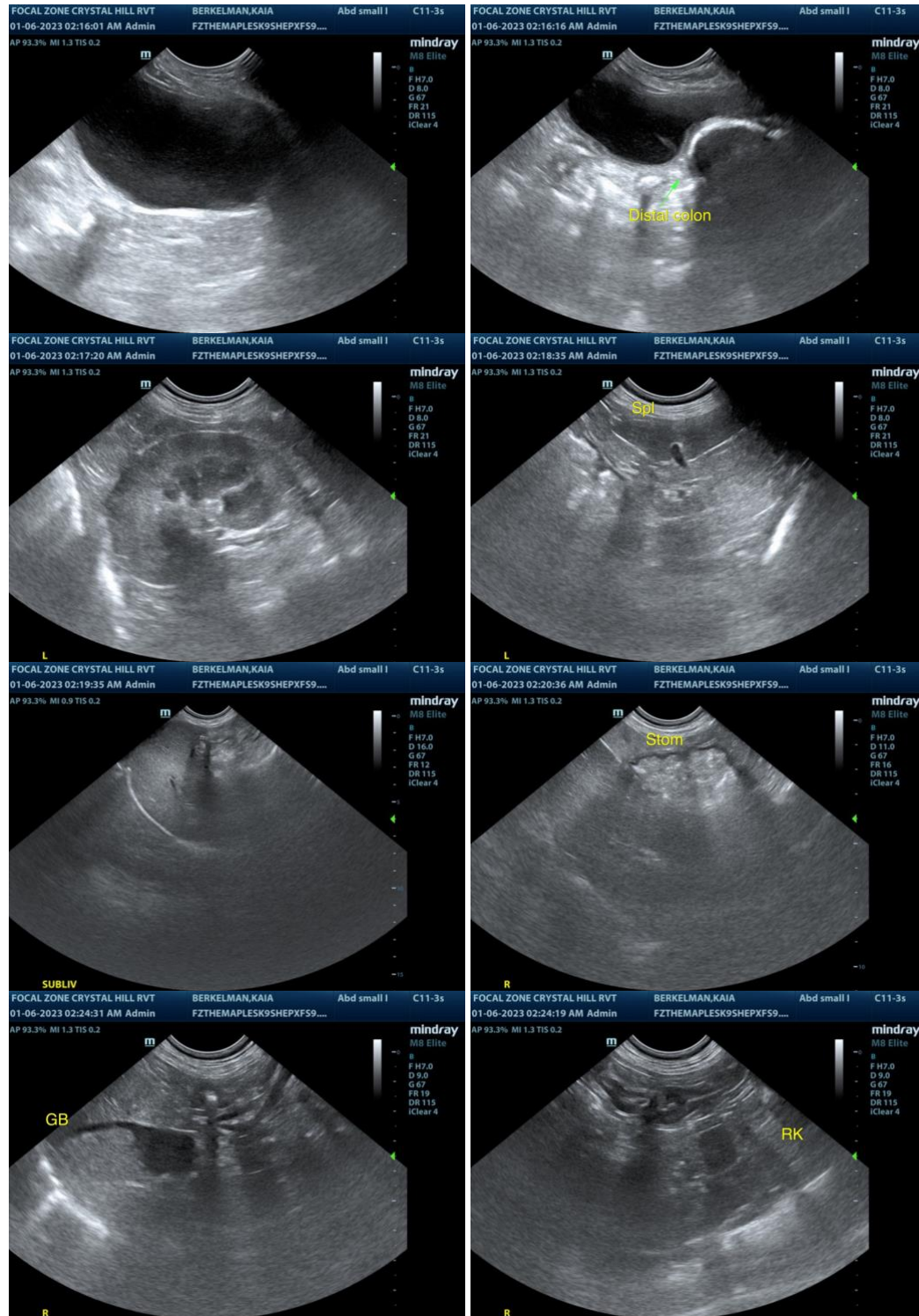
Dr. Kazienko

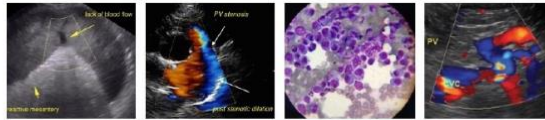
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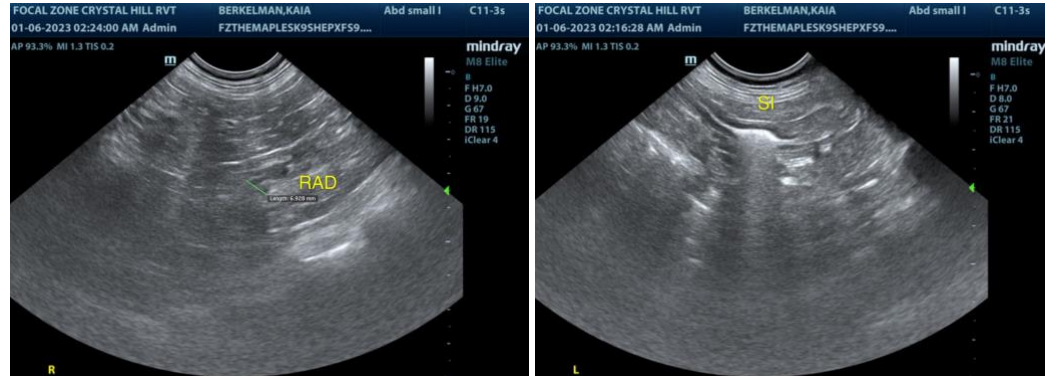
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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