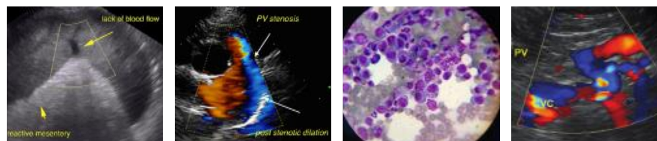
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Canela Cardoza

SPECIES

Canine

BREED

Poodle, Miniature

SEX

SF

AGE

10 y

WEIGHT

9.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sheena

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

15210

DATE

10/13/22

PRESENTING CLINICAL SIGNS

History from 10/9/22: P LETHARGIC AND NOT EATING GOING ON 5 DAYS. NO VOMIT/DIARRHEA. UNSURE IF P GOT INTO ANYTHING. ITS BEEN YEARS SINCE BEEN AT VET. O HAS HAD P SINCE PUPPY ALSO HAS PARENTS NOTHING REMARKABLE IN HX. NO OTHER CONCERNS.O NOTICED WEIGHT LOSS OVER PAST WEEK.
Abnormal PE/Chem/CBC/UA Results: Physical Examination from 10/9/22 Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar, mild gingivitis Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: Mildly enlarged popliteal LN's, rest WNL Neurological: Alert and appropriate. No significant abnormalities Skin: Multiple skin tags. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Diagnostic Testing Needed: Canine senior profile Declined Diagnostics/Treatments: None Findings: 1) CBC: LYM 0.8 (1.05-5.10) 2) CHEM: TP 9.8 (5.2-8.2), GLOB 6.5 (2.5-4.5) 3) TT4: WNL 4) 4dx: Negative 5) UA (cysto): SG > 1.050, PROT 100mg/dL, BIL 3mg/dL, BLD 10Ery/uL, WBC 4/hpf, RBC 2/hpf, no bacteria or crystals detected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

A solitary, medial iliac lymph node was present, which is likely incidental and not consistent with inflammatory or neoplastic criteria. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm in diameter.

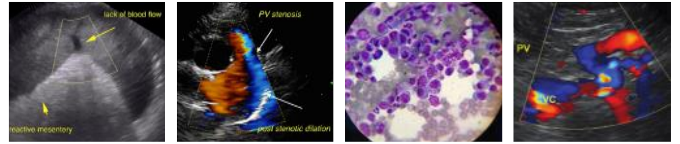
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 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 0.42 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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. The



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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. 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 and sonographically unremarkable wall layering. The stomach appeared to be mildly distended with luminal gas, which somewhat prohibited visualization of the gastric lumen. No overt gastric distention with retained ingesta, fluid, or obvious foreign material. No obvious evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.31 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 mechanical / metabolic ileus, obstruction, or foreign material.

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 omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

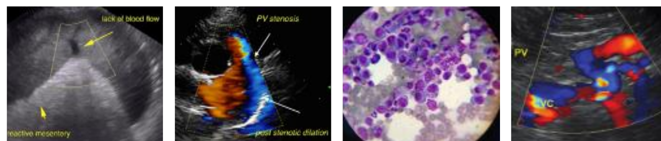
ULTRASONOGRAPHIC FINDINGS

- Overly normal gastrointestinal tract with mild subjective gastric gas distention
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology, specifically no gastrointestinal mural pathology, obstructive pattern, or overt foreign material. Potential for inflammatory bowel episode or low-grade to chronic pancreatitis, which may present as sonographically normal, could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL 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. Although considered less likely, resting cortisol level to rule out occult Addison's Disease is warranted. Hospitalization with 24-hr IV fluid and GI support, pending additional diagnostics and clinical reassessment, may prove beneficial.



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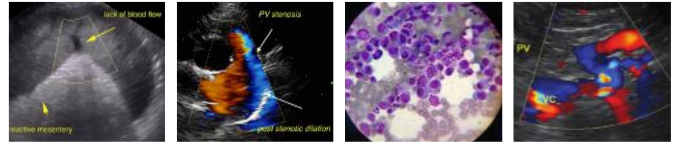

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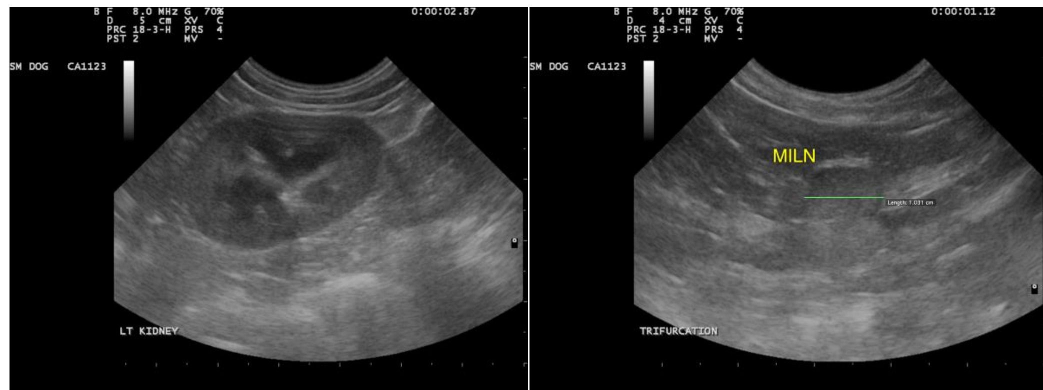

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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