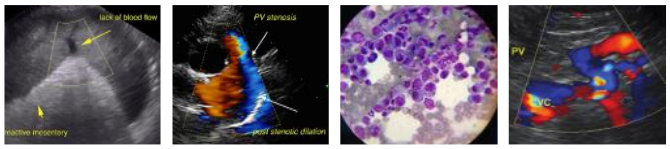
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Chanel Pham

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

12

WEIGHT

5.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bahadur

INVOICE

11860ag

DATE

10/14/2022

PRESENTING CLINICAL SIGNS

History of MMVD and CHF on pimobendan, furosemide, and benazapril. PU PD with weight loss . Patient has marked dyspneic all images taken standing as patient is in a compromised state. Not sedated

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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.

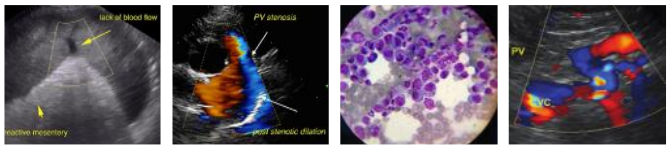
Liver

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis.

The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, 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 signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with areas of mild capsule asymmetry and subtle hypoechoic parenchyma suggestive of pancreatic edema. Minor potential for pancreatic inflammation was present.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

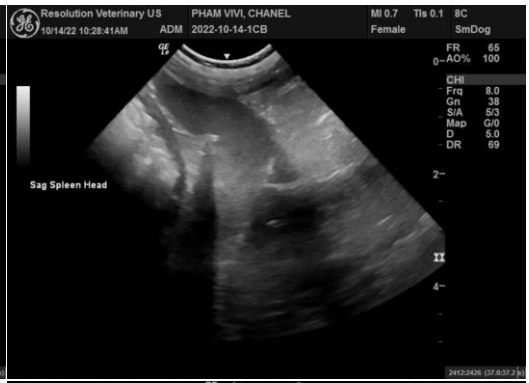
Mild volume anechoic ascites was present primarily in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Congestive hepatopathy pattern with concurrent mild gallbladder wall edema
- Bilateral mild chronic renal changes
- Mild volume ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the congestive hepatopathy pattern and presence of ascites and in light of patient history of heart disease, decompensated cardiac disease is the most likely cause patients clinical signs. Full echocardiographic workup is recommended if possible. Further assessment of the PU/PD and weight loss may include further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample as well as a GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult disease as a contributing factor. An unfavorable prognosis is likely indicated.



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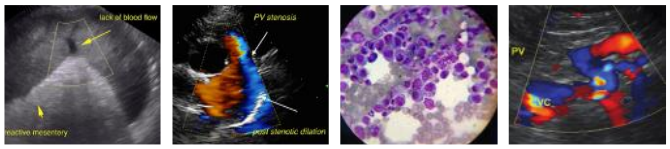

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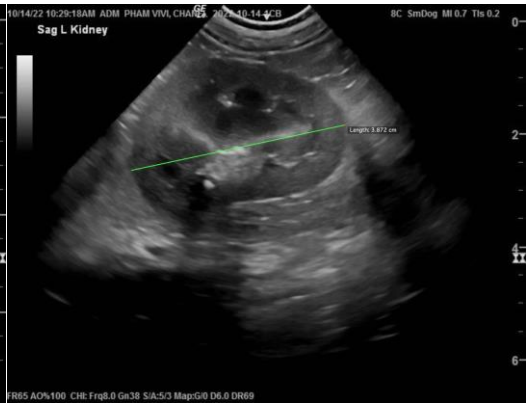

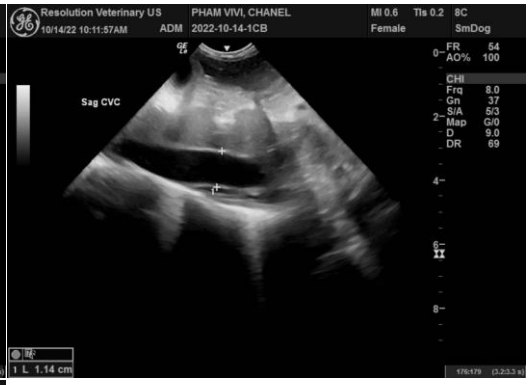

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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