

**PATIENT**

Mable Lloyd

SPECIES

Canine

BREED

Lab

SEX

SF

AGE

4 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joy

INVOICE

12478

DATE

10/29/21

PRESENTING CLINICAL SIGNS

Second opinion for recurring pu/pd, intermittent vomiting, lethargy.

Abnormal PE/Chem/CBC/UA Results: HCT 23%, HGB 8.1, RBC 3.19, MCV 73, MPV 13, PDW 21. ALB 2.1, BUN/UREA 87, Chloride 112, CREA 6, PHOS13.7. UA: free catch, dark yellow, cloudy, SpGr 1.022, pH 6.5, pro +++, Bld +++, cellular and granular casts, tan debris.

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. 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.

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 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. No evidence of pyelectasia or overt pyelonephritis was noted in either kidney. The left kidney measured 8.0 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left adrenal gland was normal in position with subjective subnormal size. The left adrenal gland maintained a symmetrical capsule contour, measuring 2.6 cm length x 0.37 cm width in 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 0.71 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 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 exhibited potential for mild generalized enlargement with normal 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 moderate, nondependent yet nonorganized, uniformly echogenic gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering yet subjective mild prominent walls. The gastric body wall width measured 0.45 cm. The stomach contained a mild amount of retained fluid and echogenic ingesta / chyme, along with mild luminal gas. No evidence of gastric distention or mechanical pyloric outflow obstruction was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenojejunal metabolic ileus was present. No evidence of mechanical small intestinal obstruction or foreign material. The duodenum wall width measured 0.31 cm.

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

A focal scant pocket of perihepatic free fluid was noted. No overt lymphadenopathy was present. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Subjective subnormal left adrenal gland, sonographically unremarkable right adrenal gland
- Sonographically unremarkable kidneys
- Gastroenterocolitis pattern with mild gastric stasis
- Small pocket of scant perihepatic free fluid - nonspecific
- Moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs in combination with the lab work abnormalities and subjective subnormal left adrenal gland, resting cortisol level and/or ACTH Stimulation test if resting cortisol is <2.0 or for definitive testing to assess for Addison's Disease, is recommended. If Addison's Disease is ruled out In this case, the potential for primary nephropathy such as glomerulonephritis or other glomerulopathy, given the 3+ proteinuria, may be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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No overt evidence of structural gastrointestinal pathology was present. Continued as-needed GI support is recommended.

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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/>.

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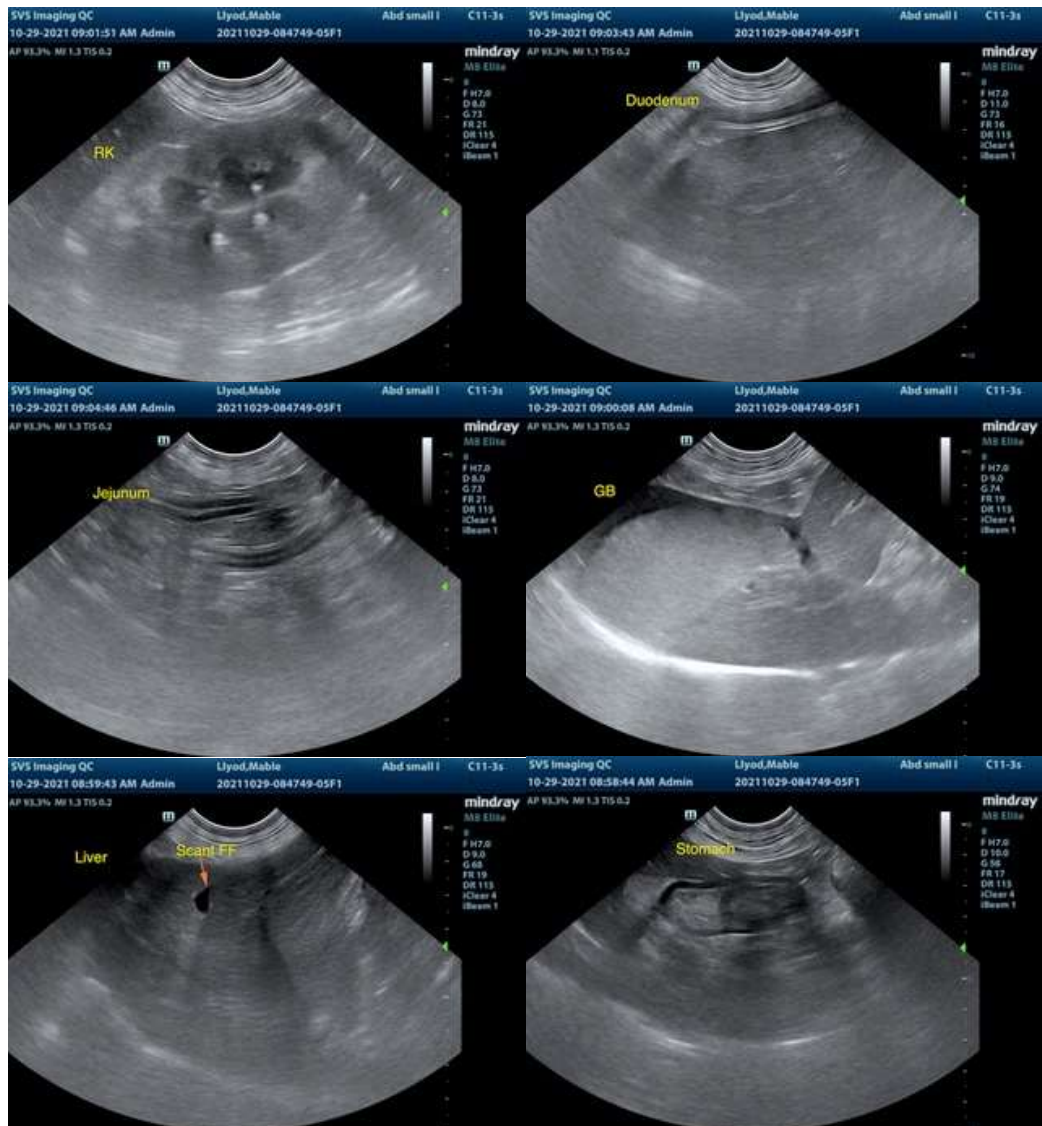
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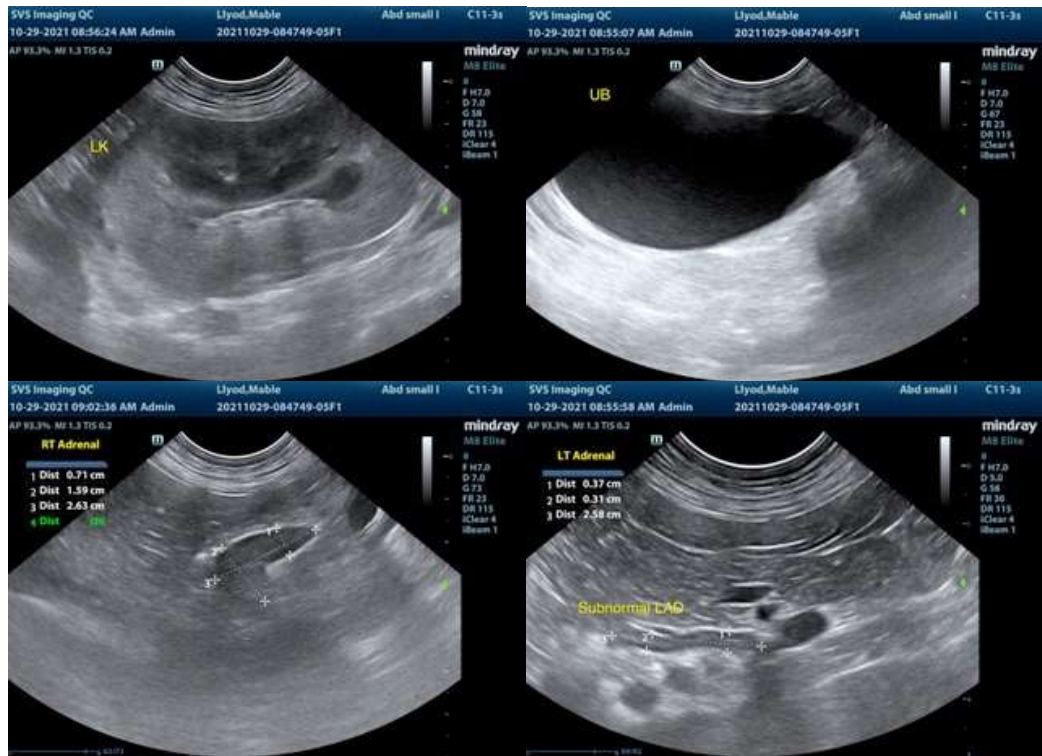
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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