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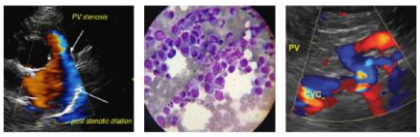


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kaya Lightburne

SPECIES

Canine

BREED

German Shepherd

SEX

FI

AGE

2yr

WEIGHT

62.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Oetting

INVOICE

11805ag

DATE

10/04/2022

PRESENTING CLINICAL SIGNS

O just received her Friday. Ever since she has been very lethargic. Vomiting several times a day. Anorexic. Vomitus is mostly just stomach bile. Diarrhea. Got her from a breeder who is going through a divorce and could no longer care for her. Previous O did not mention her being sick. May possibly have been bred two weeks ago. No records of vaccinations or heartworm prevention. Report of breeder possibly giving vax from Tractor Supply.

Abnormal PE/Chem/CBC/UA Results: Fever, Body condition score 2.75, weak, fluid- and gas-filled loops of intestines palpable, abdomen tucked. Hookworms. Neg parvo, neg giardia, neg heartworm Ag, neg microfilaria, normal in house cPL. Severely neutropenic, low MCV, low retics, hint elevated MCHC. Hyponatremia, hypochloremia, very low in house T4 (and T4 send out panel confirmed hypothyroid), mildly elevated Globulins. Sent out a T4/FT4 last night. Sending out a TLI, Cobal, Folate today. Not eating despite Cerenia, IV fluids with dextrose, Sulbactam. Drinks well without vomiting. Fever resolved.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 8.9 cm in length. The right kidney measured 8.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus exhibited overtly normal wall layering with mild left and right horn luminal fluid. No obvious evidence of viable left or right uterine horn fetuses.

Adrenal Glands

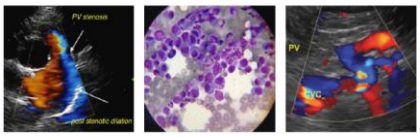
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was mildly enlarged with a uniformly hypoechoic parenchyma which may be a normal patient variant or owing to stress hyperplasia. The right adrenal gland measured 0.90 cm width at the caudal pole and 3.8 cm length.

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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic luminal debris which is likely incidental. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio with propensity for a prominent submucosa layer. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse small bowel ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The jejunum wall measured 0.41 cm in width.

The colon was distended in size containing generalized non-formed to liquid fecal matter.

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 was evident.

Free Abdomen

No peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Generalized gastroenteritis pattern with moderate ileitis
- Distended colon containing non formed fecal matter, potential for typhlitis
- Associated benign/reactive mesenteric lymphadenopathy
- Segmental mild fluid dilated uterus-not overtly suggestive of pyometra criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the GI presentation may include infectious gastroenterocolitis, dysbiosis/antibiotic responsive diarrhea, parasitism, IBD, less likely occult GI neoplasia. Potential for low grade to chronic pancreatitis as a factor could be present and appear sonographically normal. Correlation with pending GI panel is recommended. Depending of severity of neutropenia, this patient may be at increased risk for sepsis.

Continued aggressive GI support, potential plasma expanders if evidence of hypoalbuminemia, broad spectrum antibiotics and electrolyte correction is recommended with assessment of clinical response. Pregnancy can neither be confirmed nor excluded in this study given short time from since potential breeding. Sonographic reassessment of the uterus greater than 25 days post breeding is recommended for further assessment.

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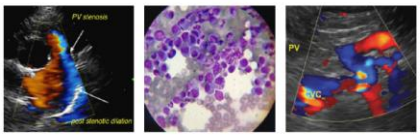

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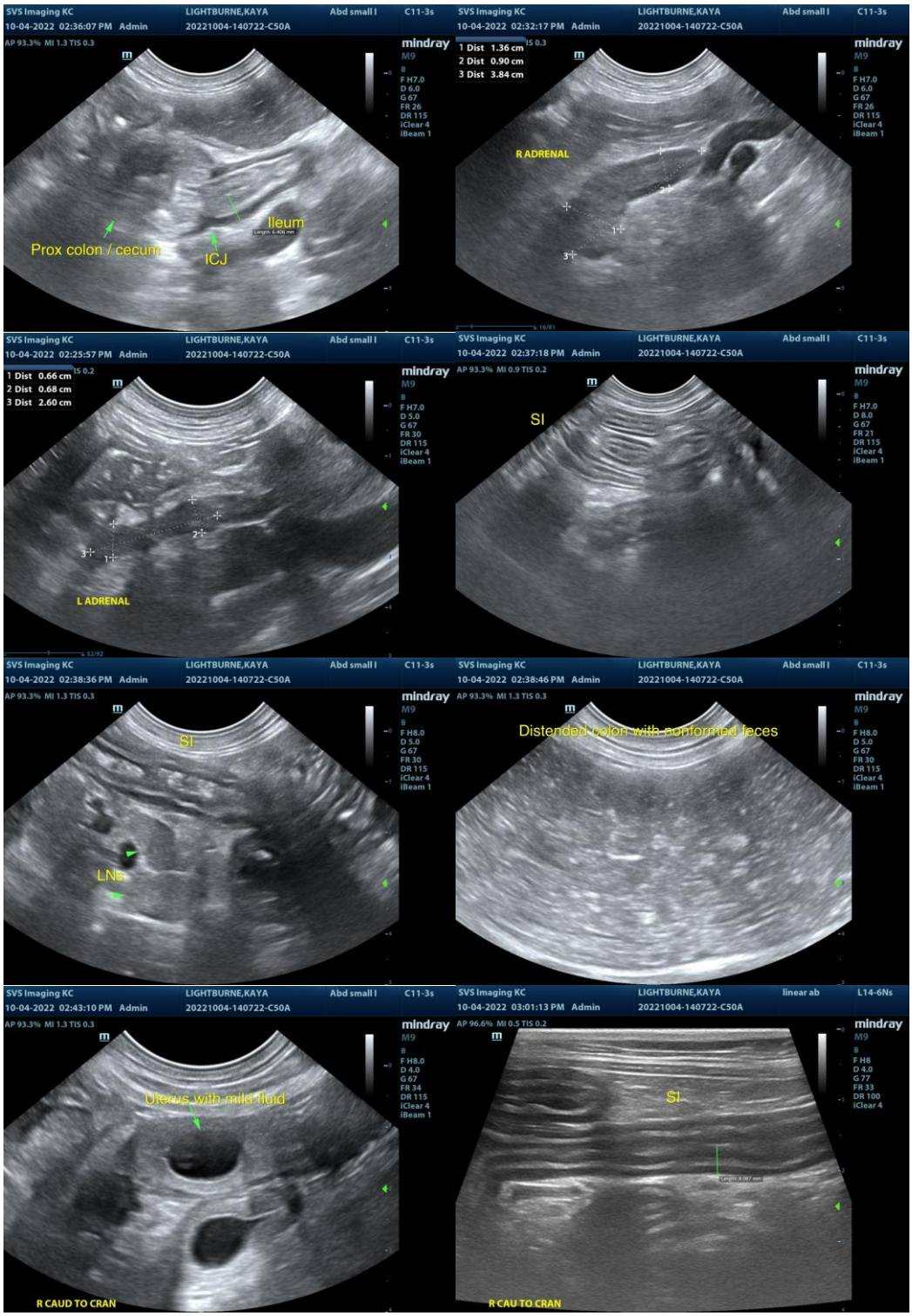

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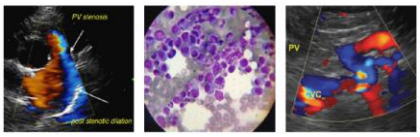

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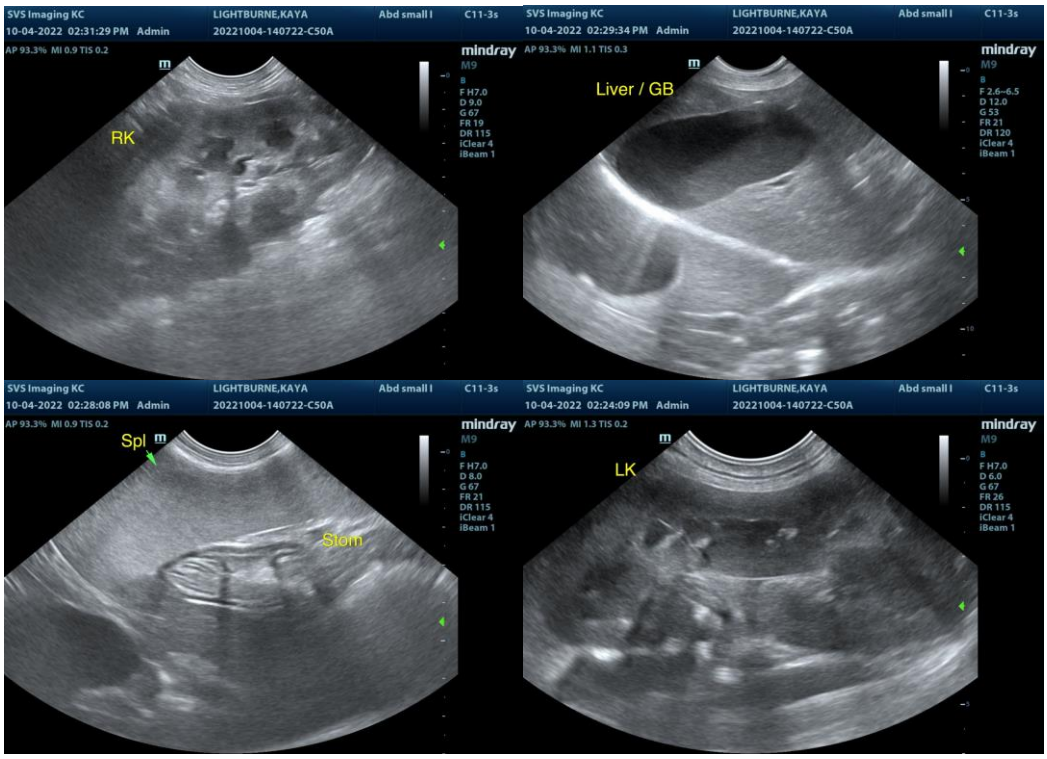

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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