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Clinical Sonography & Telecytology
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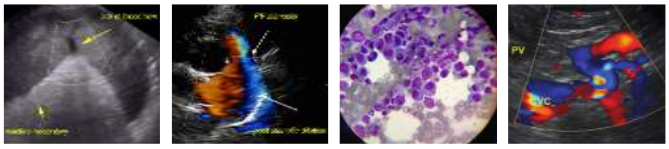

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chewy Milliner

SPECIES

Canine

BREED

York

SEX

FS

AGE

5

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Tim Hunt

INVOICE

12813

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Ascites, tp 3.6, alb 1.5, glob 2.1 ca 7 bun 43, sp grav 1.040, prot 500, blood in urine. Eating, solid stools, no cough.

BUN 43, Creatinine 1.1, Calcium 7.0, Albumin 1.5, globulin 2.1, ALP <10, Unremarkable CBC

Urine specific gravity 1.040 with proteinuria, UPC 4.4, Lyme positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Quiet sediment was present. No calculi were noted. 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 without evidence of sublumbar or medial iliac lymphadenopathy.

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 pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 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 1.4 cm length x 0.30 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.51 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. The spleen exhibited potential mild subnormal size potentially owing to volume contraction.

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.

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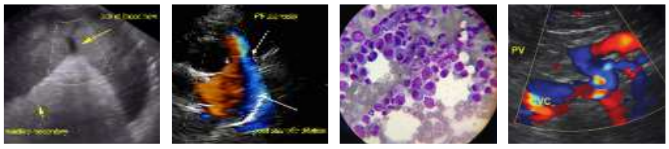

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Gastrointestinal

The stomach exhibited sonographically unremarkable visualized walls with mild retained ingesta / chyme. The ventral gastric body wall width measured 0.33 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized duodenojejunal mild mucosal speckling to fogging. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.26 cm.

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

Pancreas

The pancreas was enlarged to swollen in size with mixed echogenic parenchyma exhibiting minor hypoechoic striations.

Free Abdomen

Significant, primarily acellular free fluid was present with generalized reactive mesentery. No overt lymphadenopathy was noted. No omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Significant subjectively acellular to mildly cellular peritoneal free fluid and generalized reactive mesentery
- Sonographically unremarkable bilateral kidneys
- Edematous pancreas
- Sonographically unremarkable liver and gallbladder
- Small intestinal segmental to generalized mild mucosal speckling to fogging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of significant hepatic pathology, hepatic congestion, and in light of panhyperproteinemia, the peritoneal free fluid in this case If likely secondary to decreased hydrostatic pressure. Protein-losing nephropathy potentially secondary to Lyme disease appears to be present in the face of increased UPC level. Therapy for protein-losing nephropathy is recommended if repeatable elevated UPC >2.0.

Alternatively, the decreased globulin, which is too large to pass to the kidneys in the face of panhyperproteinemia, and appearance of the small Intestine, may also suggest potential for intestinal protein loss. However, this possibility may be considered less likely, given the lack of gastrointestinal signs. However, protein-losing enteropathy may be present without gastrointestinal signs noted in some cases.

Hospitalization with plasma expanders, peritoneal effusion analysis for further clarification, PLN +/- PLE therapy and/or empirical therapy for Lyme disease is likely Indicated.

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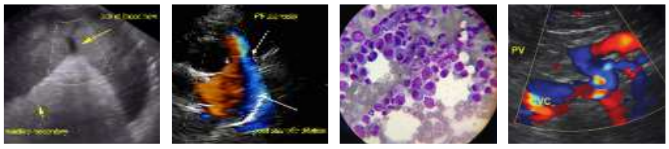

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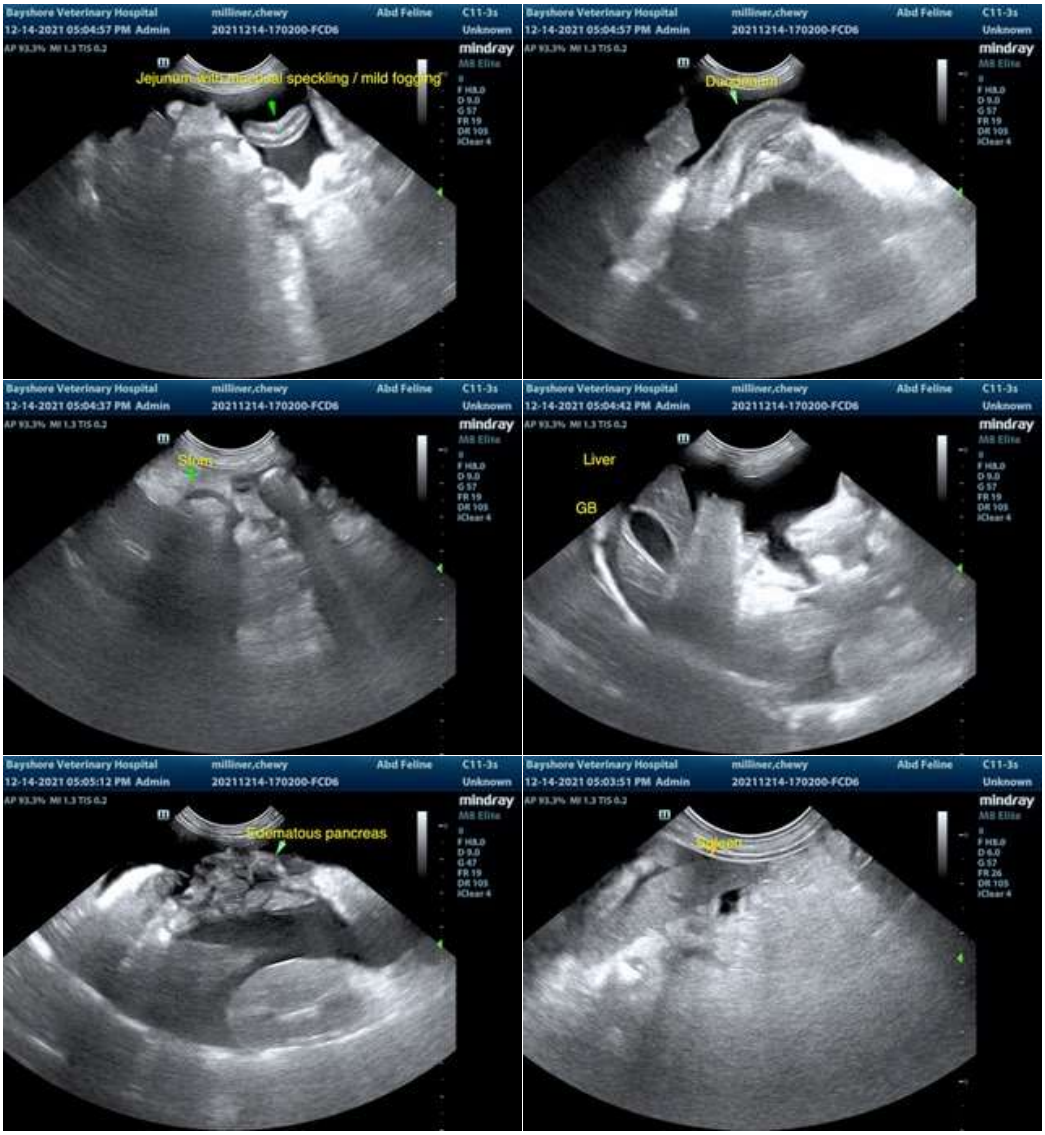
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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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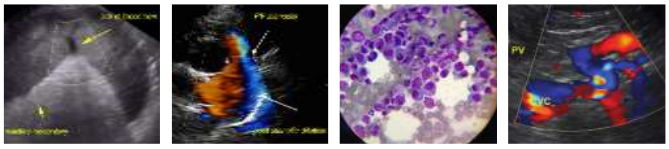

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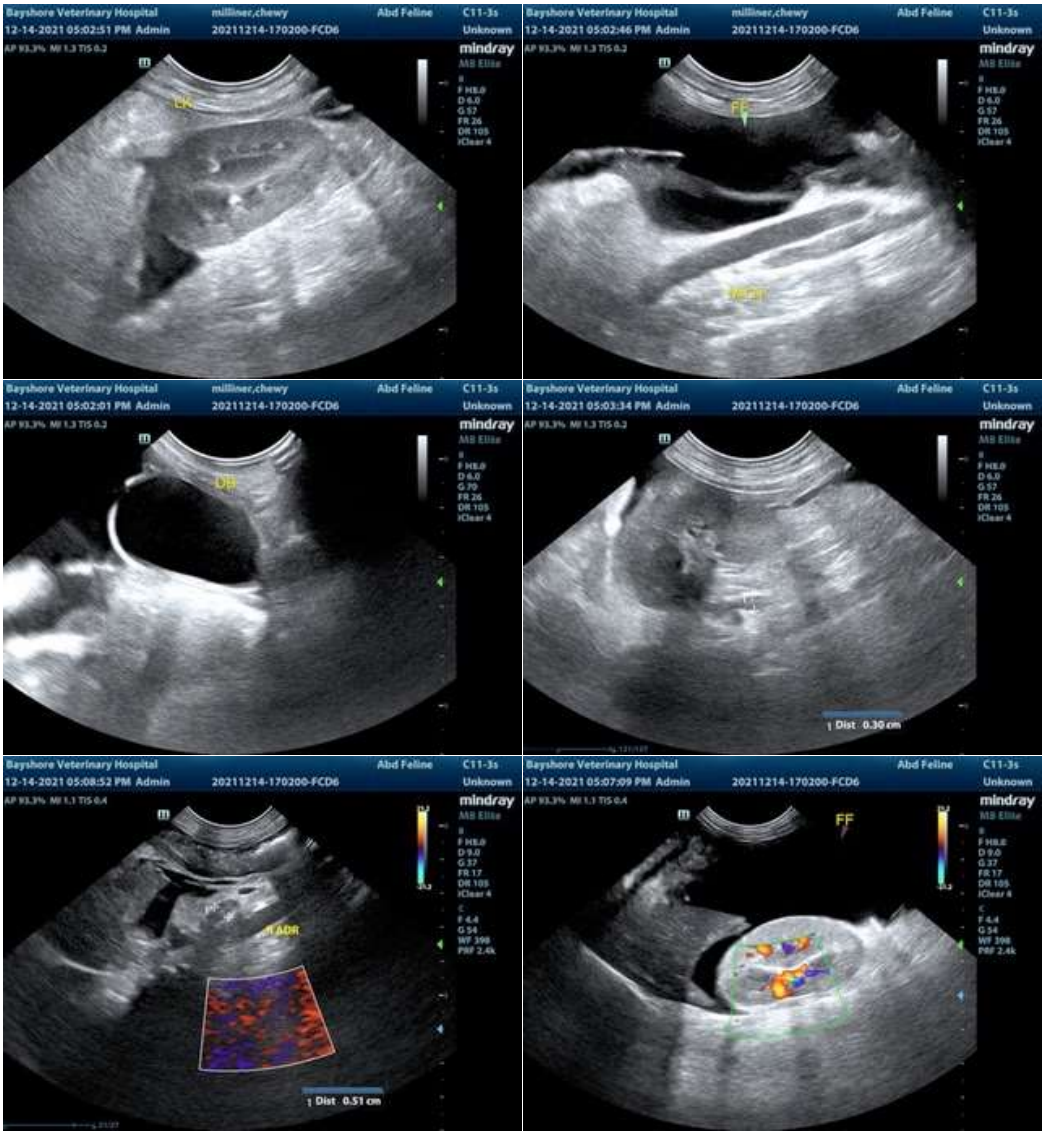

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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