



PATIENT

Dylan Banda Martin

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

4 years

WEIGHT

19.36 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Animal Health Services

REFERRING VET

Dr. Toles

INVOICE

12821

DATE

12/15/21

PRESENTING CLINICAL SIGNS

11/27/2021 - Shaking at home. Owners thought painful - no pain found on exam. Rx'd Metacam 11/30 - Still not himself. Shaking, PUPD, not eating. Bloodwork done. 12/04/2021 - Not himself. Shaking and lethargic, still not eating. Convenia given. 12/07/2021 - See. at Morgan Animal Hospital for exam. Rads were done - Radiologist suspects IVDD - report in follow up email. 12/14/2021 - Owner reports not eating and shaking. More blood drawn and booked an U/S. Gabapentin daily. Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14).

BUN 23.4, SDMA 17, Creatinine 128, Na/K ratio 22, Potassium 6.0, Amylase 1867, Cortisol <28

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. 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.

No evidence of pathology was noted in the area of the residual prostate.

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 with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to subjective subnormal size, measuring 0.31 cm caudal pole. The right adrenal gland was not definitively visualized, potentially owing to subnormal size.

Spleen

The spleen was not definitively visualized suspected to be secondary to splenic volume contraction. No evidence of pathology was noted in the area of the spleen.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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.

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Sonographically unremarkable bilateral kidneys
- Subjective subnormal bilateral adrenal glands
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Addison's Disease may consider a top differential in this case, given the patient's vague clinical signs, mild azotemia, electrolyte abnormalities, and subnormal cortisol level. A full ACTH stimulation test is recommended for further assessment.

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Potential for low-grade pancreatitis or structurally insignificant gastroenteropathy may be present yet ultrasonographically normal.

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Empirically, continued supportive care with maintenance of hydration 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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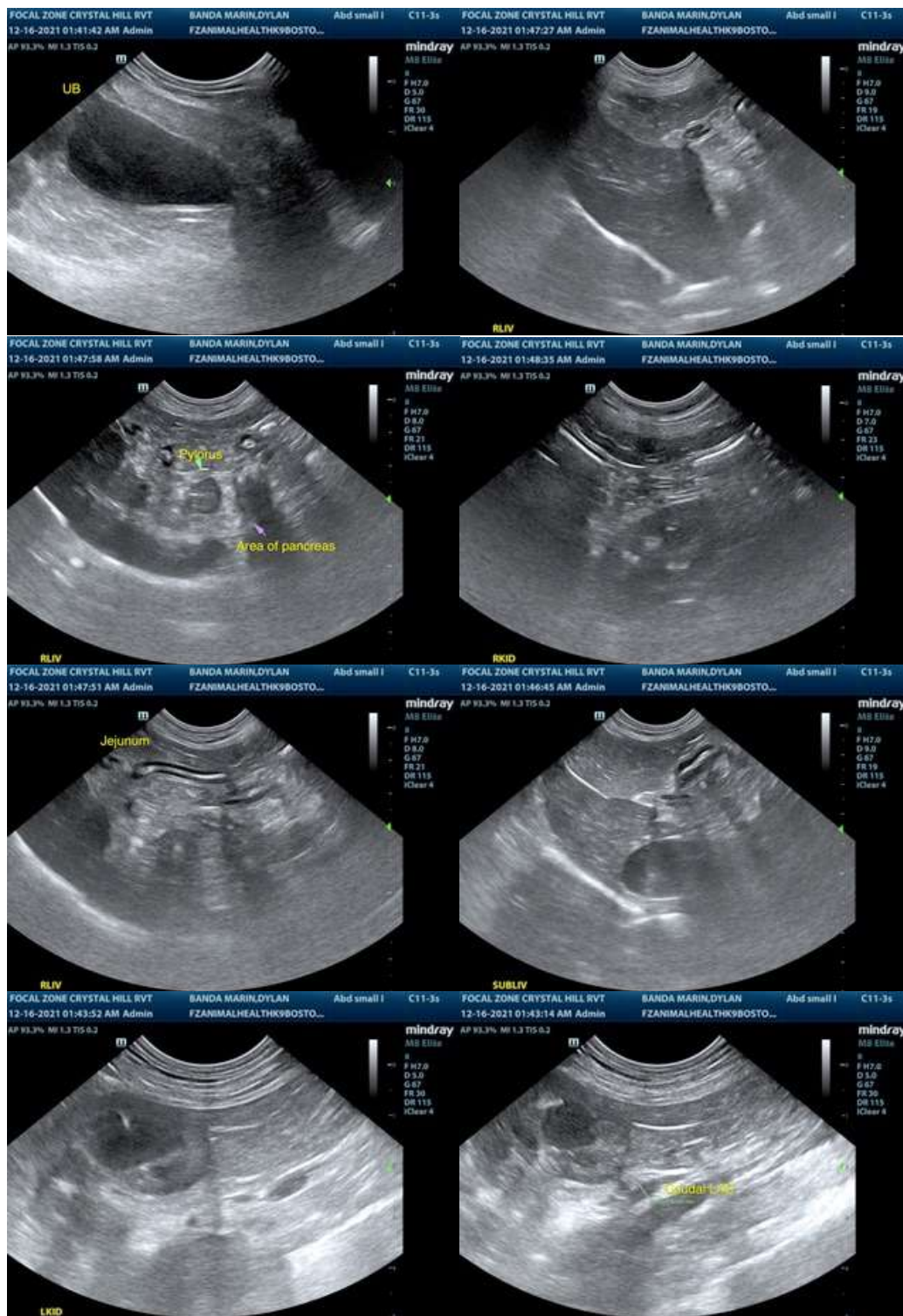
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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