



PATIENT PRESENTING CLINICAL SIGNS

Zara Hudgins Nov 7 -Explosive diarrhea with blood and hyporexia. Painful abdomen on palpation. Dec 14 - Presented for bloody urine and bloody soft stools. Medication worked well last month(metronidazole, clavaseptin, sulcrate,gabapentin). NSF on exam today but has fractured carnassial tooth and the urine sample on gross exam is dark red and filled with clots.

SPECIES

Canine

BREED

Husky Mix

SEX

FI

AGE

9yr

WEIGHT

36.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Baskin

INVOICE

12434ag

DATE

12/15/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.5 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 6.1 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterus. No evidence of pyometra or neoplastic criteria. A non-homogeneous cystic structure present in the area of the left ovary containing anechoic fluid measuring 4.2 cm in diameter. The subjective right ovary exhibited mild asymmetrical contour and mild non-homogeneous to focally cystic parenchyma measuring 2.4 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 1.5 cm length. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen was not definitively visualized, potentially owing to volume contraction or displacement due to increased intra-abdominal fat.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The



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hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-organized echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing 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.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized mild distention containing segmental gas and non-formed to liquid feces in the descending colon to colorectum.

Pancreas

AGE

9yr

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

WEIGHT

36.5kg

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Increased amount of intra-abdominal fat with suspect ventral intra-abdominal lipoma.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern
- Normal bilateral kidneys
- Probable cystic left ovary-subjectively benign
- Mild irregular non-homogeneous to focally cystic right ovary-subjectively benign
- Low grade hepatopathy with moderate gallbladder debris (non-mucocele)-potential low grade cholangiohepatitis given the ALT elevation
- Probable intra-abdominal lipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on a sterile urine sample is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for concurrent intestinal or pancreatic disease as a contributing factor.

REFERRING VET

Dr. Baskin

Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol may prove beneficial if persistent ALT elevation or evidence of cholestasis. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease could be considered. .

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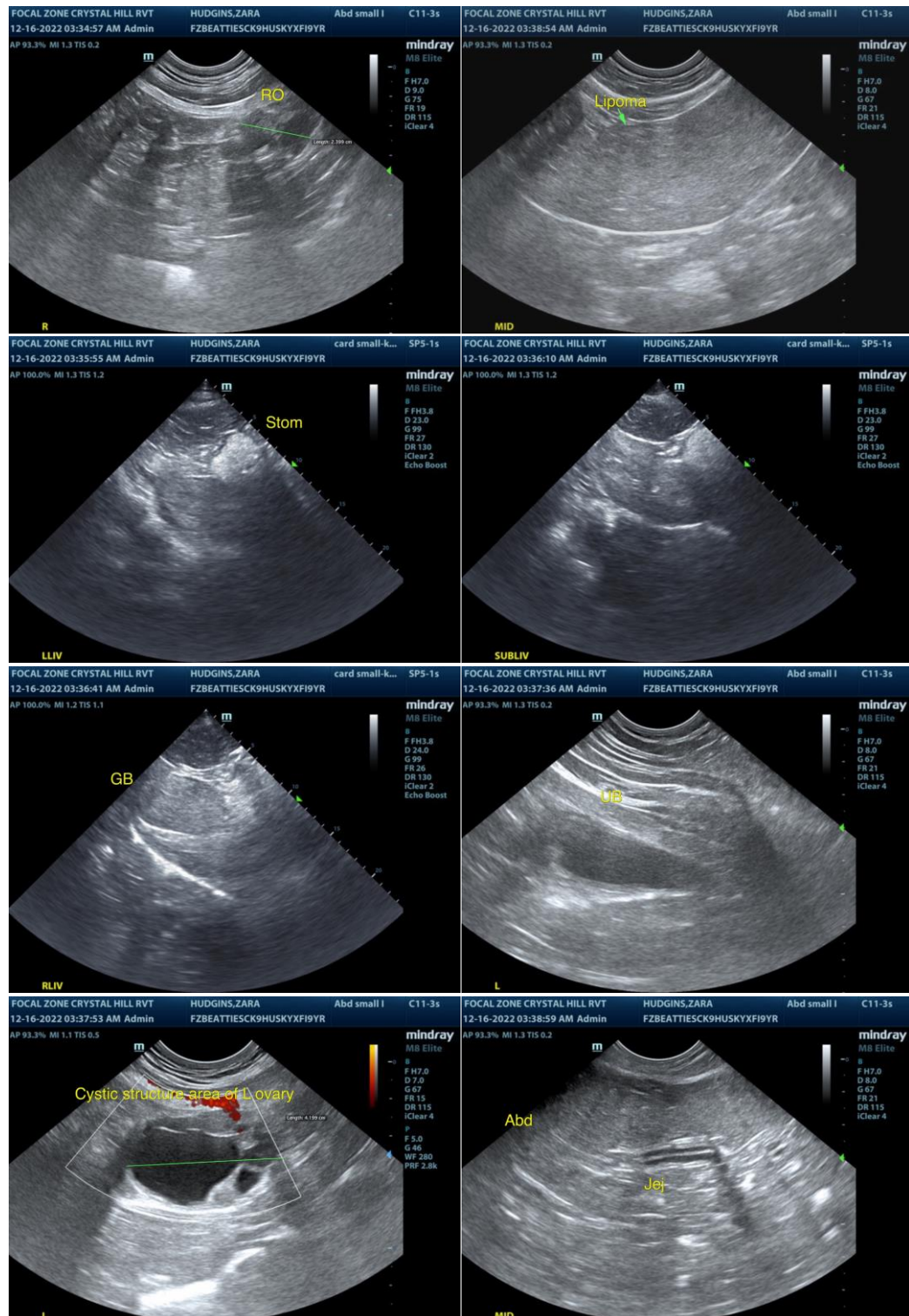
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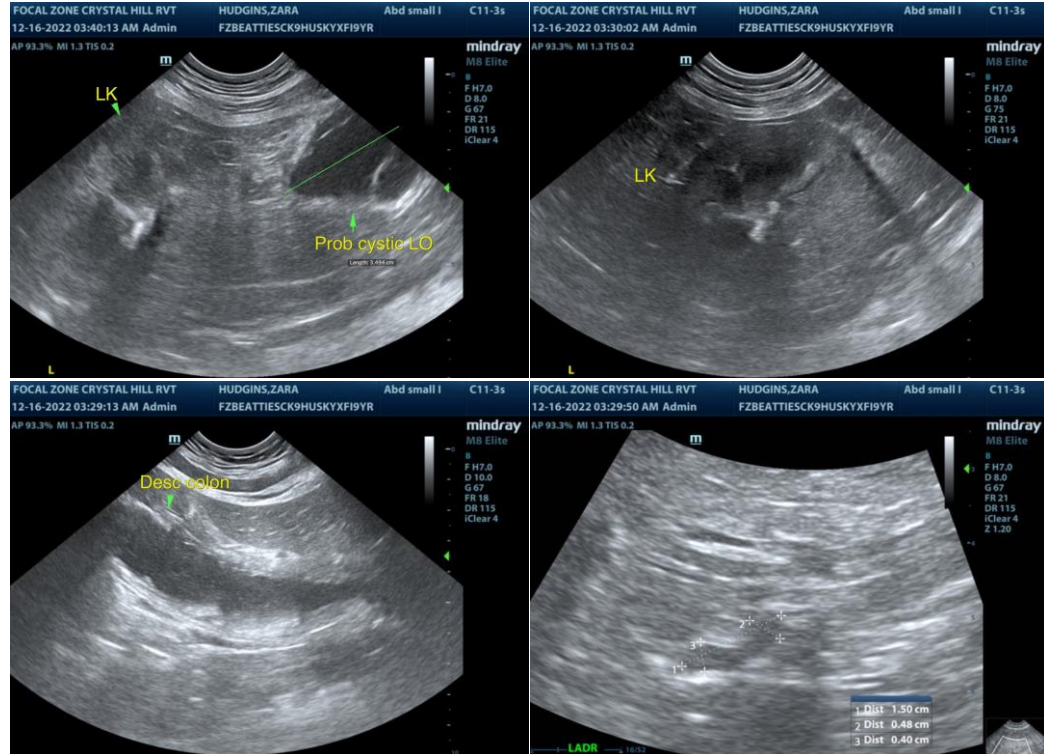
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com