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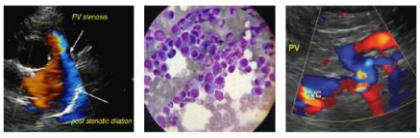

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Lou Rohrbach

SPECIES

Canine

BREED

Rat Terrier Mix

SEX

MN

AGE

9 yr

WEIGHT

16.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Nicholas Bauer

INVOICE

15715

DATE

12/27/22

PRESENTING CLINICAL SIGNS

Presents for recurrence of pain every time done with meds, has been seen twice now in past 6 weeks. Suspected IVDD, gall bladder issue. Eats a costco brand grain free diet, unclear what protein. Says he gets red and loses his hair when on grained diet.

Abd: repeatable pain on abdominal palpation, very tense, unable to palpate deeply. Yelps everytime whether picked up or even move near him as if to touch him. M/S: normal ROM all 4 limbs, no restriction on head/neck, no spinal pain. Based on prior bloodwork, NSF to identify cause. Possible pancreatitis but unclear based on only bloodwork and repeated exams, recommend bland diet to see if helps. Because of owner's grain free restriction, only option I know is Hills d/d, wrote written script, advised to pick a flavor and stick with the same one.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate primarily non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria were noted.

The residual prostate was free of pathology.

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 4.9 cm in length. The right kidney measured 5.0 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 1.5 cm length x 0.50 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 1.9 cm length x 0.41 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.

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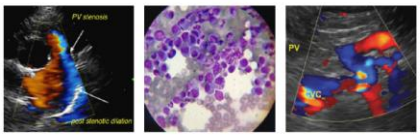

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Liver/ Gallbladder

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 containing primarily anechoic content with mild focally congealed echogenic luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile ducts was sonographically unremarkable.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic ingesta exhibiting areas of mild distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent, nonreactive, peripancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Subtle heterogeneous pancreas - nonspecific, likely patient variant, potential for low-grade or chronic pancreatitis possible
- Nondistended gallbladder containing mild congealed luminal debris (non-mucocele) - no evidence of gallbladder or peripheral gallbladder inflammatory criteria
- Sonographically unremarkable gastrointestinal tract with gastric ingesta - suspect post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S is suggested on a sterile urine sample if evidence of inflammatory sediment.

No evidence of significant visceral pathology as an obvious cause of the patient's potential abdominal pain. The gallbladder, given the lack of inflammatory or peripheral inflammatory criteria, is not considered clinically significant assuming no evidence of cholestasis or hepatic enzyme elevations.

Low-grade pancreatitis could be considered in this patient if primarily subxiphoid or cranial abdominal discomfort on palpation.

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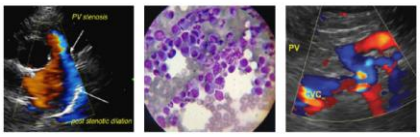

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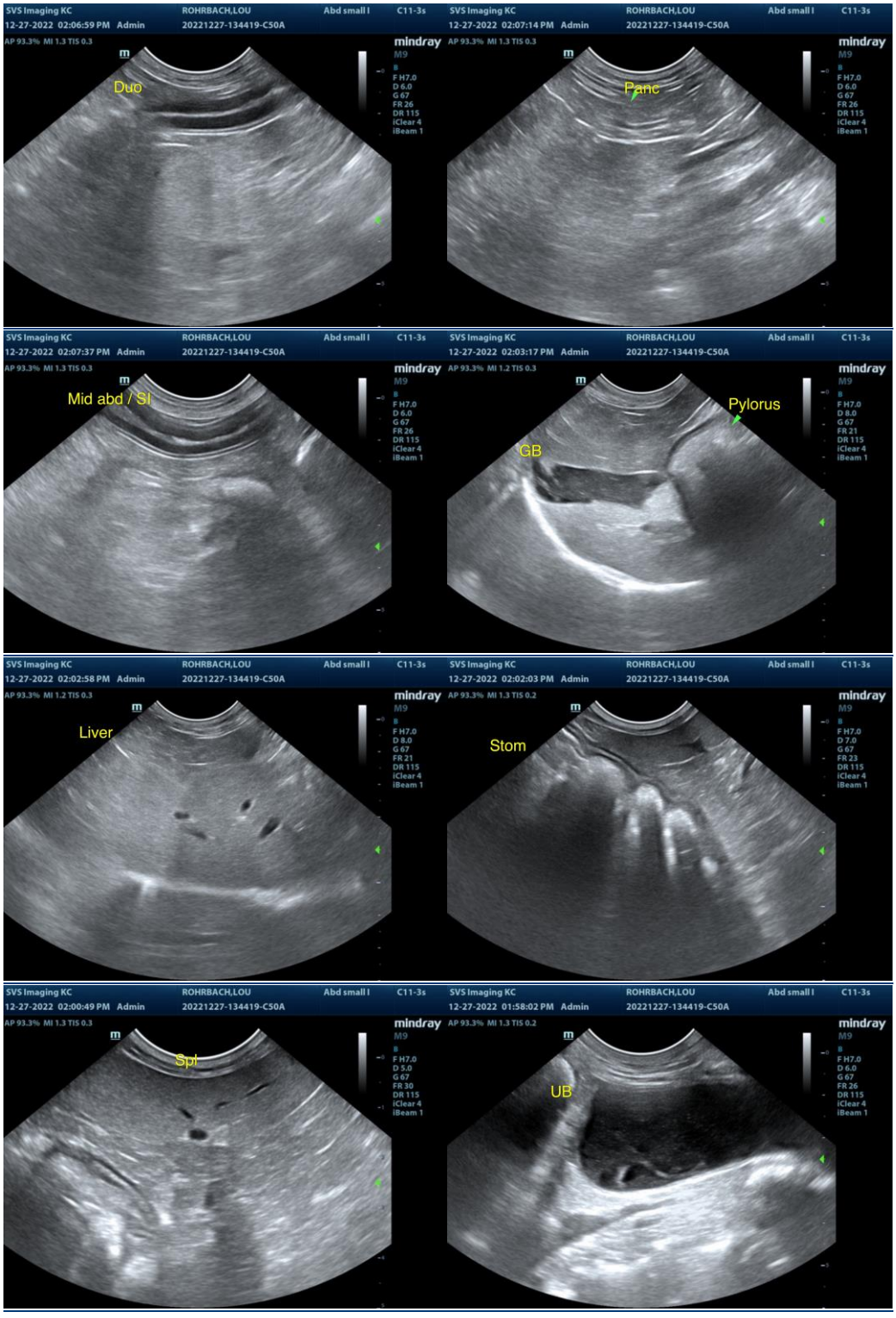
No evidence of intraabdominal neoplastic criteria, significant pancreatitis, or other overt pathology. Potential referred abdominal pain may be a likely consideration in this patient.



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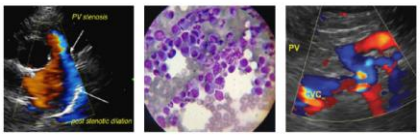

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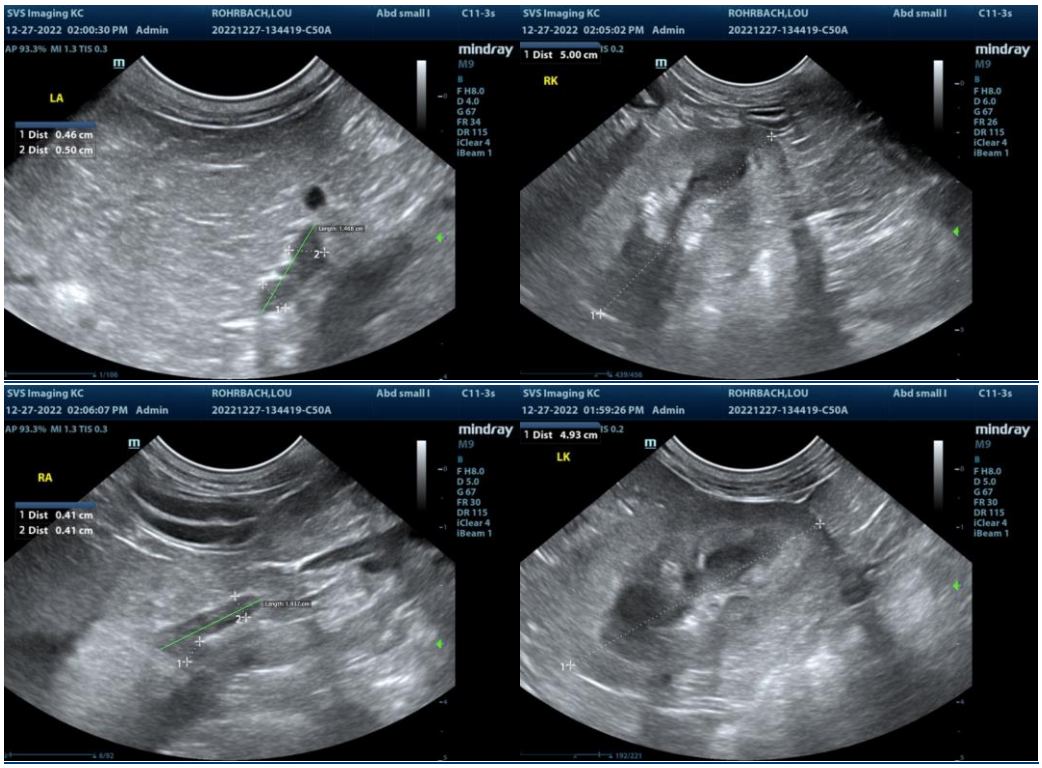

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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