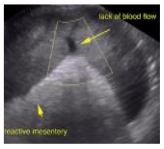
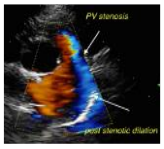
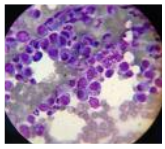
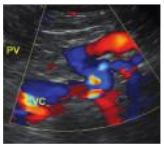
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maggie Huisingh

SPECIES

Canine

BREED

Aussie Doodle

SEX

F

AGE

6 months

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond

INVOICE

15602

DATE

12/3/22

PRESENTING CLINICAL SIGNS

6mo Aussie Doodle presented last night for vomiting, does chew on things, has recently eaten a mouth guard and ear plug on 11/27, did not vomit anything up until Wednesday when she produced the ear plug and what appeared to be the entire mouth guard (in 3 pieces); vomiting continued/worsened Thursday, still eating and holding some down; this continued through Fri (yesterday), trying to eat and drink but vomiting; much more lethargy by evening and brought to ER Historically the runt of the litter, thin body condition unable to get her to gain weight; activity has always been normal, never any PU/PD reported. She was vaccinated at the beginning of October (including Lepto); she is 9 pounds and siblings are about 5 pounds more. Note her stomach was initially too full of fluid to scan, passed an orogastric tube and drained ~500mL prior to scan.

Abnormal PE/Chem/CBC/UA Results: Labs: -mild anemia 29% /TP 6.6 after night on fluids (non regenerative); CBC otherwise normal -BUN 110, Cr 6.0 -Na and Cl sl low USG isosthenuria 1.008 with 30mg/dl proteinuria, quiet sediment (there is a cyst sample to send out if needed) Radiographs: large fluid filled stomach with odd gas pattern noted on right lateral (looked like large bubbles); some tiny mineral opacities in GI, uncertain if SI or stomach; kidneys unable to be delineated on rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited borderline subnormal size with subtle asymmetrical capsule contour. Ill-defined corticomedullary border demarcation with nonuniform to multifocally pinpoint hyperechoic cortex was present. Scant pyelectasia is suspected in both kidneys. No evidence of left or right retroperitoneal inflammation was noted. The hyperechoic cortical foci may indicate pinpoint areas of mineralization, fibrosis, or microinfarction. The left kidney measured 2.9 cm in length. The right kidney measured 3.2 cm in length.

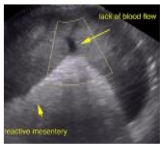
Adrenal Glands

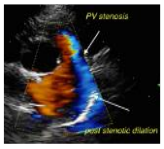
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole and 0.33 cm width at the cranial pole.

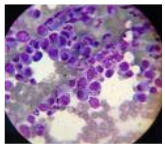
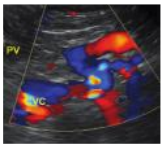
Spleen

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maggie Huisingh

SPECIES

Canine

BREED

Aussie Doodle

SEX

F

AGE

6 months

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond

INVOICE

15602

DATE

12/3/22

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 and mildly prominent wall layering noted in the pylorus. The stomach exhibited moderate distention with retained primarily anechoic fluid. A possible although not definitive ill-defined non-shadowing echo was present in the gastric body measuring approximately 1.8 cm in diameter. The echo did not appear to be obstructive. The pylorus wall width measured 0.56 cm.

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

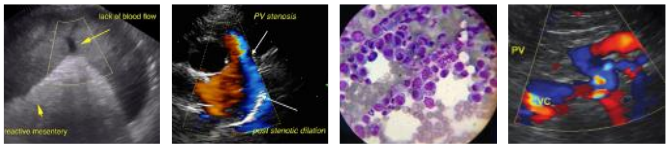
ULTRASONOGRAPHIC FINDINGS

- Bilateral renal dysplasia
- Hypomotile stomach with possible although not definitive ill-defined nonobstructive nonshadowing luminal echo
- Sonographically unremarkable small bowel - no evidence of small bowel mechanical / metabolic ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging to include C/S and baseline UPC level, given quiet urinary bladder sediment, is suggested. Assessment of systemic BP is warranted. Hospitalization with diuresis protocol, given the degree of azotemia, with monitoring of urine output, body weight, and assessment or renal response as well as, ideally, sonographic monitoring of the hypomotile stomach and possible nonobstructive luminal echo for evidence of persistent progressive gastric retained fluid and/or persistent nonspecific echo, is recommended. Given the patient history, the possibility of a small amount of retained nonobstructive gastric foreign material and ill-defined rugal fold is possible. Guarded immediate to long-term prognosis, in light of renal presentation, is indicated.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maggie Huisingh

SPECIES

Canine

BREED

Aussie Doodle

SEX

F

AGE

6 months

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

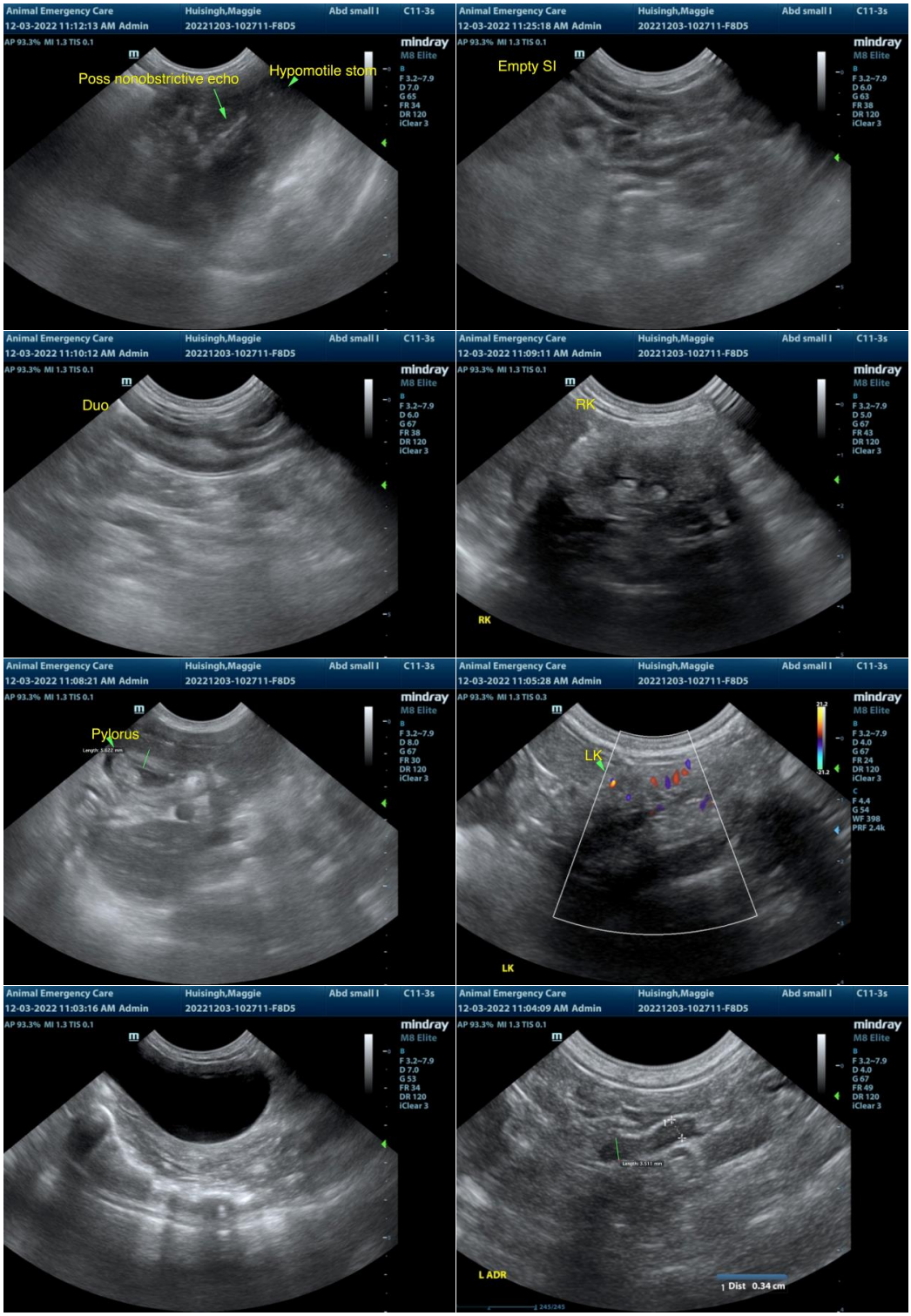
Dr. Drummond

INVOICE

15602

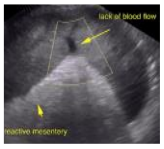
DATE

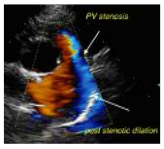
12/3/22

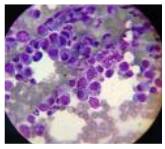
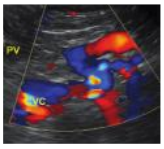


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maggie Huisingh

SPECIES

Canine

BREED

Aussie Doodle

SEX

F

AGE

6 months

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond

INVOICE

15602

DATE

12/3/22

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