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Clinical Sonography & Telecytology
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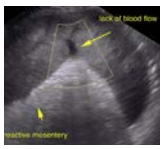
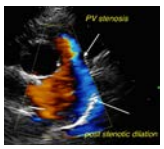
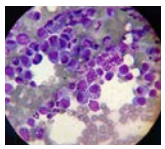
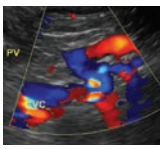





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Merida Devantier

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

9 Years

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

33284

DATE

12/6/21

PRESENTING CLINICAL SIGNS

Newly diagnosed DKA, BG 400, 2+ ketones, 13 lb weight loss within the last month, poor appetite, urinary accidents - recent UTI, vomited on Baytril (infected digital cyst). RDVM felt mass effect in abdomen. Abnormal CPLI - R/O concurrent pancreatitis. Current treatments: IVF, Plunkett protocol - hourly regular insulin IM/BG curve, Cerenia, famotadine, unasyn.
Abnormal PE/Chem/CBC/UA Results: 12/4/21: CBC: WNL. Chem: glucose 454, Alk. Phos. 476, lipase 2141. U/A: urine C & S pending. Coag: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. A solitary, asymmetrically marginated dependent calculus to accumulated small calculi noted. The area of mineralization measured 0.87 cm in diameter, while the overall calculus to accumulated calculi measured 2.5 cm in diameter. Anechoic urine noted otherwise. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 6.6 cm. The left kidney measured 6.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.69 cm at the caudal pole. The left adrenal gland measured 2.8 cm length x 0.71 cm at the caudal pole.

Spleen

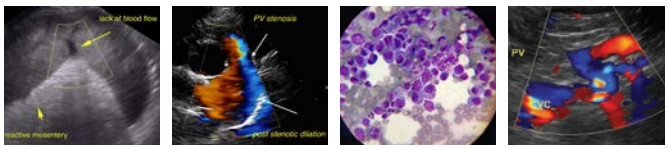
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited generalized mild enlargement with subjective maintained symmetrical capsule contour. Diffuse non-uniformly echogenic to hypoechoically nodular parenchyma noted. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid present, primarily in the pylorus.



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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. Jejunum wall meausrd 0.38 cm.

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

Pancreas

The pancreas (primarily in the pancreas base and right pancreatic limb) presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

Focal, mildly prominent to enlarged hepatic lymph node was present, adjacent to the portal vein. The lymph node measured 0.68 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

PRIMARY FINDINGS

- Urinary bladder asymmetrical calculus to accumulated small calculi
- Non-uniform to nodular liver
- Focal mild hepatic lymphadenopathy – subjectively benign
- Minor gallbladder debris (non-mucocele)
- Probable mild active pancreatitis

SECONDARY FINDINGS

- Mild retained gastric fluid/chyme – possible mild metabolic gastric stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine culture and sensitivity on sterile urine sample suggested given the glucosuria. The overall appearance of the liver was non-specific with considerations including vacuolar hepatitis, chronic active hepatitis/cholangiohepatitis (immune mediated, less likely infectious, etc.) and generalized parenchymal remodeling with areas of nodular to regenerative hyperplasia or hematopoiesis, early fibrosis, cirrhosis, or other hepatopathy. Hepatic neoplasia cannot be excluded. Further assessment may include pending hepatic cytology. Correlation with pending hepatic cytology for further assessment. Assessment of serum cobalamin and folate levels may be considered to rule out occult gastrointestinal disease given the patient's weight loss.

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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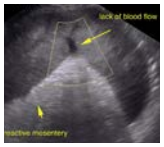
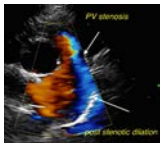
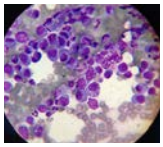
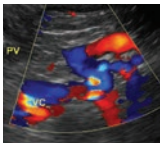

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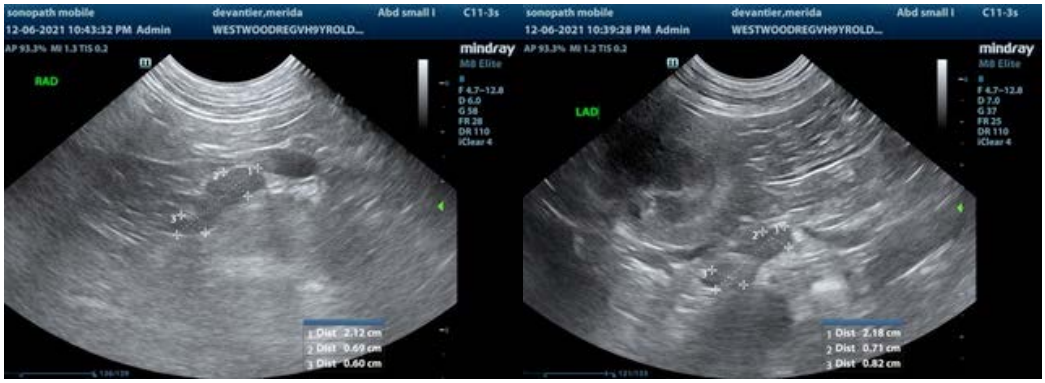

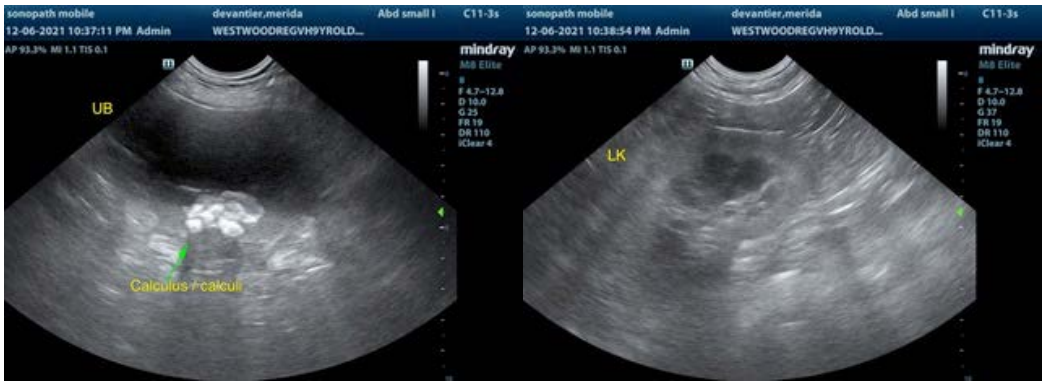

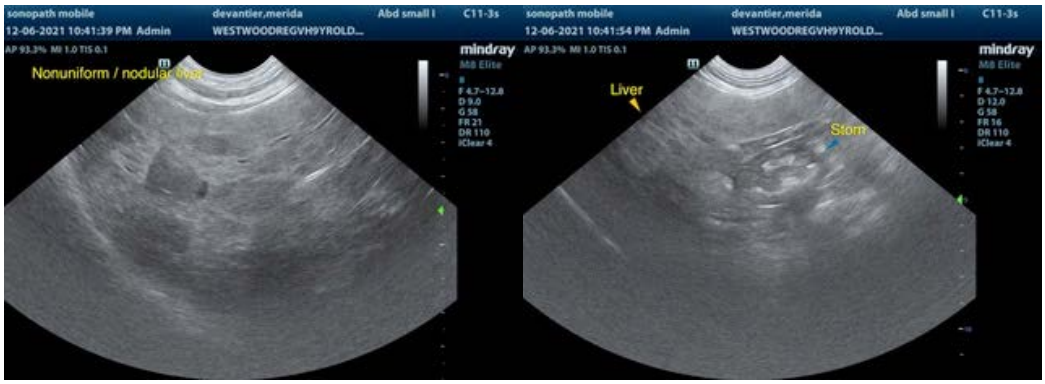

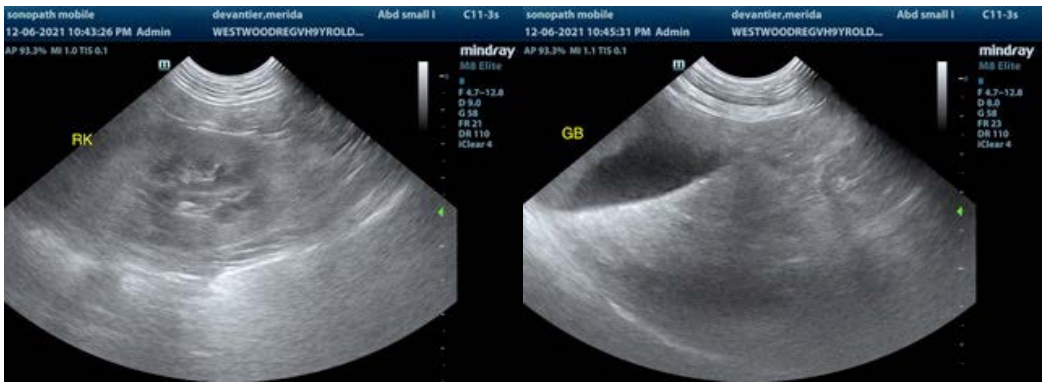

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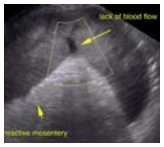
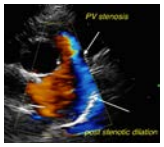
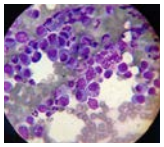
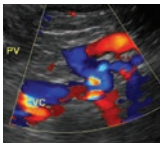

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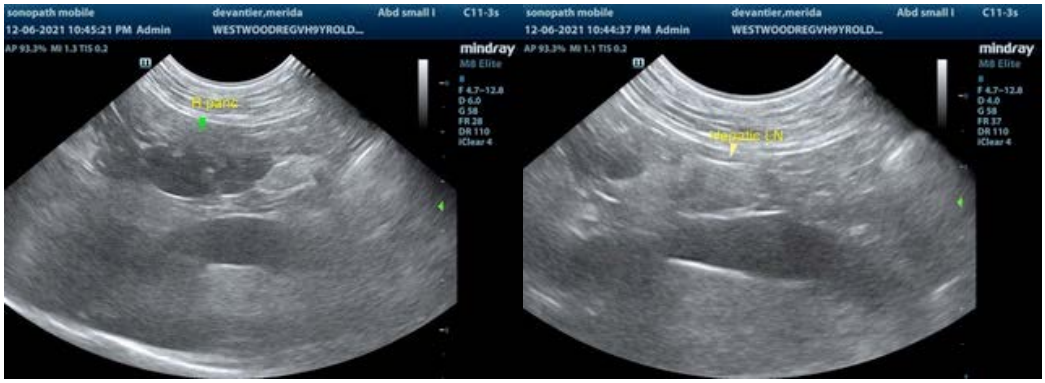

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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