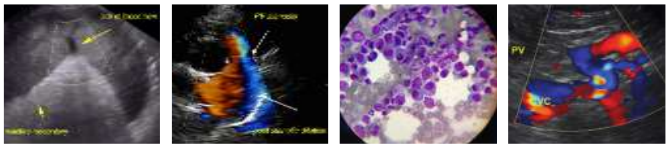
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Yoyo Cant

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

10 years

WEIGHT

8.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Resolution Veterinary Ultrasound LTD

REFERRING VET

Dr. Sasa Karagic

INVOICE

13331

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Acute vomiting. Diarrhea. Very high WBC. High neutrophils, lymphcytes, monocytes and eosinophils. Increased SDMA and BUN.

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.

No overt 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 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 0.43 cm width at the caudal pole and 0.46 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 0.64 cm width at the caudal pole and 0.57 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.

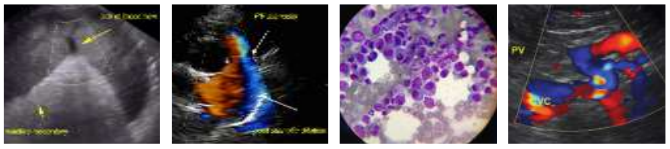
Liver/ Gallbladder

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. Mild, nondependent, nonorganized, particulate gallbladder debris was present. 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. The gastric body wall width measured 0.30 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.25 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon exhibited generalized variable mild to moderate distention with nonformed to liquid feces consistent with diarrhea.

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

Small pockets of scant peritoneal free fluid were present. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenterocolitis pattern with potential typhlitis
- Mild gallbladder debris (non-mucocele)
- Small pockets of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction or obvious foreign material was noted. Acute enterotoxin insult, dietary indiscretion, occult parasitism, infectious gastroentercolitis given the CBC abnormalities, with less likely potential for occult neoplastic infiltrative enterocolonopathy possible.

Further assessment may include fresh fecal analysis to rule out parasitic ova / giardia and assessment of serum cobalamin/folate levels. If no previous or chronic history of gastrointestinal signs, supportive care for acute gastroenterocolitis / infectious gastroentercolitis including as-needed gastrointestinal support, IV fluids, and broad-spectrum antibiotics should prove beneficial. Recheck sonogram is recommended to assess for progressive inflammatory gastroenterocolic mural changes or progressive gastrointestinal stasis if clinical signs continue or are nonresponsive to empirical therapy. CBC Pathology review could be considered. Although considered unlikely, given the CBC abnormalities, resting cortisol to rule out occult Addison's Disease may be considered.

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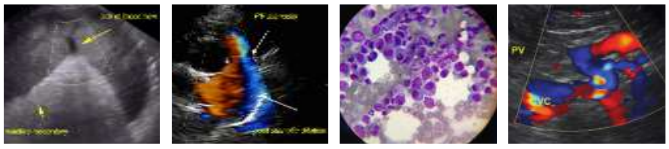

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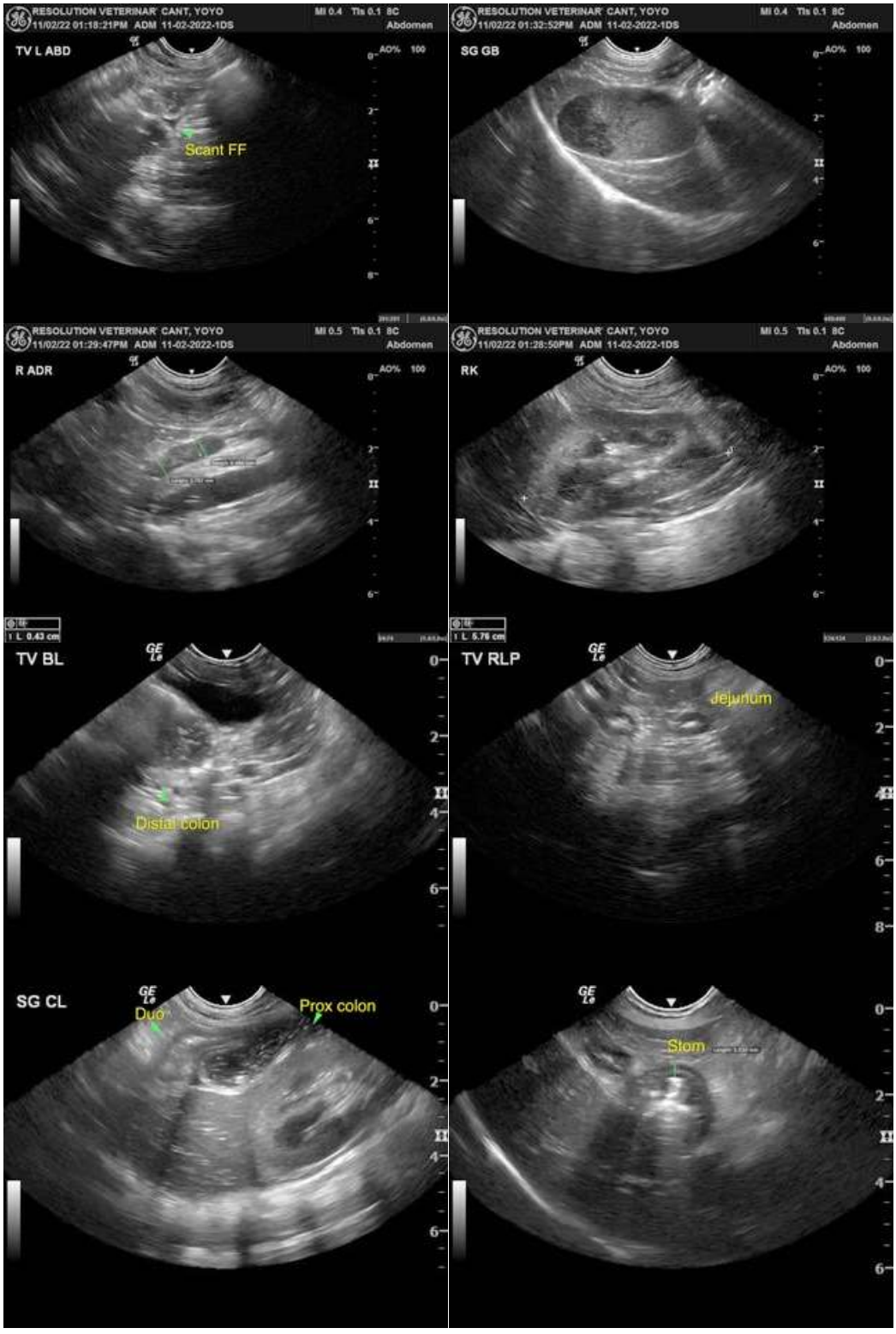

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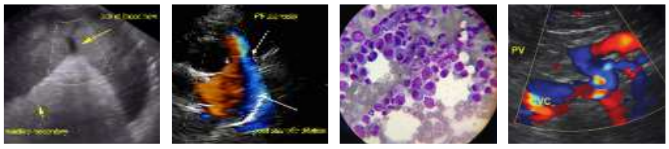

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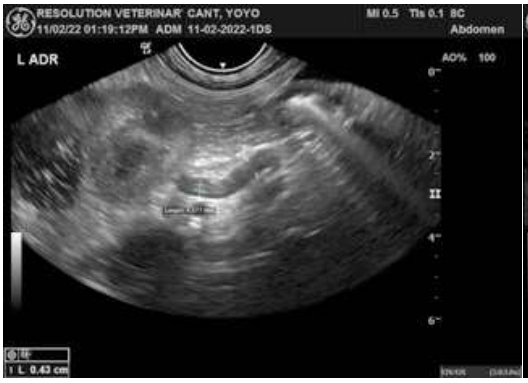

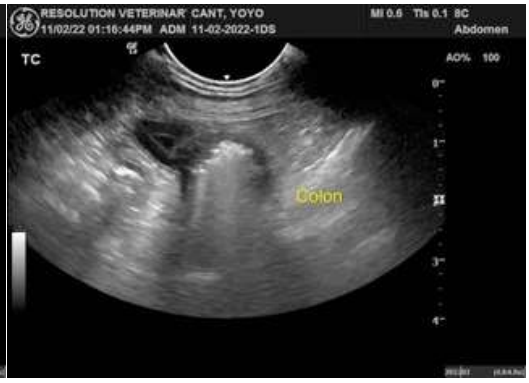

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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