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Clinical Sonography & Telecytology
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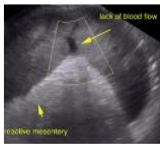
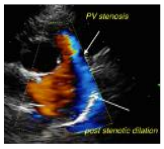
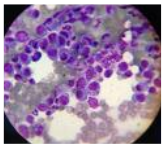
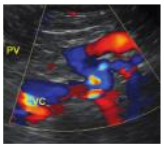





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Indie Peters

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

4 Years

WEIGHT

80 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Chrissy Krell, DVM

INVOICE

13930

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Previously healthy, Owner took for breeding about 1 month ago, but the studs did not seem to interested in her. An ultrasound with breeder found no obvious pregnancy. All dogs reportedly have been tested for brucellosis (all negative). Owner observed GI upset/diarrhea about 10 days ago, progressed to become very liquidy and vomiting by late last week. Screened feces and US for pyometra. Owner mentioned her skin was red and her ears swollen with discharge at time of drop off. No strong improvement on medical management of the skin conditions (started on apoquel, clindamycin, ear cleaning and medicated ointments), the stools improved with just some mucous now, but eating only very little through the weekend. The Owner noted that her face "swelled" up on Saturday - concerned for reaction to meds?. Collected samples for further diagnostics - started on Pred 0.5mg/kg PO BID pred for now with Doxycycline 10mg/kg PO BID.

Abnormal PE/Chem/CBC/UA Results: Today she is QAR, MM hyperemic slightly and CRT <2s. Skin is diffusely erythematous, raised coalescign lesions (non pruritic) from limbs to neck/ears and caudal to the haunches, not noted dorsally yet). Vitals wnl. Chem - hypokalemia 3.2, hypochloremia 108, ownl. CBC - neutrophilia 13K, Monocytosis 1.5 (WBC ~19K/uL) ownl PT - normal aPTT: 54 (low) UA: NSF, SG 1.011, normal strip 4DX: negative Parvo: Negative Chest rads: NSF Skin biospsies and cultures pending, Brucellosis PCR and titer pending, baseline cortisol pending (per recommendations by Idexx IM specialist).

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. 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 were noted.

Normal size and margination was 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 7.5 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

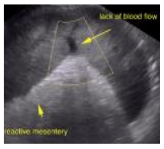
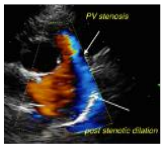
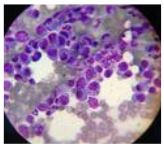
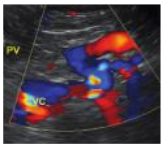
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.54 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.84 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

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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 mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta, exhibiting areas of progressive distal acoustic shadowing.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

Other

No evidence of pathology associated with the uterus or bilateral ovaries.

ULTRASONOGRAPHIC FINDINGS

- Progressively shadowing gastric ingesta
- Mild gallbladder debris (non-mucocele)
- Otherwise, sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the patients decreased appetite was not overtly evident. The presence of gastric ingesta may indicate postprandial presentation. Correlation with most recent meal ingestion is recommended. Given the reported decreased appetite, some degree of metabolic gastric stasis or delayed gastric emptying may be possible, if documented NPO. The ingesta was suggestive of food yet technically, the possibility of gastric foreign material cannot be definitively excluded. Sonographic or radiographic monitoring for evidence of normal gastric emptying following documented fast is recommended. Empirically, continued gastrointestinal support would be reasonable pending additional diagnostics. Potentially, the current use of prednisone may be suppressing or masking gastrointestinal mural changes given the previous gastrointestinal signs and decreased appetite.

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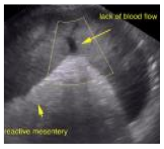
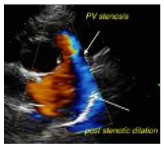
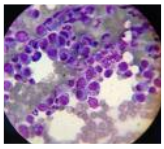
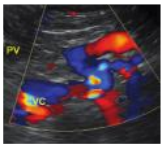

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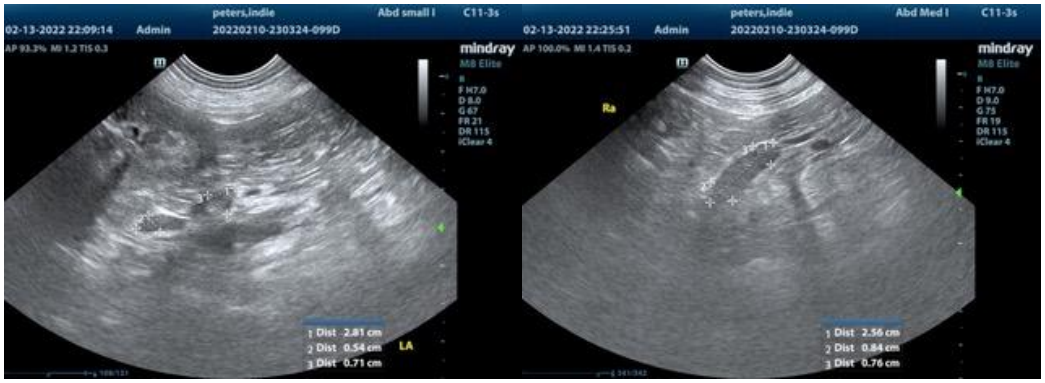

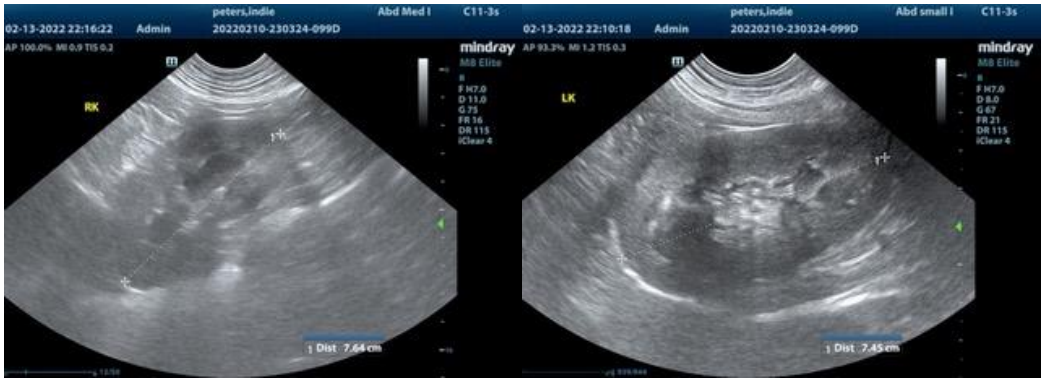

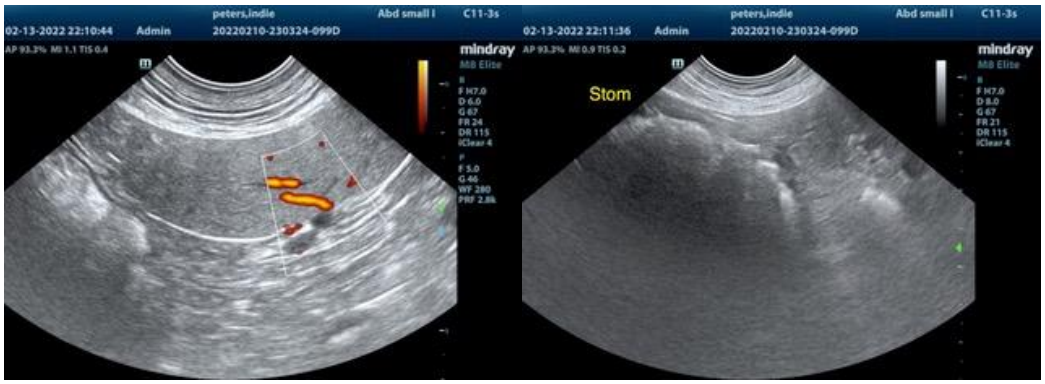

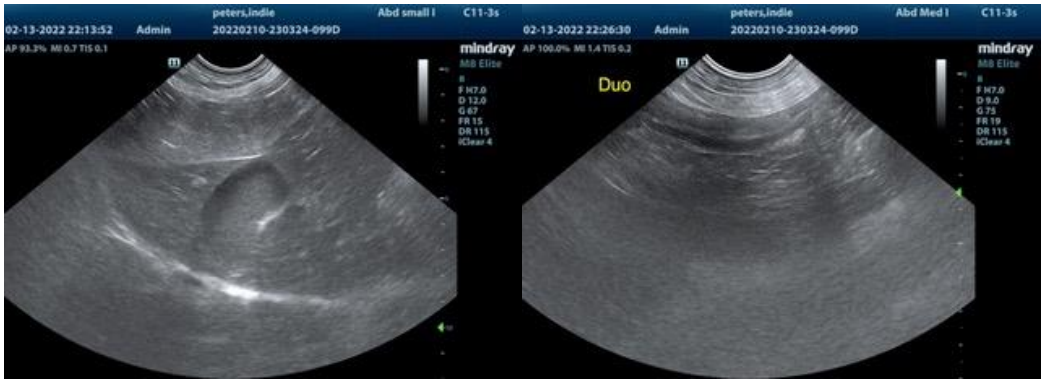

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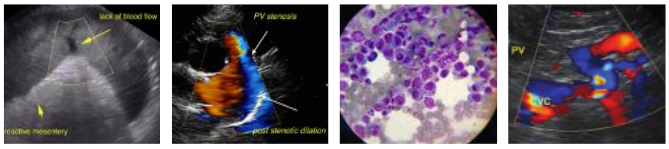

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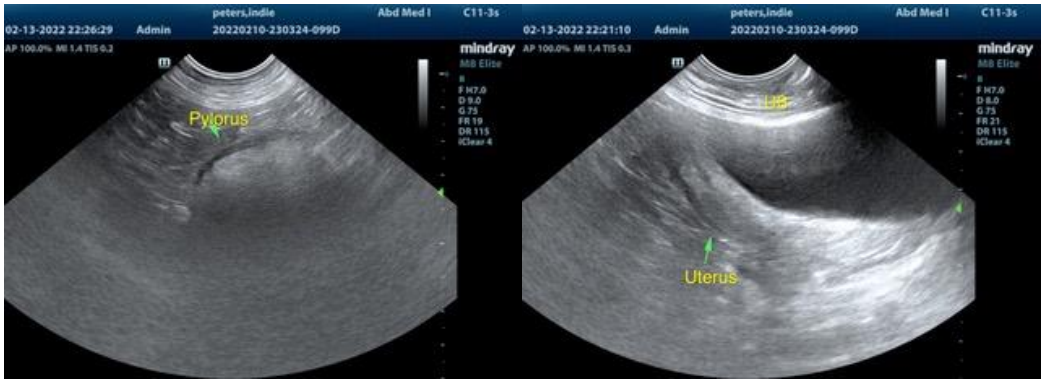

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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