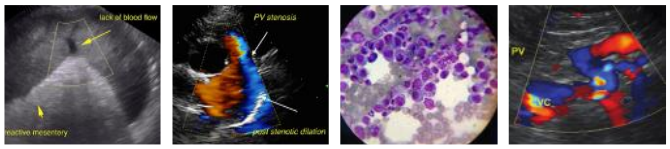
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nina Joell

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

7yr

WEIGHT

14.60

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Joncas

INVOICE

12993ag

DATE

02/17/2023

PRESENTING CLINICAL SIGNS

Nina did not have a good appetite last night and did not eat this morning. She seemed weak and lethargic on a walk today. She vomited a small amount of bile yesterday. Nina has not had any of her medications this morning. Mom said she was hiding in the house again and seemed to be tremoring in her back end. Nina presented on Wednesday for abdominal pain. She was very painful on cranial abdominal palpation, not painful on spinal palpation. CPL came back as abnormal and lipase was over 4000 on bloodwork. BW repeated today was normal. P is dehydrated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor non-dependent particulate sediment along with suspect pinpoint dependent mineral. 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 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. Pinpoint areas of medullary mineral were present bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.49 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 0.61 cm width at the caudal pole and 0.59 cm width at the cranial pole.

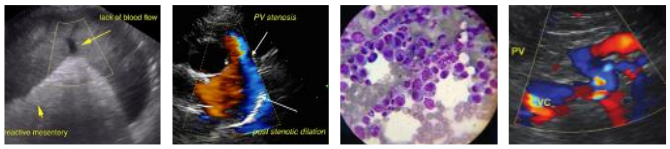
Spleen

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild hyperechoic non-shadowing dependent to non-dependent debris in the area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent discrete hyperechoic intestinal mucosal speckling was present. 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment and suspect pinpoint dependent mineral
- Bilateral discrete to minor medullary mineralization
- Intact GI wall layering with intermittent non-specific intestinal mucosal speckling
- Sonographically unremarkable pancreas-no sonographic evidence of significant/active pancreatitis
- Gallbladder debris-not consistent with mucocele criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The intermittent intestinal mucosal speckling is non-specific yet may be associated with mild underlying enteritis. Low-grade or chronic pancreatitis may present sonographically normal, this may be suspected if cranial abdominal/subxiphoid discomfort or pain in conjunction with previous abnormal cPL.

The gallbladder debris is considered incidental given lack of cholestasis. Empirically as needed GI support and conservative therapy for possible low-grade chronic or resolving pancreatic inflammatory episode would be reasonable.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.

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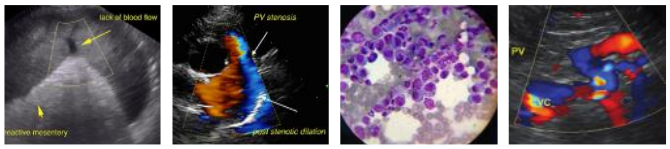

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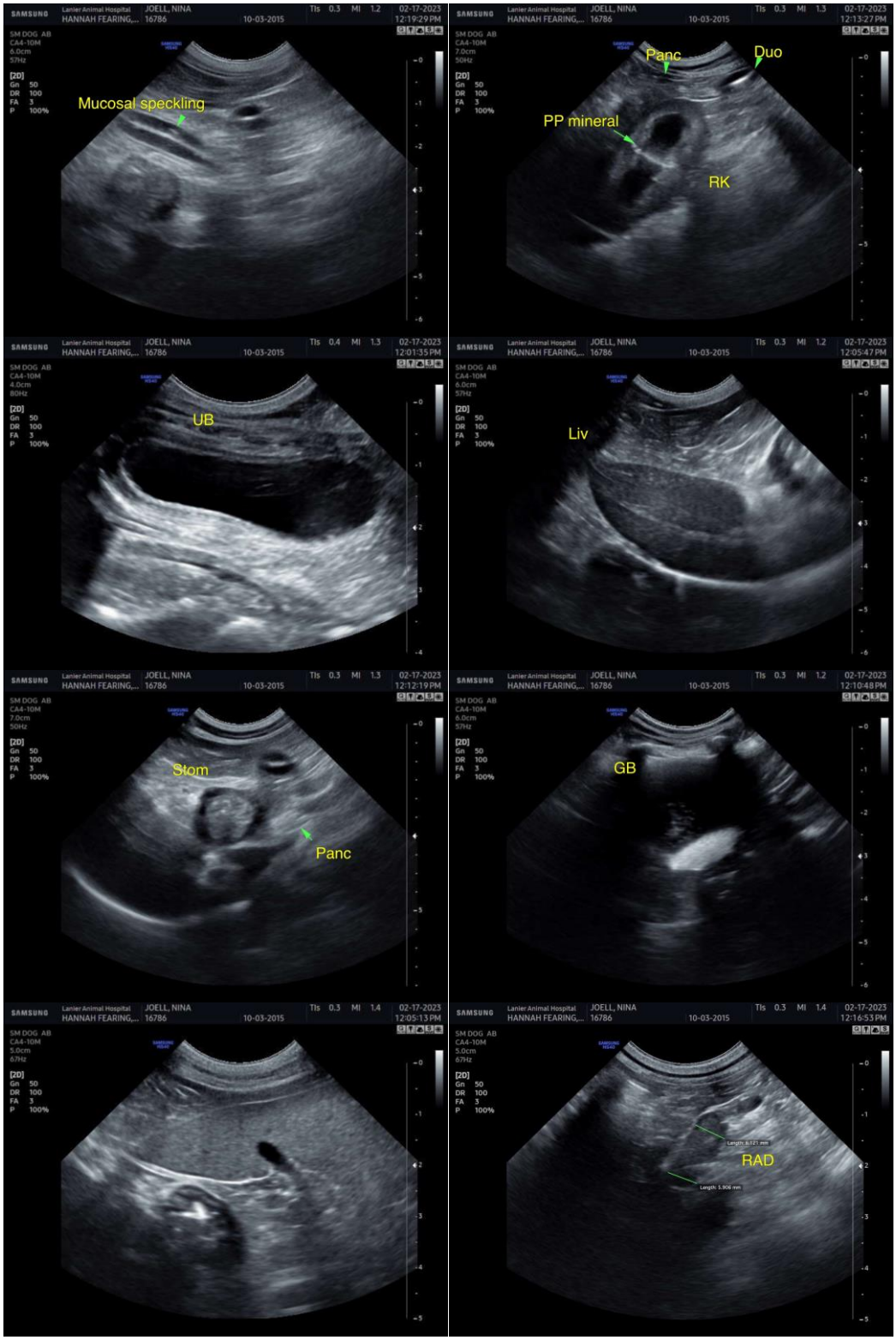

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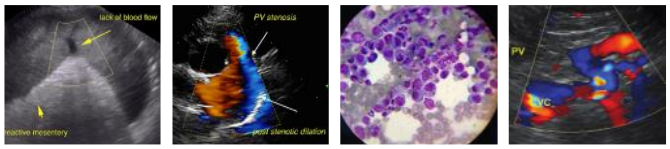

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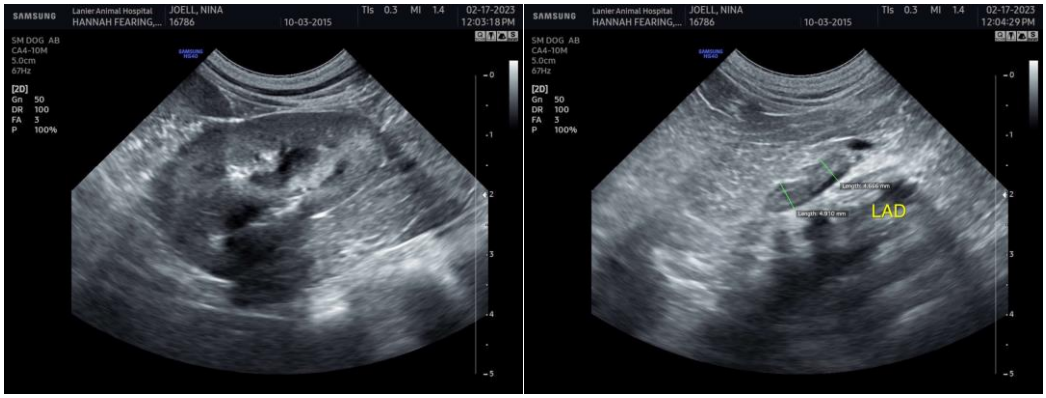

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com