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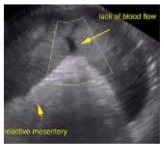
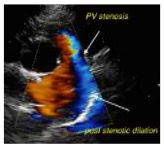
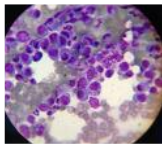
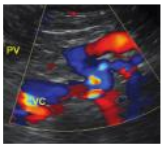
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Klaus Vaz

SPECIES
Canine

BREED
Pomeranian X

SEX
M/N

AGE
7

WEIGHT
6.1 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Aspen AC

REFERRING VET
Dr. Sekhon

INVOICE
16231

DATE
2/21/23

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea

Abnormal PE/Chem/CBC/UA Results: Elevated ALP LDDST positive suspect hperadrenocorticism Fecal PCR neg for ovum and parasites but mild positive for Cl Perfringens

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 residual prostate was free of pathology measuring 0.81 cm in width. Minor residual prostatic urethra distention was noted with normal post prostatic urethral structure and tone to a depth of 3.0 cm. The mildly dilated residual prostatic urethra is nonspecific yet likely incidental, sometimes seen in patients neutered at a later age.

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. Potential for pinpoint discrete areas of medullary mineral is noted although not definitive. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

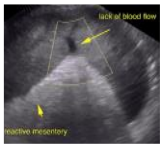
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was borderline prominent in size based on caudal pole width measurement in light of body weight. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.61 cm width at the cranial pole.

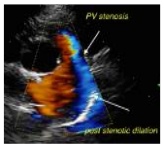
Spleen

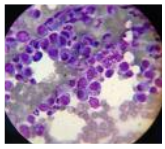
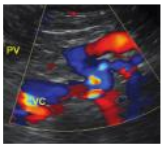
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild to





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moderate, nonorganized, hyperechoic debris In the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 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 containing semi-formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern with possible nonobstructive cholestasis
- Gallbladder debris - not consistent with mucocele criteria
- Mild heterogeneous pancreas - patient variant, minor remodeling possibly owing to previous inflammatory episode, chronic pancreatitis, all potentials
- Overtly normal gastrointestinal tract / colon with subjective semi-formed fecal matter
- Early age-related renal changes
- Borderline prominent right adrenal gland - no evidence of significant adrenomegaly, no adrenal tumors

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance / food allergy, low-grade inflammatory enterocolonopathy, mild to chronic pancreatitis, both of which may present as sonographically normal, and occult parasitism are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, hydrolyzed diet trial, empirical deworming (Panacur 50 mg/kg SID x 5 consecutive days with possible repeat protocol in 3 weeks even if fecal testing is negative), and a high colony count probiotic may prove beneficial. Hepatosupportive medications including Denamarin and Ursodiol are recommended. Recheck adrenal testing may be considered, given the lack of overt adrenal pathology unless the patient is definitively clinical for Cushing's Syndrome i.e., PU/PD, polyphagia, etc.

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/.

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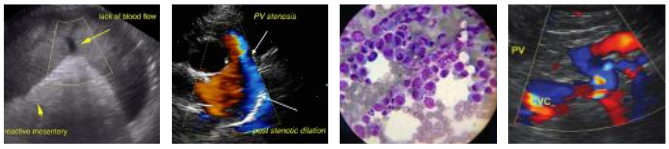

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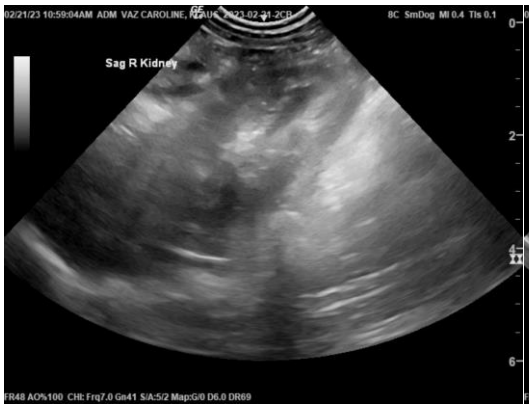
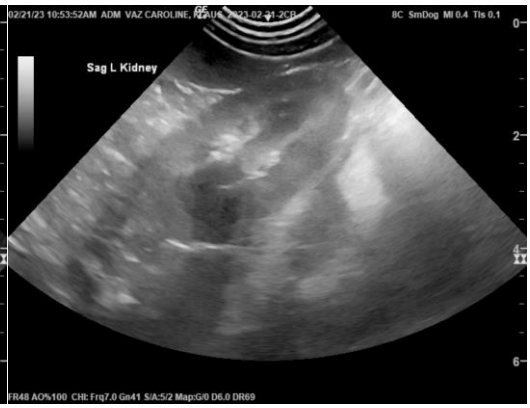
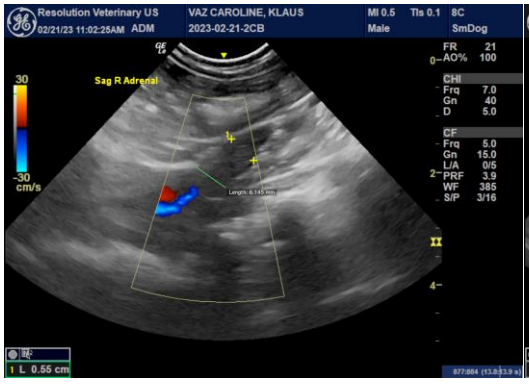
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services







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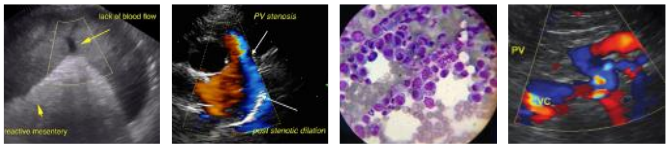

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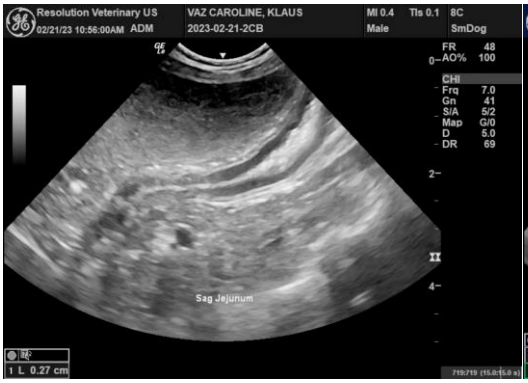

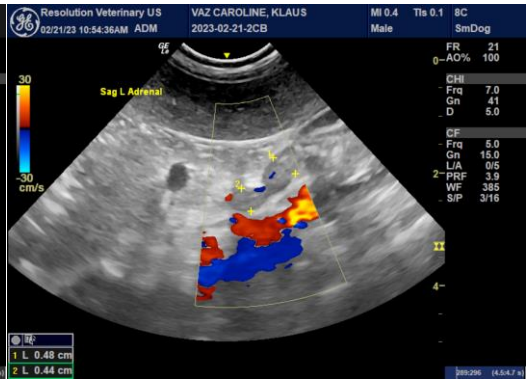

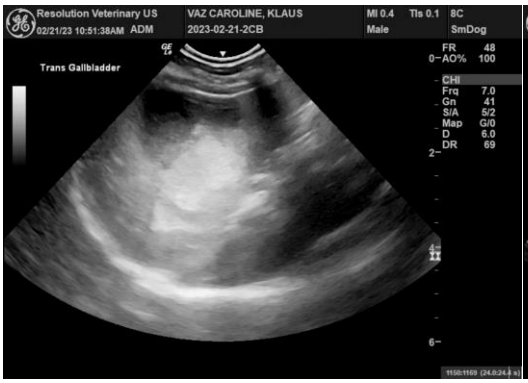

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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