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Clinical Sonography & Telecytology
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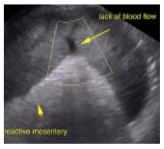
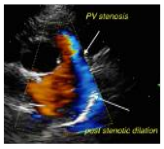
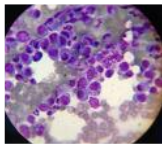
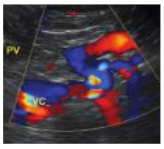




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Baby Girl C YNBF Rescue

SPECIES
Canine

BREED
Mix

SEX
F/I

AGE
7 mos

WEIGHT
21.8 lbs.

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Summit Dog and Cat Hosp.

REFERRING VET
Dr. Lepkowski

INVOICE
16248

DATE
2/22/23

PRESENTING CLINICAL SIGNS

PU/PD, poor body condition. No current meds.

Abnormal PE/Chem/CBC/UA Results: Alb 2.4, Glob 3.4, Bun 38, Hct 23%, PLT 32, Anemia appears regenerative, thrombocytopenia confirmed on path review. USG 1.015, urine culture NEG on 1/13/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology was noted in the area of the uterus or bilateral ovaries.

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 or pyelectasia. The left kidney measured 6.2 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 1.9 cm length x 0.29 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.51 cm width at the caudal pole. The bilateral adrenal glands presented as normal for the patient's age.

Spleen

The spleen was normal in size and contour with discrete micronodular splenic parenchyma. Normal splenic vascularity was noted.

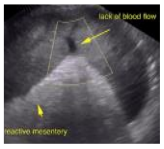
Liver/ Gallbladder

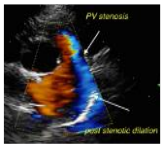
The liver exhibited potential for mild enlargement without evidence of subnormal liver size. The liver exhibited normal vascular volume. The visualized portal vein was overtly normal in volume compared to the caudal vena cava. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

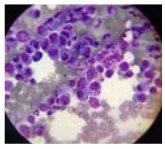
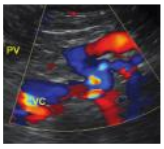
Gastrointestinal

The stomach was nondistended containing mild hyperechoic to strongly shadowing ingesta. No evidence of mechanical pyloric outflow obstruction was noted.

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.





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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 were evident.

Free Abdomen

Medial iliac and intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Intermittent small pocket of scant physiologic, free fluid was noted. Uniform normal omentum was present.

ULTRASONOGRAPHIC FINDINGS

- Normal bilateral kidneys - no evidence of renal dysplasia / nephritis
- Discrete micronodular spleen - nonspecific yet suspect benign, potential discrete hyperplasia or similar
- Normal volume liver - no evidence of portosystemic shunt
- Focally shadowing gastric ingesta, sonographically unremarkable small bowel
- Intermittent benign / reactive mesenteric and medial iliac lymph nodes, intermittent scant physiologic peritoneal effusion - mild hyperplasia or lymphatic immunologic immaturity likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the PU/PD was not obvious. Deworming when possible, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential for repeat protocol in 3 weeks, given the decreased body condition and reported heavy parasite load, is recommended. Assessment of cobalamin / folate levels and screening resting cortisol may be considered.

The shadowing gastric ingesta is nonspecific and may correlate with recent meal ingestion, treats, etc. Correlation with most recent meal ingestion is suggested. Sonographic monitoring for gastric emptying may be considered if clinically indicated.

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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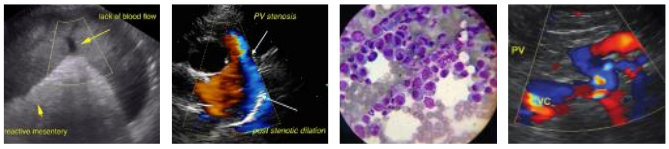

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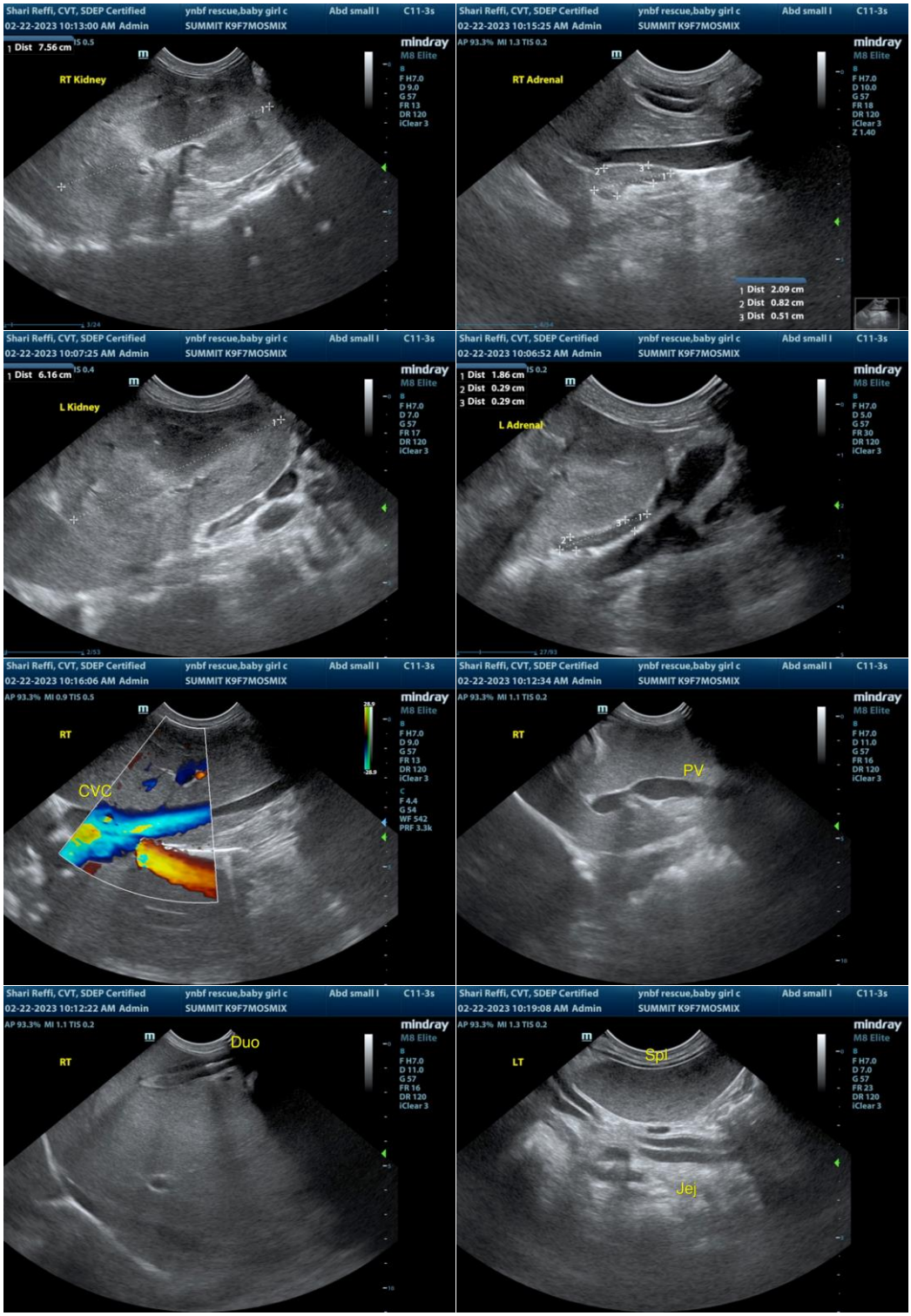

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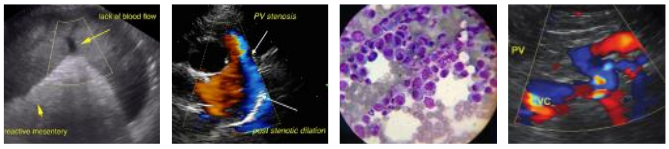

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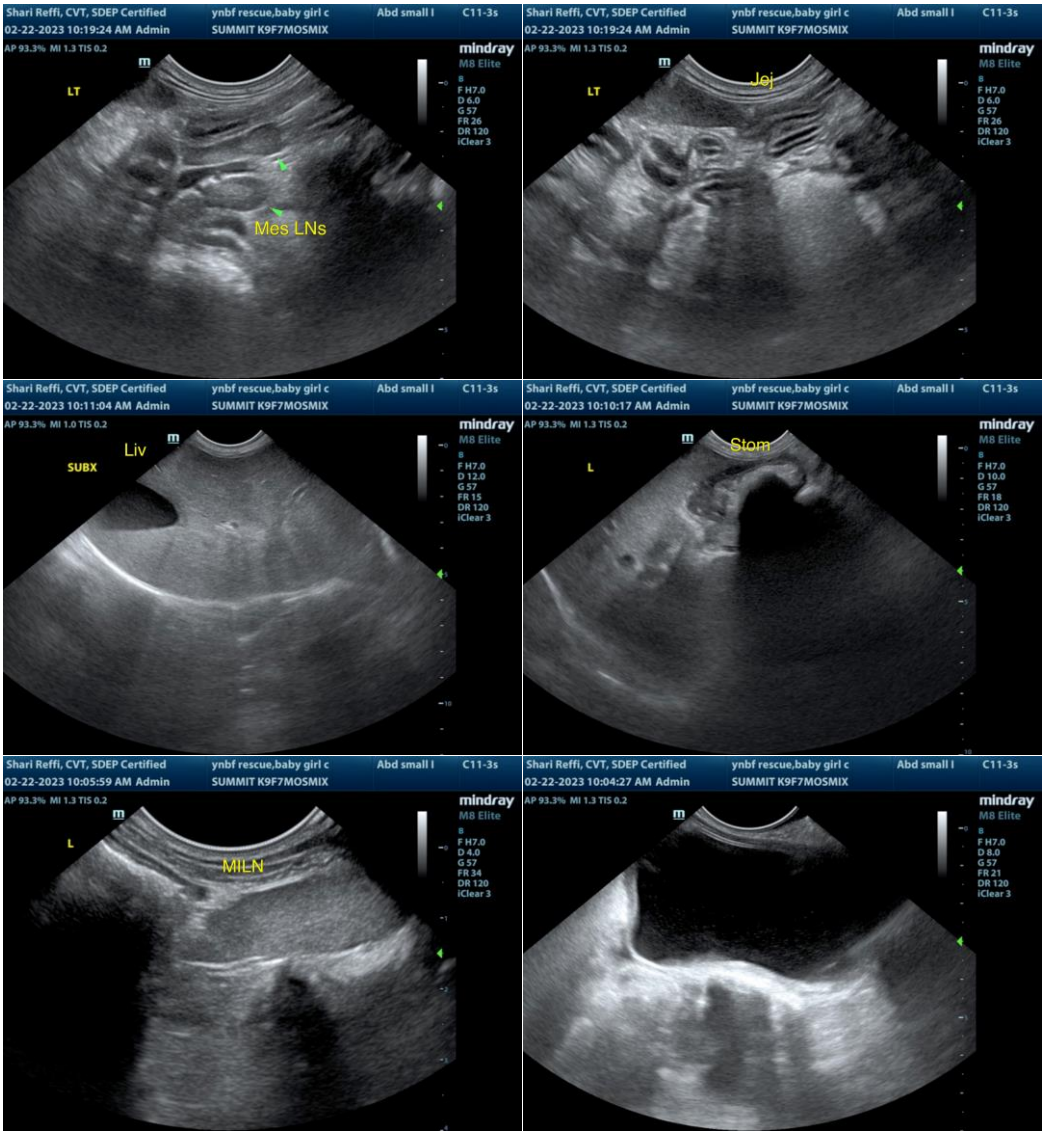

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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