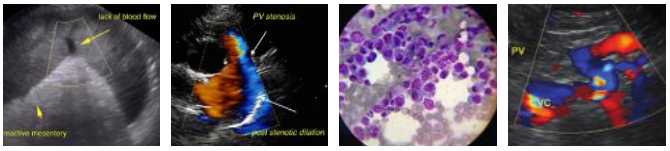
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ellie Sousa

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
FS

AGE
7 Years

WEIGHT
92lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional Vet Hospital

REFERRING VET
Dr. Goldman

INVOICE
50128

DATE
2-7-22

PRESENTING CLINICAL SIGNS

History of PU/PD, weight loss, and tenesmus.
Abnormal PE/Chem/CBC/UA Results: Globulin 4.0, A/G ratio 0.7, SDMA 12.0, 4DX (neg), USG 1.016.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 6.6 cm in length. The right kidney measured 6.8 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 2.3 cm length x 0.56 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 2.6 cm length x 0.67 cm width at the caudal.

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid along with luminal gas was present in the stomach. No signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.56 cm. The pylorus wall measured 0.65 cm width.

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. The duodenum wall width measured 0.57 cm and the jejunum wall width measured 0.39 cm.

The visualized colon exhibited intact wall layering without evidence of colon mural pathology or thickening. The distal descending colon to colorectal wall measured 0.31 cm width. Subjective formed to semi-formed feces was present in the lumen.

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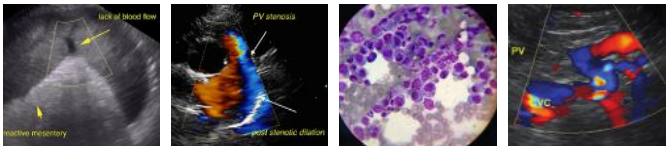

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Pancreas

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

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically unremarkable abdomen.
- Mildly heterogeneous to hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology as an obvious cause of the patient's weight loss and tenesmus. Likewise, the kidneys appeared sonographically unremarkable without evidence of pyelonephritis, chronic nephropathy, or other signs of renal disease. No evidence of adrenal pathology i.e., hyperplasia or tumors.

Further assessment of the pu/pd may include full urinary workup including urine culture and sensitivity as well as baseline urine protein/creatinine ratio, leptospirosis titers, as well as urine and blood pcr could be considered if potential exposure or if clinically indicated.

Resting cortisol level warranted to assess for or rule out occult Addison's disease given the patient's vague clinical signs.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

If not done, rectal palpation may be considered given the patient's tenesmus.

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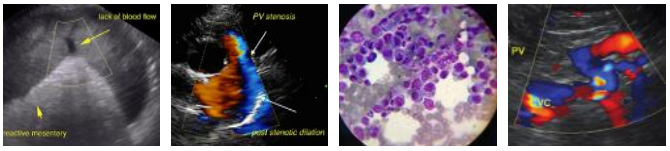

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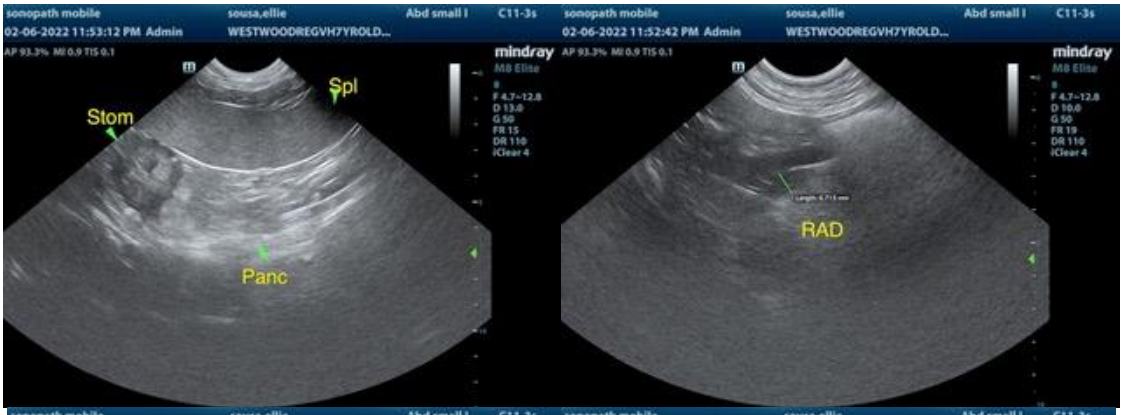

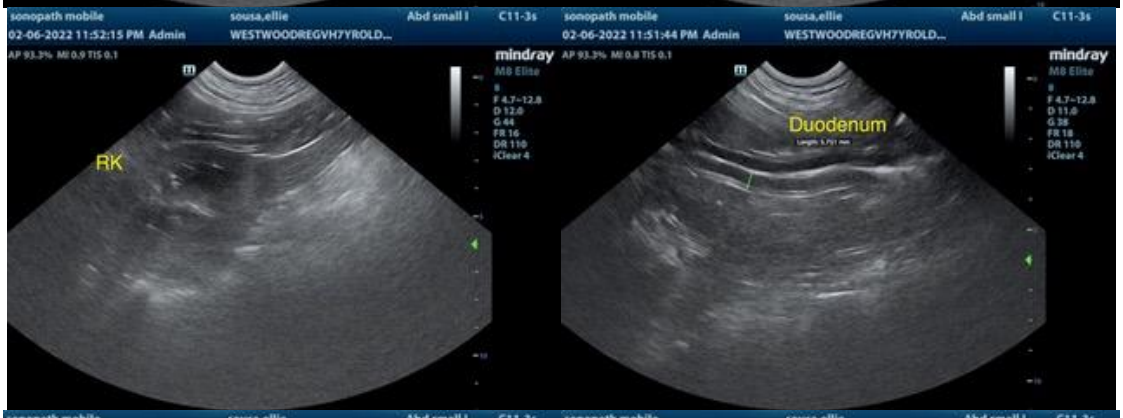

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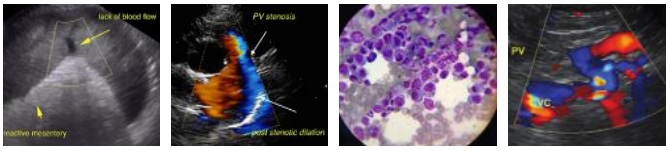

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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