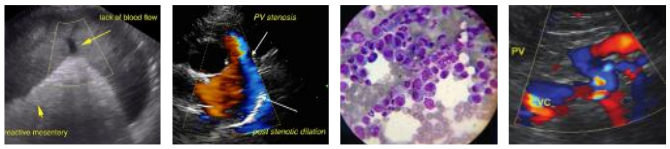
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Estrella Hurtado

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

14

WEIGHT

5.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

13444ag

DATE

04/10/2023

PRESENTING CLINICAL SIGNS

-The patient vomited once complete blood 2 days ago. -After the antibiotics and Sucralfate + antiacid + Cerenia + famotidine injection, the patient is lethargic but no more vomiting, anorexic in the past 24 hours

Abnormal PE/Chem/CBC/UA Results: Blood work–mild elevated PCV, BUN CPLI–positive Radiograph–suspected soft tissue mass in the cranial abdomen, calcification on the kidney and caudal lobe of the liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The bilateral kidneys contained areas of non-obstructive medullary nephroliths, an example measured 0.75 cm in the left kidney. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was 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 0.34 cm width at the caudal pole and 0.31 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

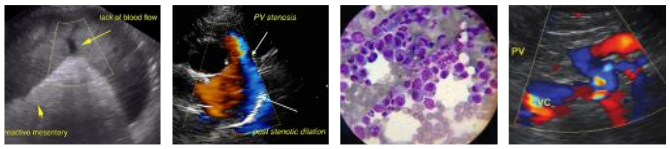
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 non-organized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. No evidence of mural mineralization or tumors. The lumen of the stomach contained mild to moderate non-shadowing variably echogenic ingesta/chyme. Within the ingesta/chyme, several strongly



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shadowing curvilinear ingesta echoes were present, an example measured 0.61 cm. No evidence of ileus or obstructive mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited intact subjective mild prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.23 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum with mild non-uniform increased right limb parenchymal echogenicity. Evidence of parenchymal remodeling was present. No signs of active inflammation or neoplasia.

Free Abdomen

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

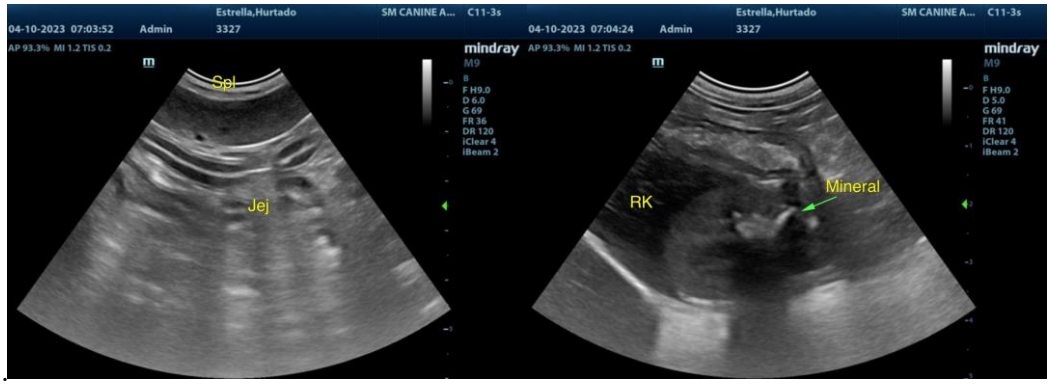
ULTRASONOGRAPHIC FINDINGS

- Mild gastritis/gastroduodenitis pattern with gastric ingesta/chyme, intermittent non-obstructive shadowing gastric echoes.
- Heterogenous variably hyperechoic pancreas.
- Moderate chronic renal changes with non-obstructive nephroliths.
- Gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas was not sonographically consistent with active pancreatitis as a primary clinical player with considerations including parenchymal remodeling or possible fibrosis owing to previous inflammatory episode. No overt evidence of intra-abdominal neoplastic criteria with early infiltrative gastric neoplasia thought less likely in light of maintained gastric wall layering. The hyperechoic opacities noted within the area of the caudal liver may correlate with the intermittent non-obstructive gastric ingesta echoes. The echoes may correlate with medication or similar although the possibility of small amounts of gastric foreign material cannot be definitively excluded.

Continued gastroprotectants +/- coverage for helicobacter and as needed therapy for possible low grade/chronic pancreatitis with clinical reassessment would be reasonable. Sonographic reassessment of the stomach is suggested if evidence of persistent or possible progressive vomiting. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.



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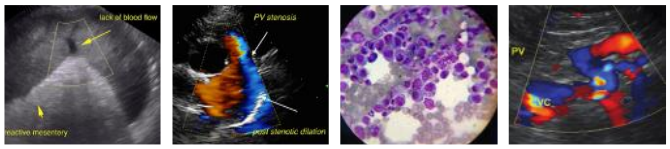

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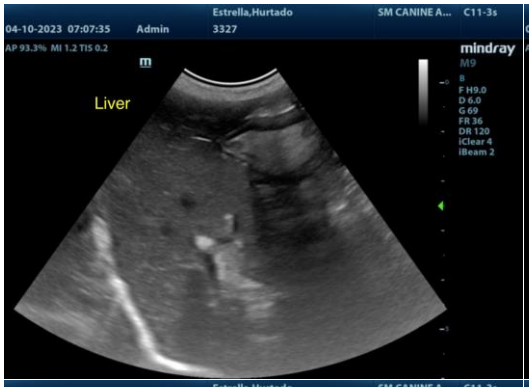
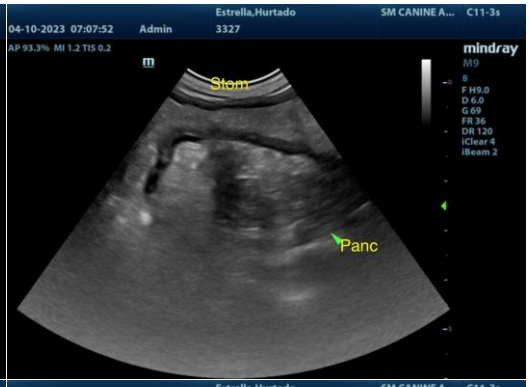
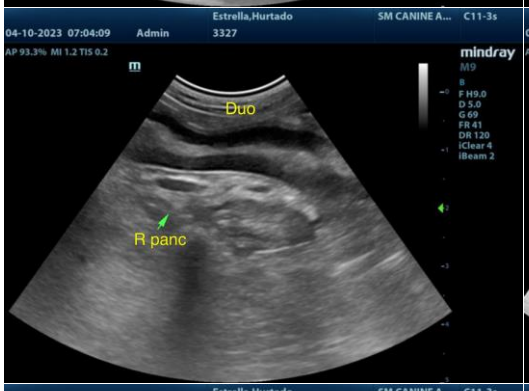
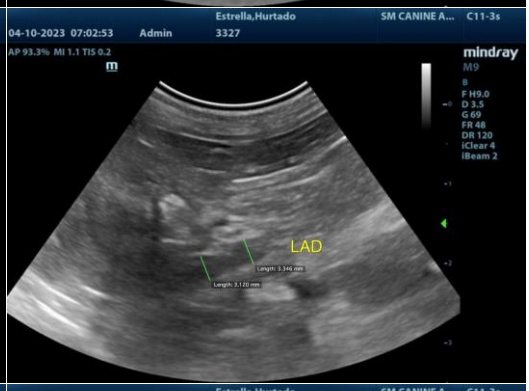
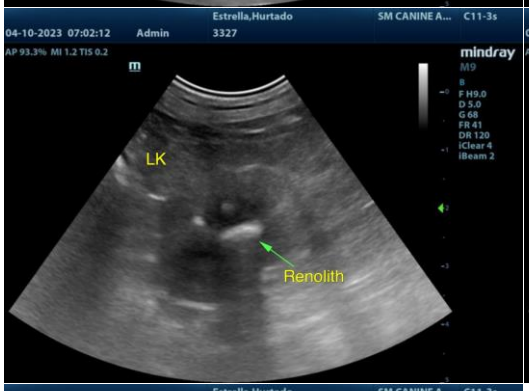
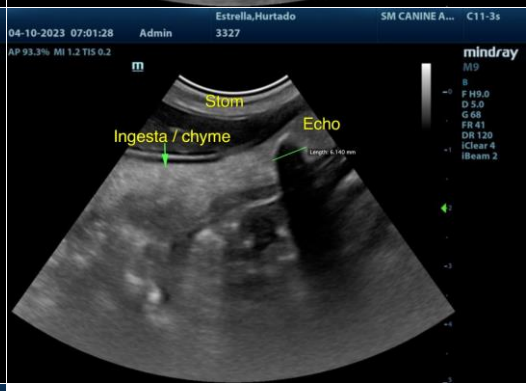


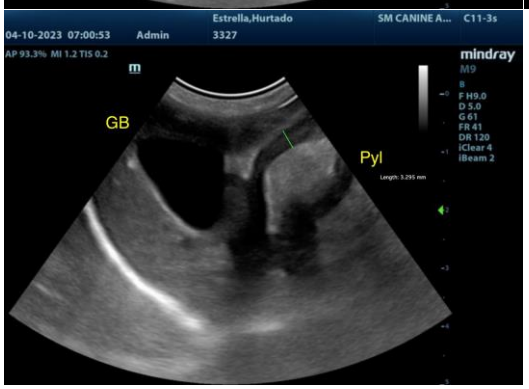






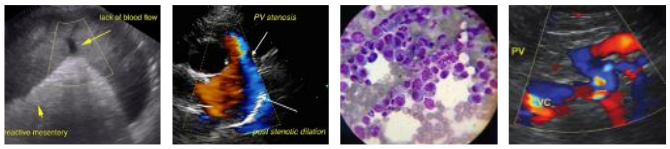






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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mac.daniel@sonopath.com