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Clinical Sonography & Telecytology
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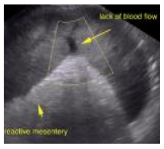
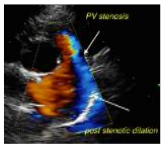
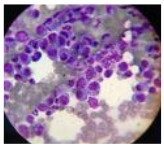
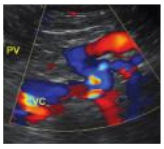





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Koko Brown

SPECIES
Canine

BREED
French Bulldog

SEX
Spayed Female

AGE
3 Years 6 Months

WEIGHT
33 Pounds

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
WVRC-Dr. Bianco

INVOICE
14734

DATE
4/15/22

PRESENTING CLINICAL SIGNS

History: Patient History (required): Koko has been anorexic since Sunday, she reluctantly ate breakfast that morning and then has not eaten since. She had a bowel movement on Monday and then has not had one since. She went to the pDVM on Monday (records not available at time of appointment). Per the owners radiographs were taken of the hips/spine (+/- abdomen?) and there were no abnormalities noted. Her bloodwork showed a sodium that was "too high to read." Koko was given 200mL SQF, an injection of cerenia, and an injection of metronidazole (?). Since being home she has not shown any improvement so she presented here. Relevant Exam/labs/imaging results/treatments: --> polycythemia, hemoconcentration likely secondary to dehydration
Abnormal PE/Chem/CBC/UA Results: CBC - RBC 8.55 (H), HGB 23 (H), HCT 60 (H) CHEM - ALB 5.0, GGT 18 (H), TBIL 1.4 (H), Na 147 (N) --> elevated TBIL - sample noted to be hemolyzed PCV/TP - 65%/7.8g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

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. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 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 0.46 cm width at the caudal pole and 0.42 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 0.40 cm width at the caudal pole and 0.68 cm width at the cranial pole.

Spleen

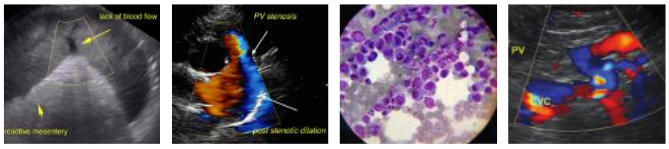
The spleen exhibited mild to possible moderate generalized enlargement and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume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

Liver

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 mild gallbladder debris, likely secondary to decreased food intake/fasting. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a minor amount of retained non-shadowing chyme and luminal gas. The gastric body wall measured 0.35 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic small intestinal obstruction or foreign material. The jejunum wall measured 0.26 cm.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

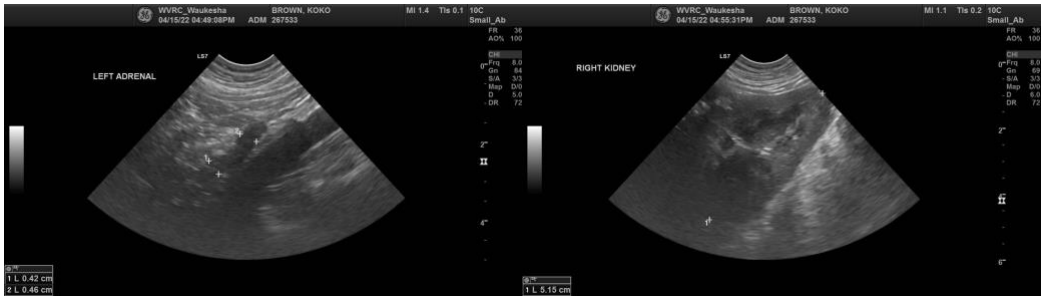
- Subjective mild to possible moderate splenomegaly- nonspecific
- Minor gallbladder debris- likely owing to decreased food intake/fasting
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology. The subjective splenomegaly is nonspecific yet not overtly consistent with inflammatory or neoplastic criteria with likely consideration for patient variant, benign hyperplasia or hematopoiesis. Potential for low-grade gastroenteritis or inflammatory bowel could be present yet sonographically normal. Likewise, low-grade pancreatitis may not be overtly apparent on ultrasound assessment.

Conservative gastrointestinal supportive care, which may include 24–48-hour hospitalization with correction of dehydration and gastrointestinal support should prove beneficial.

Overall, an obvious cause of the patients inappetence was not definitively apparent.



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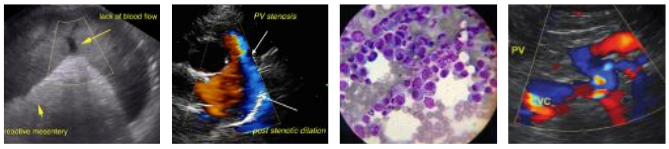

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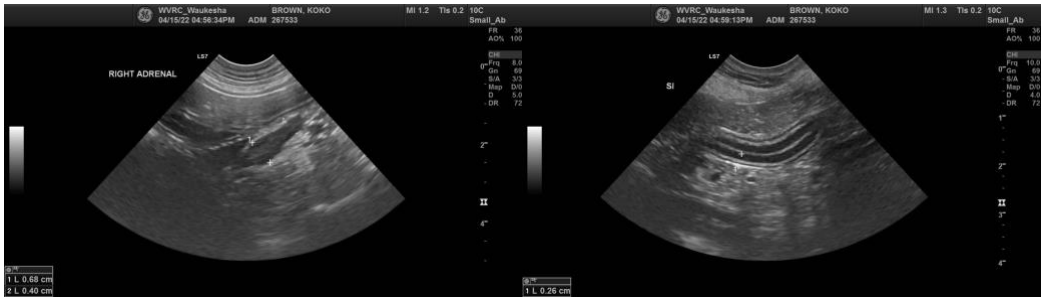

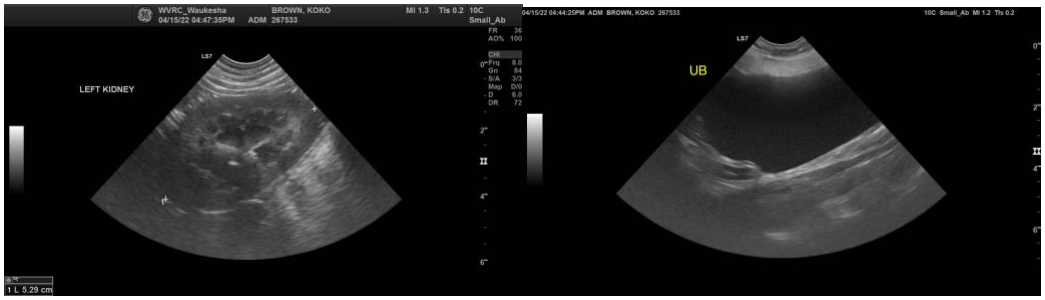

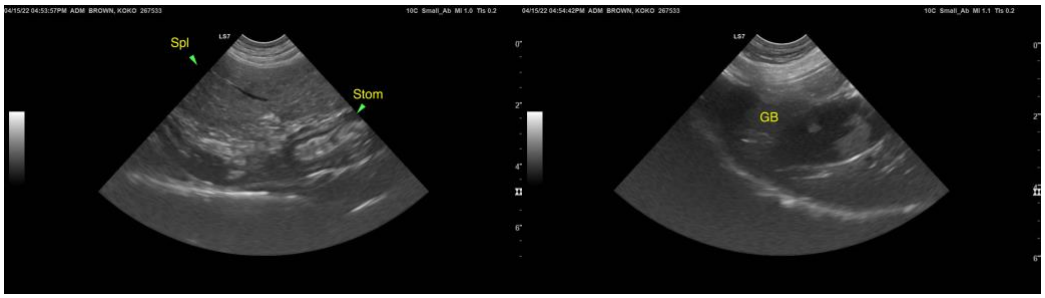

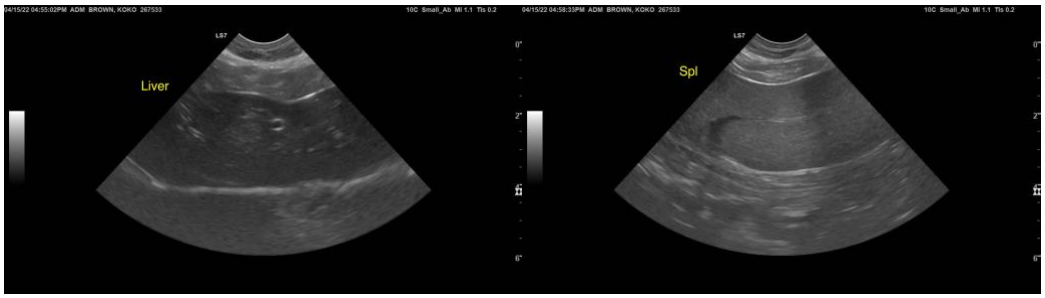

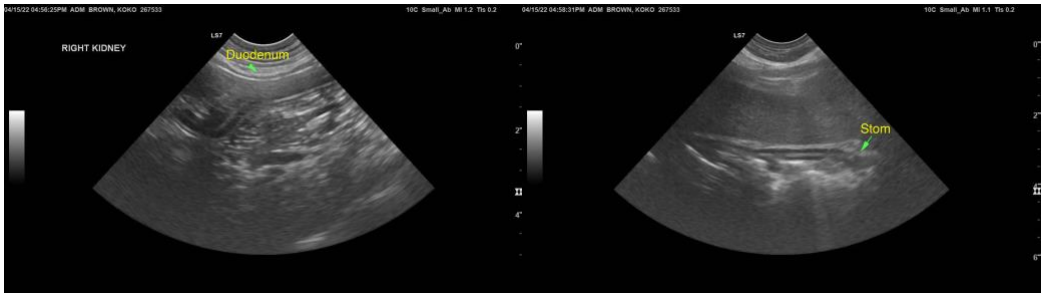

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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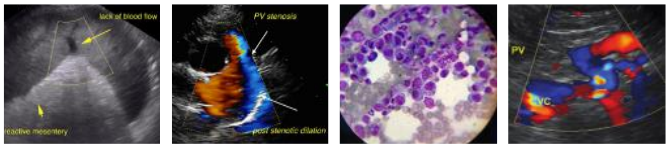

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com