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Clinical Sonography & Telecytology
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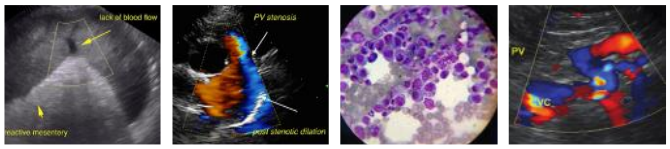

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Osa Bago

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

7

WEIGHT

8.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Animal Hospital

REFERRING VET

Dr. Malaguti

INVOICE

13698ag

DATE

05/03/2023

PRESENTING CLINICAL SIGNS

PU PD since having anOVH 2-3 weeks ago. Now lethargic and comatose Suspect Diabetes

Abnormal PE/Chem/CBC/UA Results: Chronic anemia with stress neutrophilia. PCV 16 and receiving a blood transfusion Blood glucose 35 . Bleed ketones high but fructosamine low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Prominent non-homogenous to mixed echogenic uterine remnant measuring ~ 2.0 cm in diameter was present dorsal to the urinary bladder.

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 5.5 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 0.43 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 0.42 cm width at the caudal pole.

Spleen

The spleen exhibited normal to possible mild subnormal size with 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 enlarged in size with symmetrical mildly rounded capsule contour and generalized mild non-uniform increased parenchymal echogenicity. Intermittent discretely hypoechoic nodules were present, an example measured 1.1 cm in diameter. 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 moderate non-organized hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

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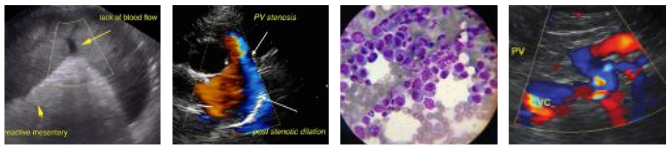

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing variably echogenic ingesta with no signs of ileus, obstruction or foreign material.

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 with apparent formed feces in lumen.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Prominent non-homogenous/mixed echogenic uterine remnant dorsal to the urinary bladder.
- Sonographically unremarkable volume contracted spleen.
- Mild urinary bladder sediment.
- Gallbladder debris (non-mucocele).
- Hepatomegaly exhibiting non-homogenous hyperechoic to discretely nodular parenchyma.
- Heterogenous pancreas.
- Mild retained gastric ingesta, sonographically unremarkable small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent uterine remnant may indicate involuting retained uterine tissue given recent OVH with potential for mild uterine remnant suture reaction and/pr possible emerging uterine stump granuloma. Pending patient stabilization and additional diagnostics, sonographic reassessment of the prominent uterine remnant is recommended for further clarification with concurrent monitoring for evidence of vaginal discharge.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

A definitive cause of the patient's anemia was not obvious within the abdominal cavity.

Potential diabetic hepatopathy if suspect diabetes is confirmed. Occult infiltrative hepatic neoplasia, lipidosis, vacuolar hepatic changes, inflammatory/immune mediated hepatopathy, cholestasis or other hepatopathy are all potentials.

Subjectively the bilateral adrenal glands were not overtly consistent with adrenomegaly or primary adrenal disease.

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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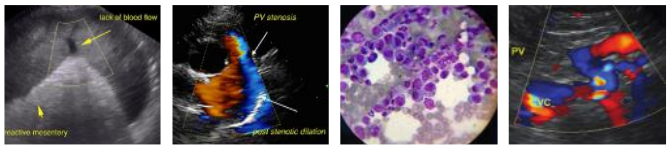

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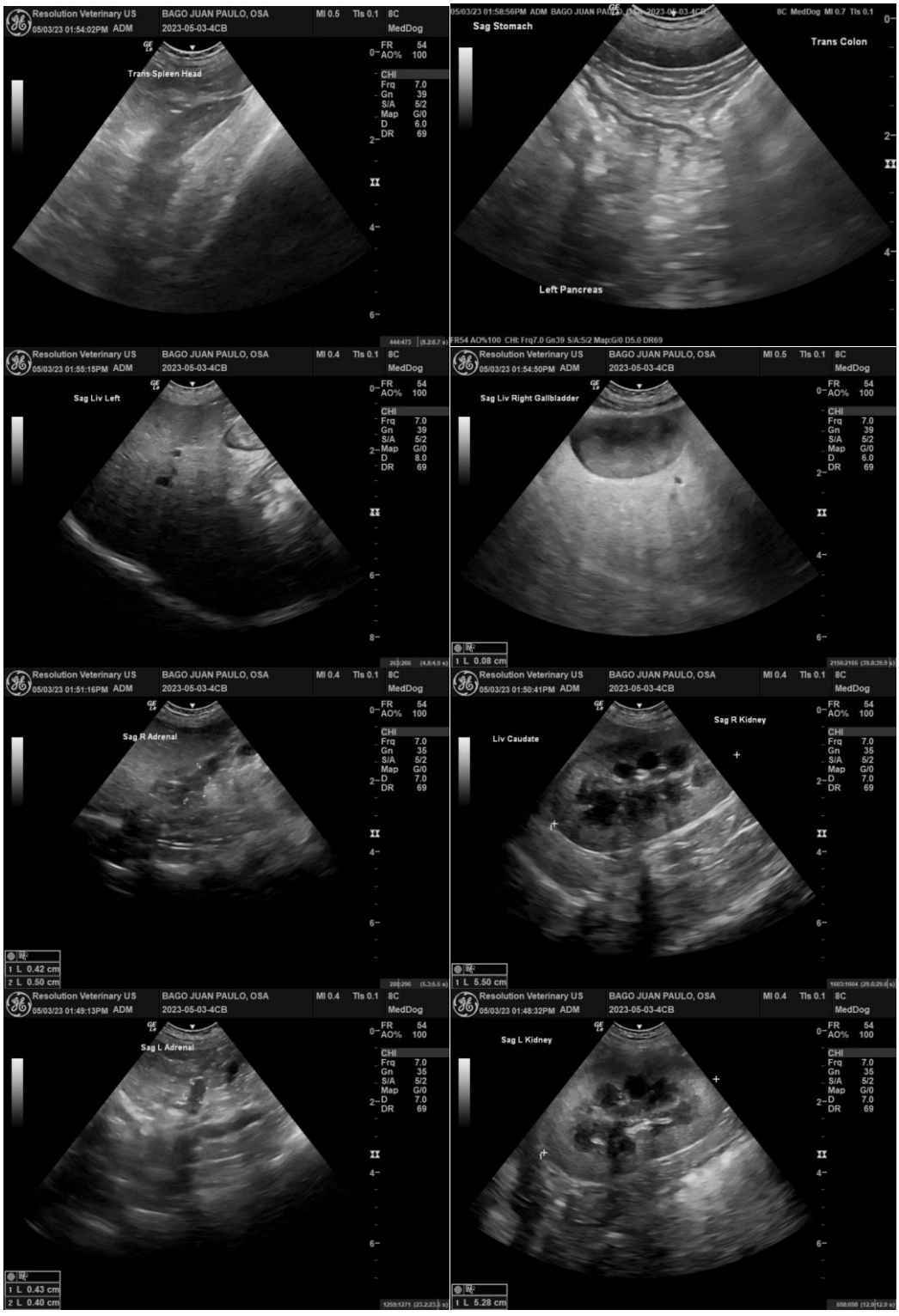

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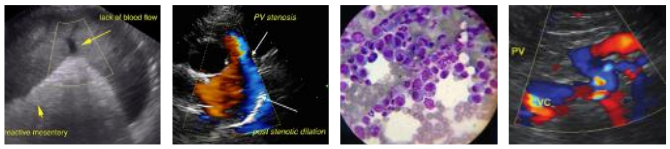

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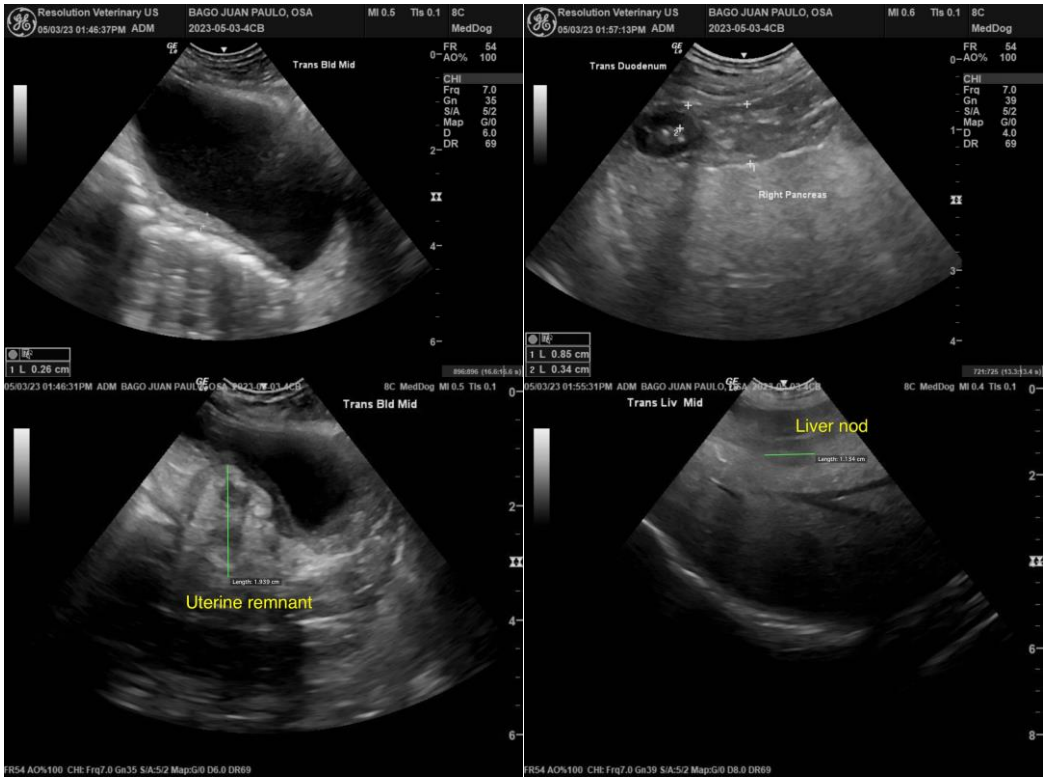

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com