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Clinical Sonography & Telecytology
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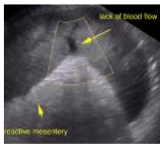
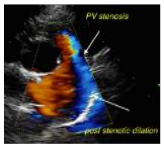
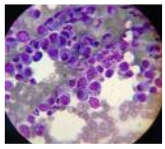
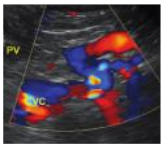





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Escabi

SPECIES

Canine

BREED

Retriever

SEX

Spayed Female

AGE

3 Years 9 Months

WEIGHT

72.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. White

INVOICE

16258

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Date: 6/22/2022 Reason for Visit: LETHARGIC/ NOT ACTING SELF History: PET IS HERE FOR ACTING L;ETHARGIC FOR ABOUT 2 WEEKS. OWNERS WENT ELSE WHERE ABOUT 2 WEEKS AGO FOR EARS AND ASSUMED IT HAD TO DO WITH TREATMENT OF EARS/ OWNERS ARE CURRENTLY LAST DAY OF TREATMENT AND PET IS STILL ACTING LETHARGIC. OWNERS STATES WHEN PET LAYS DOWN IS LEANING MORE TOWARDS THE SIDE AND IS NOT USUAL 6/24/22 RETURNED TODAY FOR NOT DOING ANY BETTER. VOMITED THIS MORNING AND NOT INTERESTED IN FLUID
Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AD. AS- "oily" from ear meds, no redness or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Tense, painful on cranial abdomen. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/cPL, Radiographs (Thoracic/abdominal) Declined Diagnostics/Treatments: None Findings: 1) CBC: 21.67 (5.05-16.76), NEU 17.38 (2.95-11.64), MONO 1.13 (0.16-1.12), EOS 0.0 (0.06-1.23) 2) CHEM: GLOB 5.1 (2.5-4.5), K 3.2 (3.5-5.8) 3) cPL: ABNORMAL

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.

No evidence of pathology in the area of the uterine remnant.

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 6.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

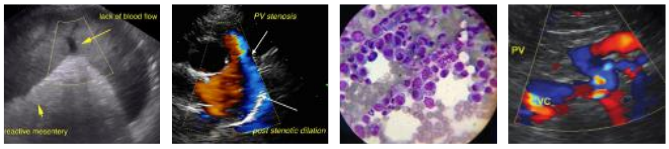
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole.

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



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The visualized liver exhibited uniform parenchyma and contour. Normal parenchyma echogenicity was present, exhibiting mild coarse echotexture. No distinct mass or nodule were noted in the discernable liver.

The visualized gallbladder appeared to be nondistended with anechoic content. No overt evidence of gallbladder or peripheral gallbladder inflammation. No obvious evidence of common bile duct abnormalities.

Gastrointestinal

The visualized gastric fundus and left body caudal to the left liver, exhibited intact wall layering with potential mild gastric distention with retained fluid and subjective moderate gas artifact. Discernable ventral fundus wall measured 0.4 cm in wall width.

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 ileus or overt gastrointestinal foreign material.

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

Pancreas

The visualized left and right pancreatic limbs appeared to be sonographically normal without evidence of inflammatory criteria or other pathology.

Free Abdomen

In the labeled right cranial abdomen, a possible ill-defined mixed echogenic mass lesion was present, yet of unclear location. Potentially, this could be associated with gastric distention with retained mixed echogenic ingesta and fluid. However, a possible lesion cranial to the stomach within the right cranial liver or potentially in the area of the diaphragm or caudal thorax, cannot be excluded. No overt evidence of cranial or generalized peritoneal free fluid. Sonographic assessment of the mid and caudal abdomen was free of overt pathology, i.e., omental masses lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Possible ill-defined nonhomogeneous mass lesion in the right cranial abdomen, potential for gastric distention with retained variable echogenic ingesta and fluid given the patients inappetence and previous vomiting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic correlation, including three-view thoracic and abdominal radiographs are recommended for further assessment. If gastric distention with retained ingesta/fluid is suspected, hospitalization with 24-hour IV fluid and gastrointestinal support with monitoring of gastric emptying would be recommended.

If unspecified mass lesion is identified on radiographs, yet not in the location of the stomach, ultrasound guided FNA, assuming normal clotting status, could be considered for screening cytology +/- culture and sensitivity, if clinically indicated. Likewise, sonographic reassessment of this area could be considered following documented 12–14-hour NPO. Potentially, advanced imaging, such as thoracoabdominal CT may be indicated given this nonspecific presentation.

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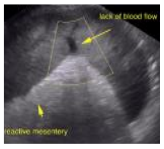
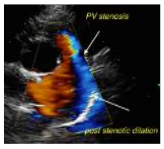
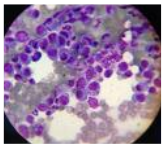
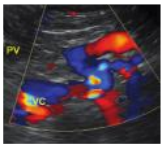

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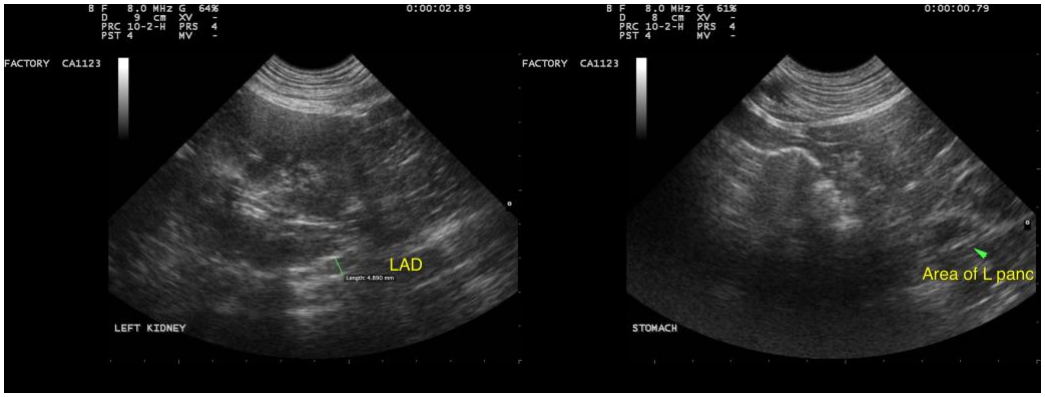

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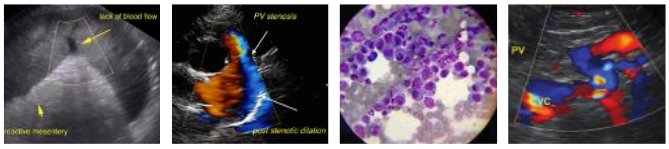

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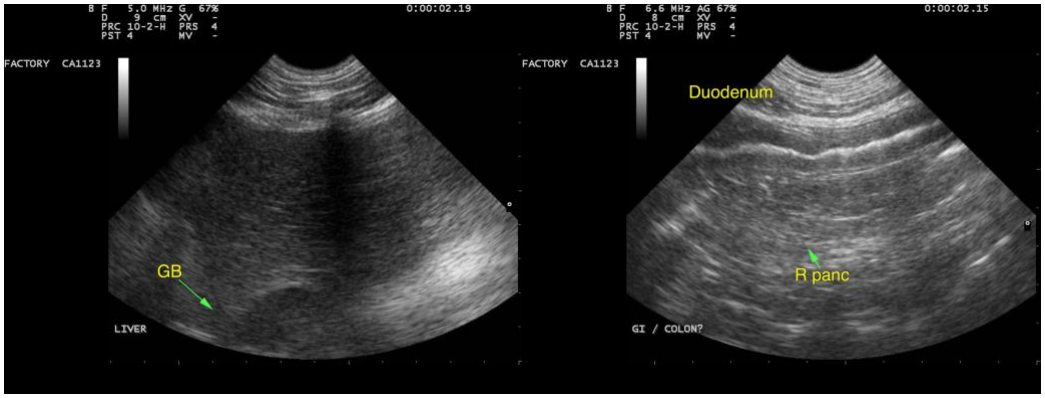

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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