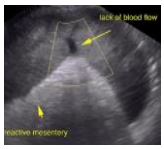
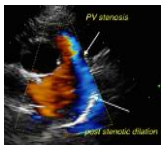
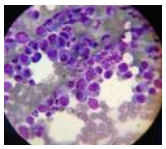
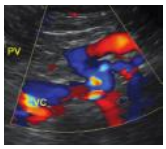
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Indie Young

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9 months

WEIGHT

21.2 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. Joanna Parr

INVOICE

10942ag

DATE

06/25/2022

PRESENTING CLINICAL SIGNS

Dec app, vomiting with some blood X 3D

Started Monday evening or Tuesday morning. Owner unsure if she got into anything or not. Spot under collar on right side of neck. Owner didn't see toys or anything chewed up. No access to trash. No D+

Abnormal PE/Chem/CBC/UA Results

1. Hepatopathy
2. Renal azotemia
3. Bacteriuria
4. Possible head tremor secondary to abx
5. Dermal mass - r/o histiocytoma vs. MCT
6. Hypochloremia
7. Hyponatremia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 or pyelonephritis. The left kidney measured 6.0 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterine remnant.

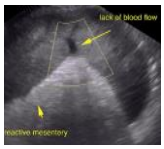
Adrenal Glands

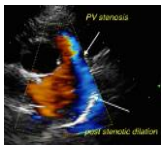
The left and right adrenal glands were not definitively visualized.

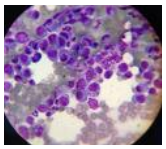
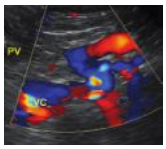
Spleen

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 liver presented borderline to mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and very minor particulate luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.64 cm width. Mild gastric distension with primarily anechoic fluid and gas was present.

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 small intestinal wall measured 0.26 cm in width.

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

- Nonspecific hepatopathy
- Sonographically unremarkable bilateral kidneys
- Mild gastritis pattern-no evidence of mechanical/metabolic ileus or foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the degree of hepatic enzyme elevation, considerations for the liver may include metabolic, reactive or vacuolar hepatopathy, non specific potentially acute hepatitis (viral, bacterial, leptospirosis, toxin etc.) or other hepatopathy. Further assessment of the liver may include an ultrasound guided FNA for screening cytology +/- leptospirosis titer/PCR. A resting cortisol level is warranted to rule out occult Addison's disease. A urine C/S on a sterile urine sample is recommended.

Hospitalization with as needed GI and hepatic support, electrolyte correction and monitoring of azotemia would be reasonable.

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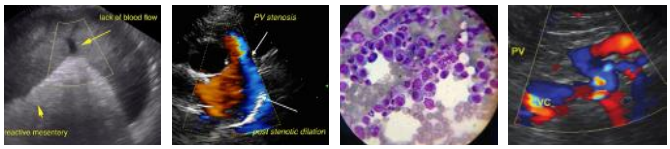

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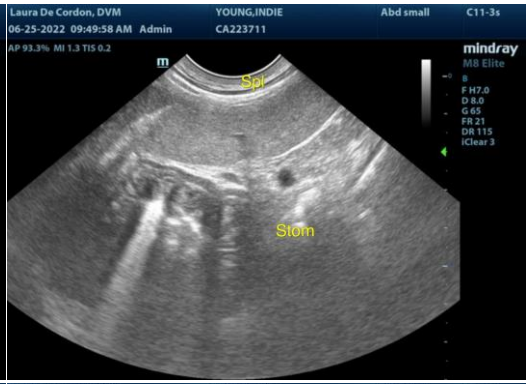
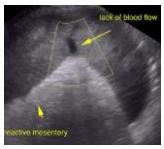
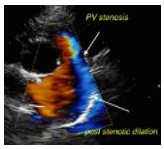
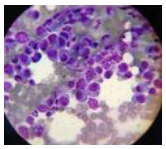
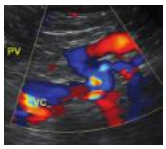


The information and recommendations provided are based on the images presented by the referring





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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