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Clinical Sonography & Telecytology
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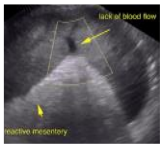

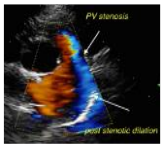

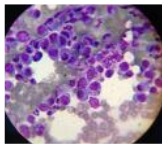
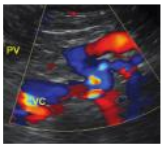

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Memphis Eisbrenner

SPECIES

Canine

BREED

Havanese

SEX

Male Neuter

AGE

7

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bahadur

INVOICE

14165

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Scan Gallbladder thickened wall halo effect? Adrenal normal Pancreas some hyperechoic adjacent mesentery Ab subjectively hyperechoic mesentery and small amount of peritoneal fluid The left adrenal transverse images are mislabeled as right adrenal Suspect protein loosing enterotomy Possible thoracic pathology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.68 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 3.65 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 0.36 cm width at the caudal pole and 0.24 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 0.32 cm width at the caudal pole and 0.27 cm width at the cranial pole.

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. The gallbladder was normal in size with mildly prominent to edematous gallbladder walls. No overt evidence of hepatic congestion was noted. The gallbladder wall width measured 0.2 cm. Anechoic content was present in the gallbladder. The common bile duct was normal.

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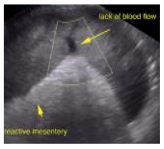

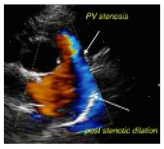

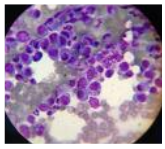
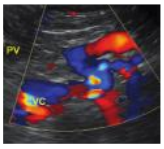

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta / chyme.

The small intestine presented intact yet prominent wall layering owing to a generalized propensity for mildly prominent yet uniformly hypoechoic mucosa. The jejunum wall width measured up to 0.38 cm. The duodenum wall width measured 0.40 cm.

Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

Pancreas

The pancreas was normal in size with subtle subjective capsule asymmetry and nonhomogeneous to hyperechoic pancreatic parenchyma.

Free Abdomen

Mild volume anechoic peritoneal free fluid was present. Generalized mild reactive mesentery was noted. No overt lymphadenopathy was evident.

ULTRASONOGRAPHIC FINDINGS

- Intact yet prominent small bowel walls
- Mild volume anechoic peritoneal free fluid
- Minor gallbladder wall edema - suspect secondary to hypoalbuminemia
- Sonographically unremarkable liver / kidneys
- Possible chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported gastrointestinal signs yet given the lack of hepatic pathology or congestion and assuming no evidence of significant proteinuria, the appearance of the small bowel combined with hypoproteinemia and anechoic peritoneal free fluid may suggest intestinal protein loss i.e., protein-losing enteropathy.

If not done, thoracic radiographs are suggested to assess for or rule out thoracic pathology, as well as assessment of cardiopulmonary status. Full urinalysis is suggested if not done. A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the intestinal tract and pancreas is warranted. Although considered unlikely, resting cortisol level to rule out occult Addison's Disease may be considered.

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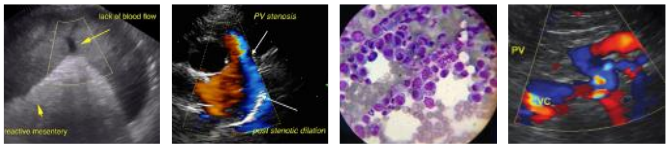

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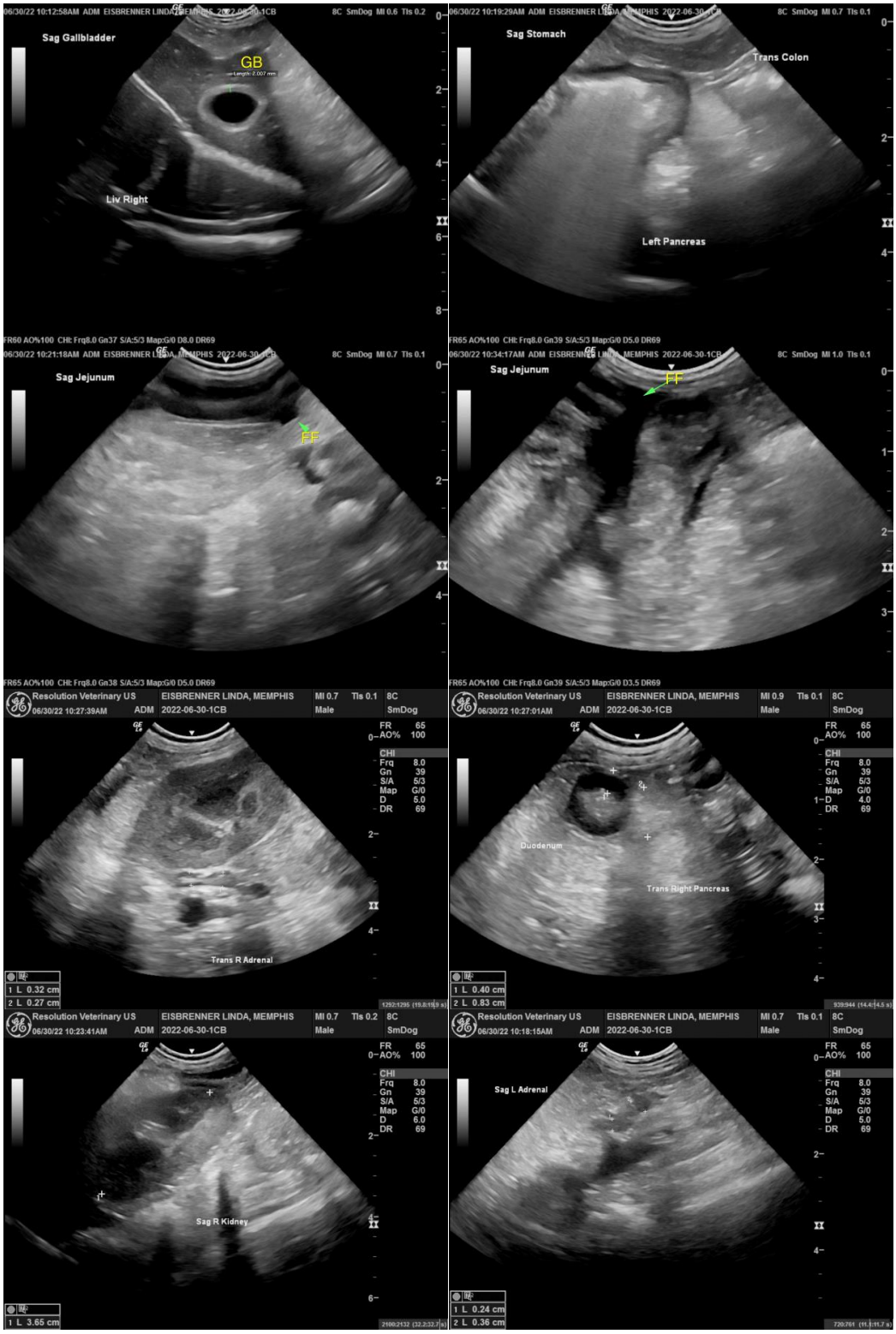

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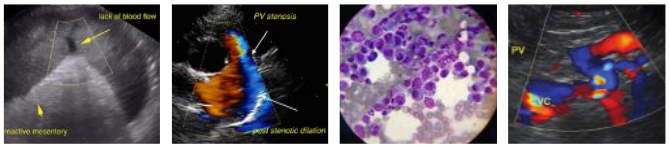

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com