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Clinical Sonography & Telecytology
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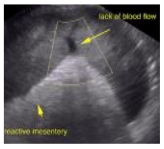

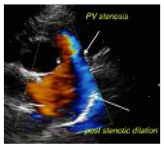

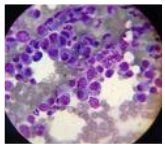
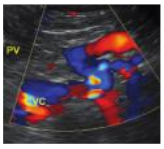

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Teddy VonTobel

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

12 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Joan Gramazio

INVOICE

14075

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Presented last week with decreased appetite vomiting and diarrhea. CPL abnormal last week. No response to treatment and declined over the week. As of today a fever of 104.9F is noted with abdominal pain in the cranial abdomen, lethargic, and no defecation noted since he is not eating. Sedated during the ultrasound with butorphanol 0.05ml IV and buprenex 0.3ml IM for pain. Abnormal PE/Chem/CBC/UA Results: Chem, thyroid, urine and recheck cbc is pending CBC in house- RBC 4.01 (5.65-8.87) HCT 24.2 (37.3-61.7) HGB 9 (13-20.5) MCV 60.3 (61.6-73.5) WBC 36.74 (5.05-16.76) neutro 19.88 (2.95-11.64) band neutro noted, lymph 9.5 (1.05-5.10) mono 7.24 (0.16-1.12) PLT 36 (148-484) MPV 18.8 (8.7-13.2) PCT 0.07 (0.14-0.46)

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.

No overt pathology was noted in the area of the residual prostate, although not definitively visualized.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized, yet exhibited potential for mild prominent size and nonhomogeneous parenchyma. The left adrenal gland measured approximately 0.75 cm width. The right adrenal gland measured approximately 0.75 cm width.

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 without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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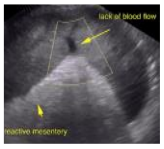

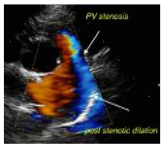

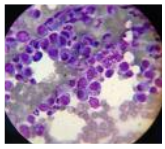
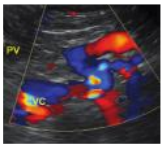

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The ventral gastric body wall width measured 0.34 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 ileus or foreign material. The duodenum wall width measured 0.45 cm. The jejunum wall width measured 0.38 cm.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenterocolonopathy
- Possible low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant intraabdominal pathology i.e., overt neoplastic criteria, abscess, gastrointestinal obstructive pattern etc.

Potential etiologies for the gastroenteropathy may include viral, bacterial, parasitic disease, enterotoxemia, dietary indiscretion / food intolerance, inflammatory bowel disease, or other gastroenteropathy with occult gastrointestinal neoplasia considered a less likely differential diagnosis.

Sonographically, the appearance of the pancreas was not consistent with significant or active inflammation, although low-grade to chronic inflammation may essentially present as sonographically normal.

Hospitalization with broad-spectrum gastrointestinal support including antibiotic therapy, given the fever, and supportive care for potential concurrent mild pancreatitis would be reasonable. CBC pathology review could be considered. Occult Addison's Disease is considered a less likely differential diagnosis, given the presence of a stress leukogram. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis, if not done, to assess for parasitic ova/Giardia +/- empirical broad spectrum deworming i.e., Panacur 50 mg/kg PO SID, if the patient can take oral mediation, and assessment of clinical response pending therapy for gastroenteropathy and low-grade pancreatitis would be reasonable.

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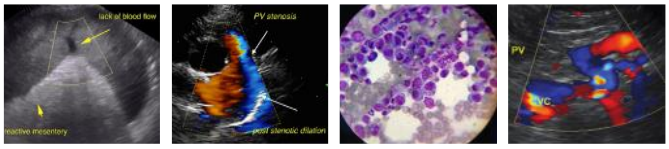

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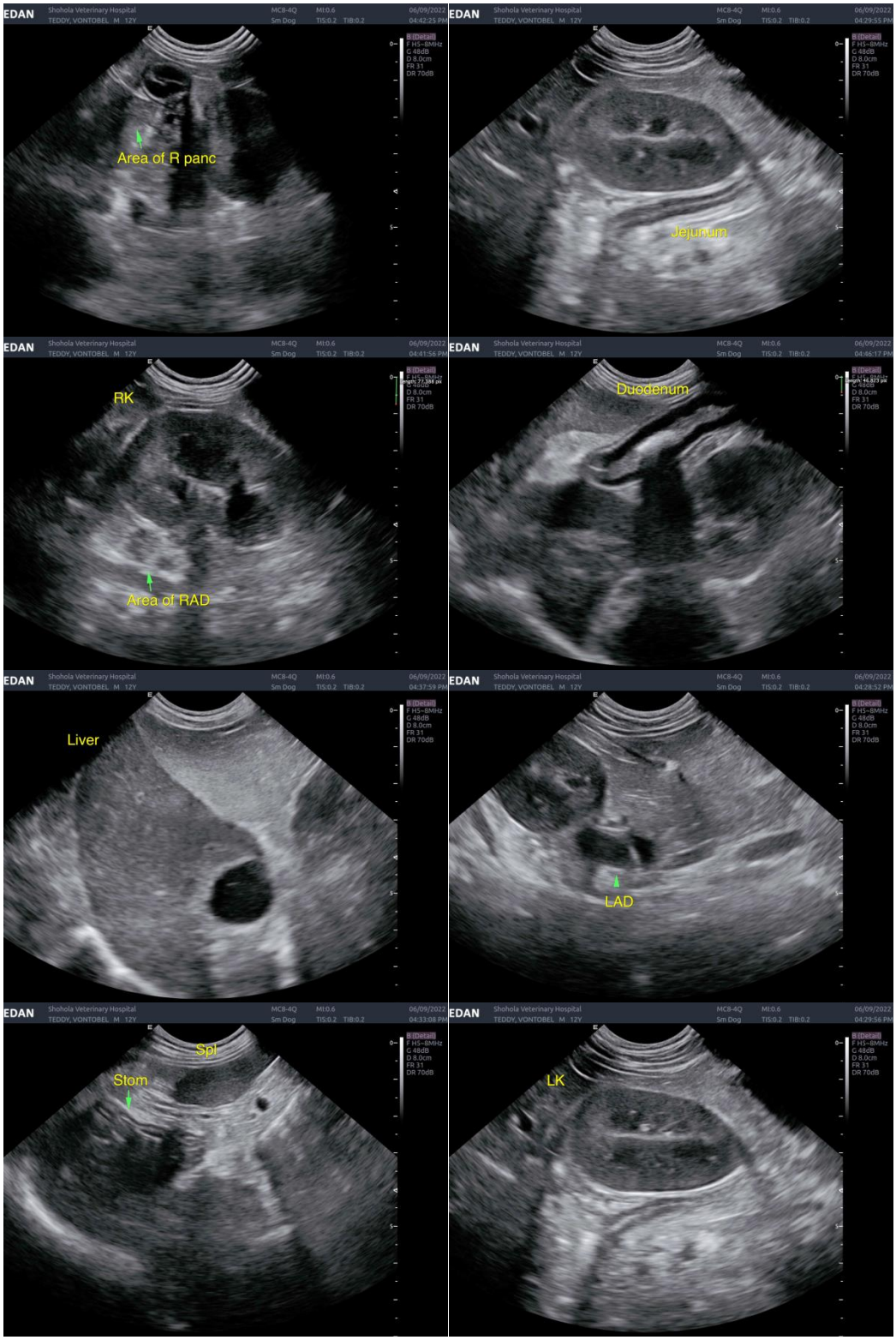

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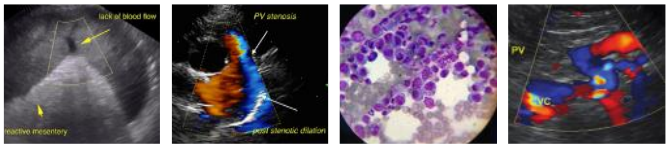

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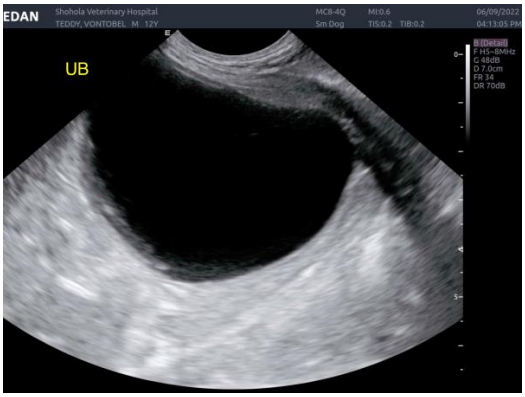

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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