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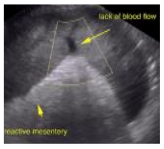

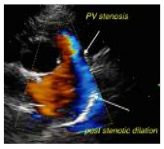

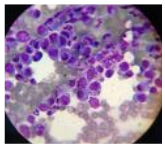
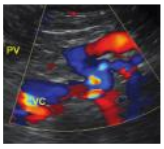

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Daisy Redlick

SPECIES

Canine

BREED

Mini Aussie Shepherd

SEX

F

AGE

2 years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Chhetri

INVOICE

17311

DATE

7/20/23

PRESENTING CLINICAL SIGNS

Presented initially with Vomiting/Anemia diagnosed at ER, Suspect IMHA based on PCV + slide agglutination test. CBC/Chem/Radiographs - Unremarkable but anemic + low total protein. Coombs test was negative + cbc at reference lab did not indicate findings consistent with IMHA. History of intermittent vomiting and melena. ddx: Anemia due to blood loss, neoplasia, pancreatitis, Gastric Ulcer, inflammatory bowel disease current tx: prednisone 2.5mg SID, omeprazole 10mg BID, sucralfate 1g BID, cerenia 30mg SID, clavaseptin 125mg BID

Abnormal PE/Chem/CBC/UA Results: pale MM overweight normal stool today BAR anemia - PCV 20% neutrophilia low proteins have resolved

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 5.1 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were subnormal in size likely consistent with suppression secondary to corticosteroid therapy. The left adrenal gland 0.27 width at the caudal pole. The right adrenal gland measured 0.29 cm width at the caudal 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 without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nondependent, gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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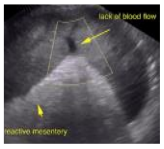

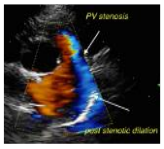

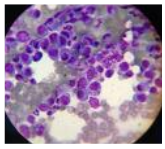
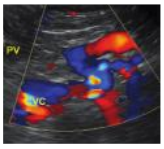

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Gastrointestinal

The stomach presented intact, mildly prominent wall layering most notable in the area of the antrum and pylorus. The ventral gastric body wall width measured 0.34 cm. The ventral pylorus wall width measured 0.50 cm. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. Concurrent pockets of lumen gas were present. The stomach contained a mild to moderate amount of retained anechoic fluid and mild echogenic mucus. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.34 cm width.

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 subjective semi-formed fecal matter.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Sonographically unremarkable small bowel / pancreas
- Bilateral subnormal adrenal glands
- Normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of intrabdominal neoplastic criteria, small intestinal mural pathology, or active pancreatitis as contributing factors to the patient's anemia. Definitive gastric ulceration was not obvious, yet a small ulcer or gastric microulceration could be possible given the patient's history of vomiting and melena.

Fecal occult blood test is warranted. Continued empirical blanket gastroprotectants with as-needed gastrointestinal support are recommended. Infectious disease serology could be considered if clinically indicated. Sonographic reassessment of the stomach would likely be ideal if continued to progressive vomiting, anemia, and/or progressive melena are noted.

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/.

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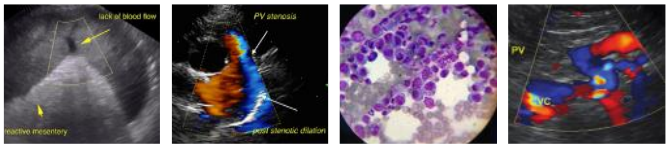

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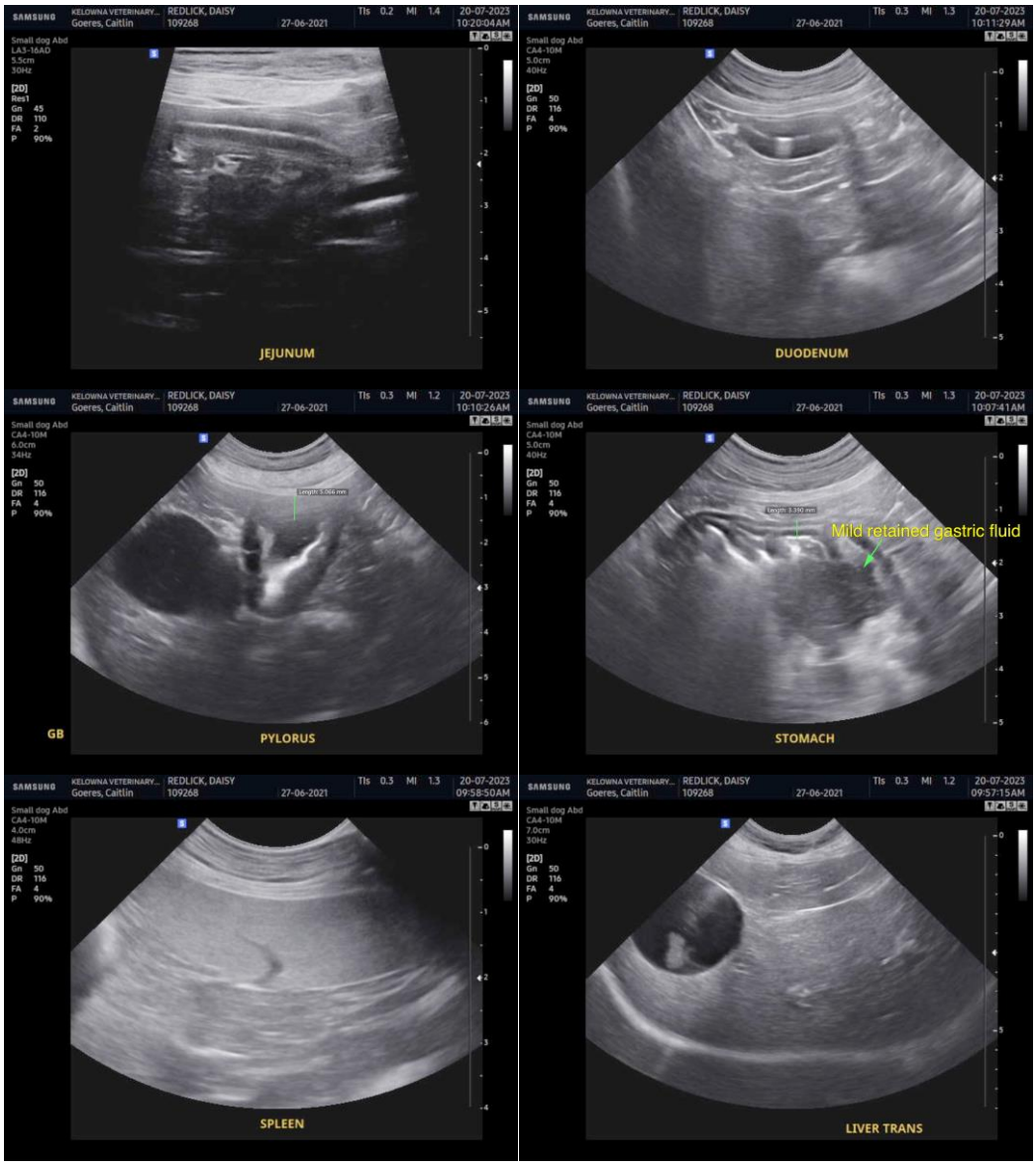
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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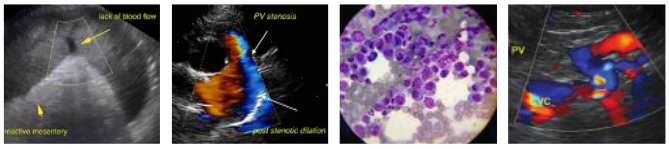

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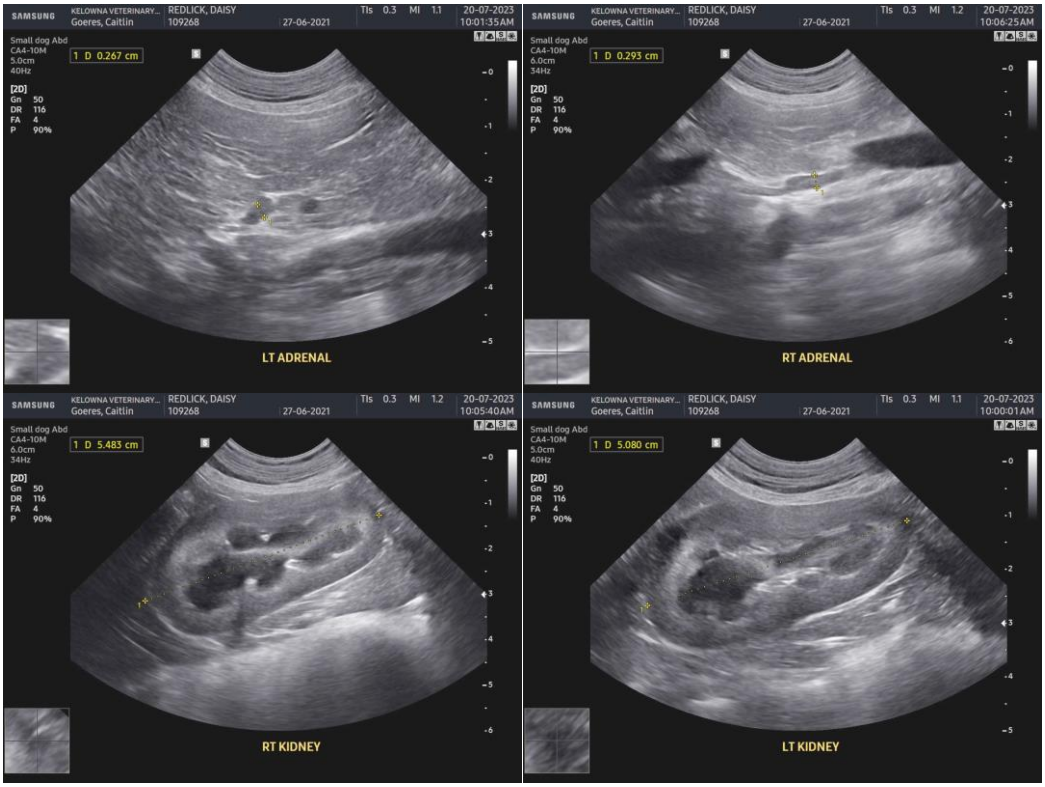

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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