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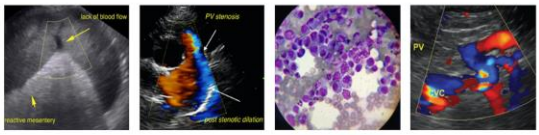

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Quincy Guzicwicz

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

2012

WEIGHT

19.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Titcher

INVOICE

11208ag

DATE

07/27/2022

PRESENTING CLINICAL SIGNS

History: Diabetic, lethargic, decreased appetite, icteric Novulin 11.5, Cerenia ALT 147 ALP 1961 GGT 22 TBIL 2.0 spec cPL normal GLU 106 USG 1.026 with mild glucosuria and ketonuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination was 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. Mild pyelectasia was present bilaterally with subtle fluid dilation extending into the lateral diverticuli. Focal areas of nonobstructive medullary mineral were present in both kidneys. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology.

Adrenal Glands

Both adrenal glands were overtly normal in size position and shape with no evidence of adrenomegaly or tumors. Potential for adrenal stress hyperplasia owing to chronic illness possible.

The left adrenal gland measured 0.68 cm width at the caudal pole and 1.9 cm length. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.0 cm length.

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

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent hyperechoic walls and mild congealed hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent 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 measured 0.40 cm in width.

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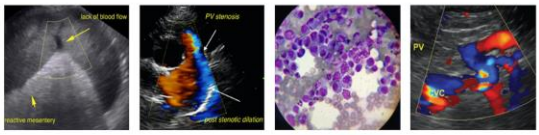

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Generalized mildly hyperechoic mesentery and small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting generalized mild parenchyma hyperechogenicity-metabolic, reactive or vacuolar, inflammatory hepatopathy i.e. cholangeohepatitis, hepatic cholestasis or other hepatopathy possible. Hepatic neoplasia considered less likely
- Suspect mild chronic cholecystitis with mild congealed hyperechoic luminal debris (non-mucocele)
- Mild heterogeneous pancreas-not overtly consistent with significant or active pancreatitis
- Mild chronic renal changes exhibiting focal areas of medullary mineral and mild pyelectasia
- Generalized mild hyperechoic mesentery with small pockets of scant free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of mild ketonuria is somewhat atypical given the normal reported GLU levels. Hospitalization with supportive care which may include IVF if evidence of dehydration +/- electrolyte supplementation, hepatic and GI support with monitoring of GLU levels and for evidence of resolution of ketonuria is recommended.

No overt evidence of active pancreatitis given the pancreatic presentation and normal CPL, potential for low grade pancreatitis could still be possible.

Assuming normal clotting status an ultrasound guided hepatic FNA for screening cytology primarily to ensure only benign changes are present could be considered. A recheck sonogram is recommended if evidence of increasing hepatic enzymes or peritoneal free fluid.

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/.

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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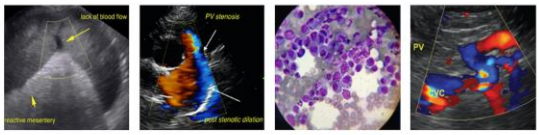

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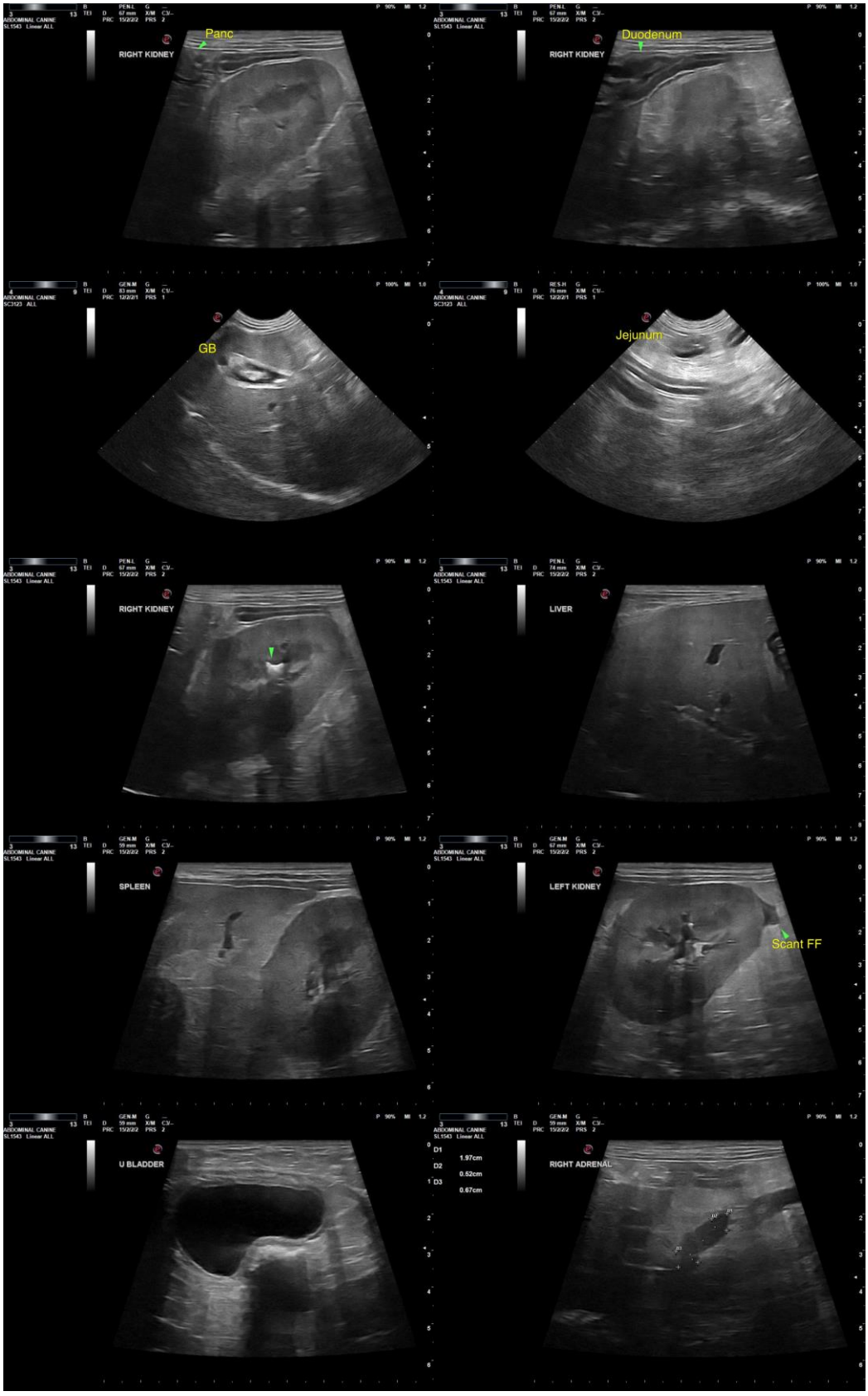

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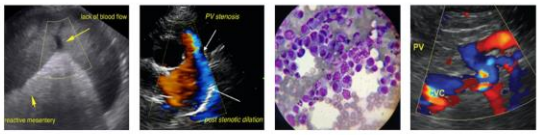

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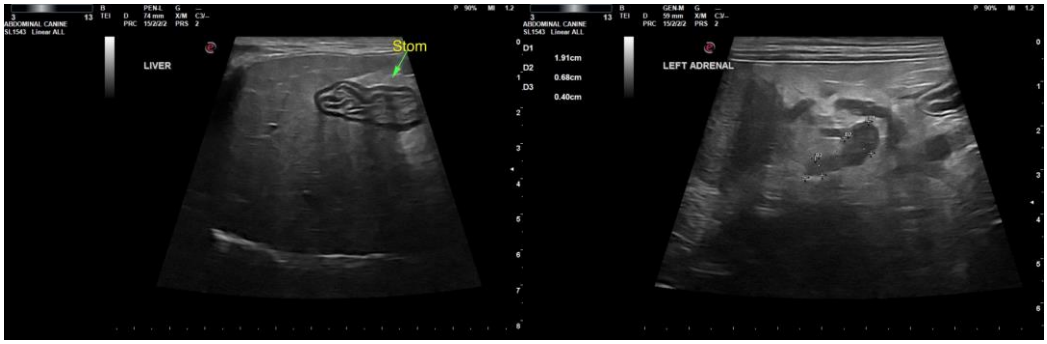

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com