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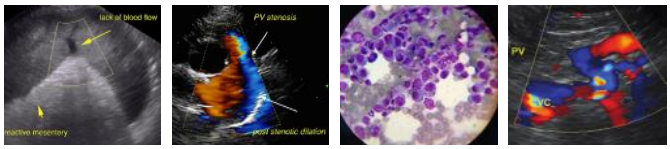
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Norma Jean Brower

SPECIES

Canine

BREED

Viszla

SEX

FS

AGE

13

WEIGHT

47

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

11221ag

DATE

07/29/2022

PRESENTING CLINICAL SIGNS

History: Concern of chronic weight loss and intermittent D. . Was 53 lb December 2021. Increased diet recently seems to have stabilised weight.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/ Chem April 20222. UA- 4+ proteinuria. Urine P:C ratio 1.6 (<0.5) Flex 4 tick titer SNAP- normal BP- normal AXR today- NSA AUS today Malabsorption/ maldigestion next if weight drops again, and AUS normal

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

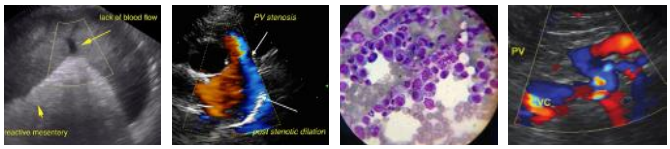
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of pyloric mural pathology. The gastric body wall measured 0.40 cm in width.



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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 jejunum and duodenum measured 0.53 cm wall 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

- Sonographically unremarkable GI tract with mild to moderate gastric ingesta
- Nonspecific mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural GI pathology as an obvious cause of the patient's chronic weight loss and diarrhea. At times the GI presentation may not correlate with the history and signs. General considerations include dietary intolerance, dysbiosis, IBD, occult parasitism or intestinal neoplasia less likely.

Continued monitoring with potential hydrolyzed diet and broad spectrum deworming even if testing in negative would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if GI signs continue. Three view chest radiographs could also be considered to rule out occult thoracic pathology.

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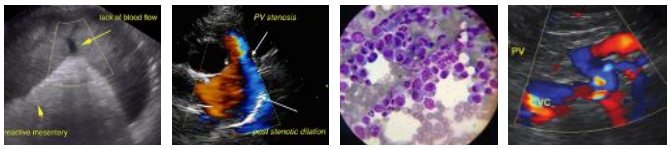

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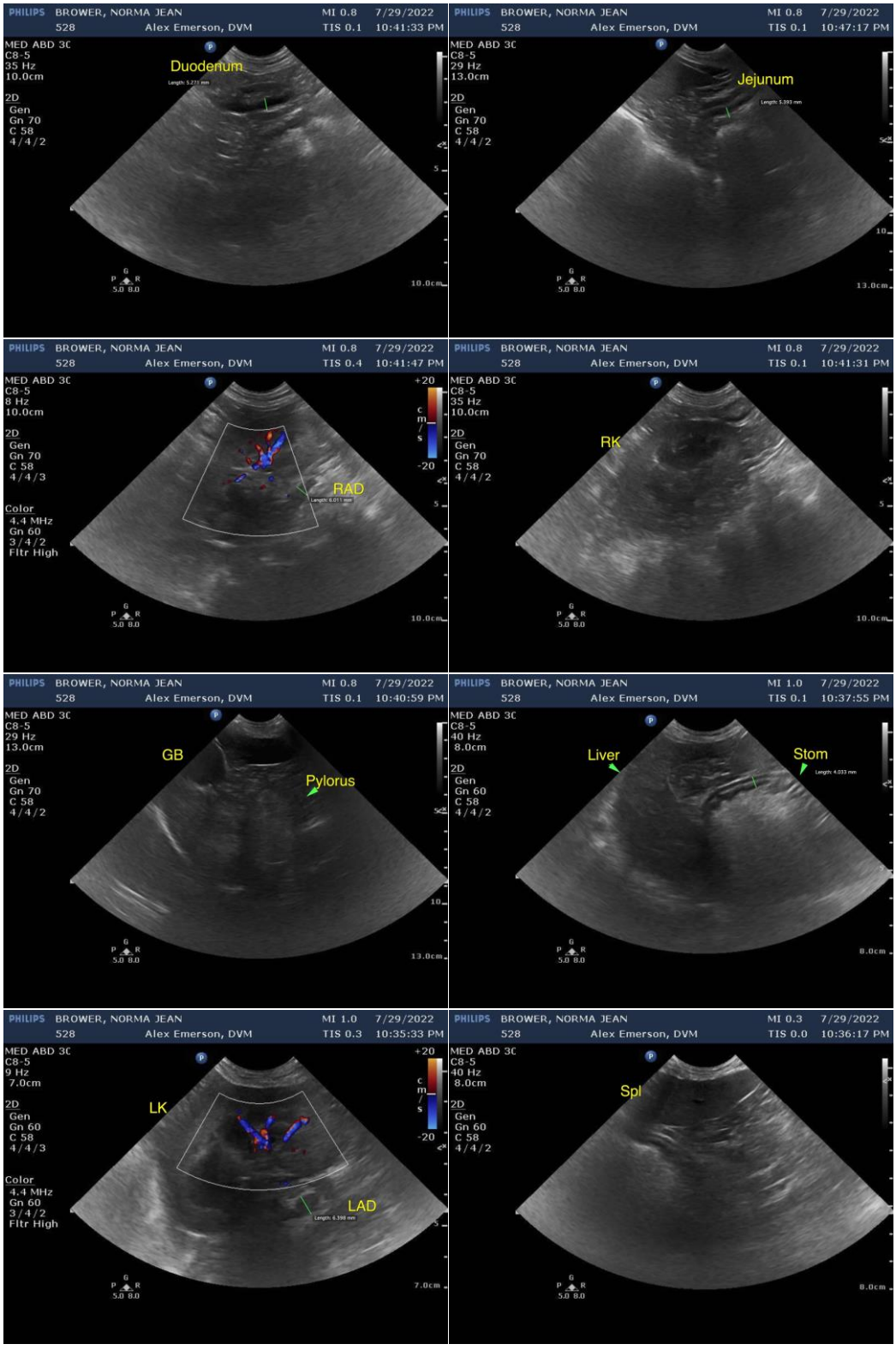

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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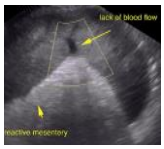

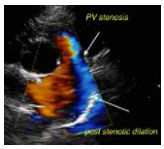

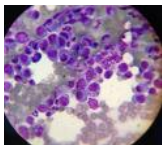
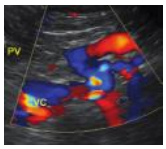

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com