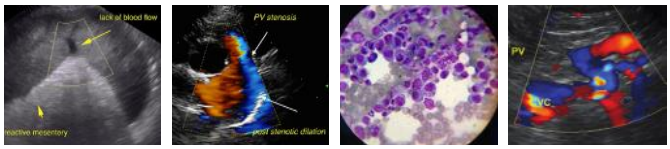
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pepper Eupsler

SPECIES
Canine

BREED
Chihuahua

SEX
MN

AGE
15yr

WEIGHT
4.22kg

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

IMAGING PERFORMED BY
Dr. Peterson DVM

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Peterson

INVOICE
11347ag

DATE
08/14/2022

PRESENTING CLINICAL SIGNS

Patient presented 8/12 with vomiting and diarrhea. Vomiting started last night-vomiting white foam, diarrhea is light brown. Patient has not eating since weds.P is wheezing and stomach is hard started today. Patient is only pet in home.

QAR, HR 120, RR 24; MM pink and moist, CRT<2s; generalised alopecia seborrhea, tense on deep abdominal palpation, no lymphadenopathy appreciated, eupneic, 3/6 left systolic murmur noted on ascultation. Missing dentition, remaining teeth minor tartar, but intact 305, and 409.

CBC: HCT 55.9, WBC 27.99, Neut 25.37, Monocytes 1.15, Platelets 672,000, Plateletcrit 0.83

Chem 17: Glucose 158, BUN 38, P 8.1, Alb 4.0, ALT 250, ALP 458

EPOC: pO2 118.3, cSO2 98.5, pCO2 25.6, HCO3 13.7, TCO2 13.9, pH 7.336, BE -12.1, Na 136, K 5.1, iCa 1.05, Lactate 3.95, BUN 34, Glucose 133, HCT 59, TT4 0.5 ug/dl

Basal cortisol: 19.95Thoracic/abdominal radiology: adequate serosal detail; no obvious abnormalities appreciated (did not send out).

Collect urine: small urinary bladder, sediment present, patient does not allow for cystocentesis.

aFAST - hepatomegaly, no FF

8/13-ePOC -pco2 49.2mmhg (H), tco2 26.4mmol/l (H), pH 7.330 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

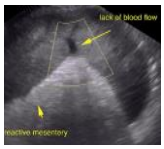
The area of the residual prostate was free of pathology.

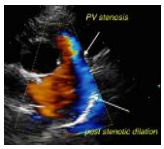
Adrenal Glands

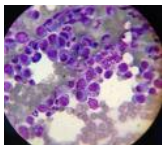
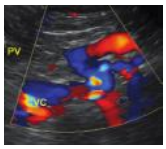
The bilateral adrenal glands were indistinctly visualized yet without overt pathology or obvious adrenomegaly. The left adrenal gland measured 0.58 cm width. The right adrenal gland measured 0.48 cm width.

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





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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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 apparent formed feces in lumen.

Pancreas

The pancreas mildly prominent in size with normal contour with heterogeneous to subtly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - vacuolar/reactive hepatopathy, inflammatory hepatopathy, or other, no signs of neoplasia or primary gallbladder disease
- Gastroenteritis pattern with mild gastric ingesta / chyme - possible inflammatory bowel, dietary indiscretion, etc.
- Possible low-grade pancreatitis
- Mild chronic kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cranial abdominal palpation for evidence of discomfort in area of pancreas and Spec cPL warranted. Further assessment of the liver may include FNA cytology +/- Lepto titers / PCR. The bilateral adrenal glands were indistinctly visualized yet without overt pathology. Adrenal hyperfunction in light of current clinical signs may be considered less likely. Further monitoring with possible adrenal testing could be considered if suspicion of adrenal disease in light of hepatopathy and thrombocytosis.

Empirically, therapy for gastroenteritis and possible low grade pancreatitis with hepatic support would be reasonable.

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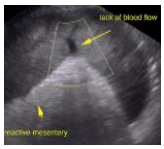
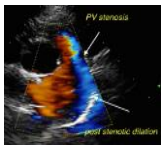
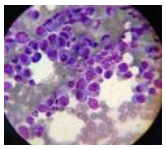
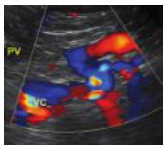

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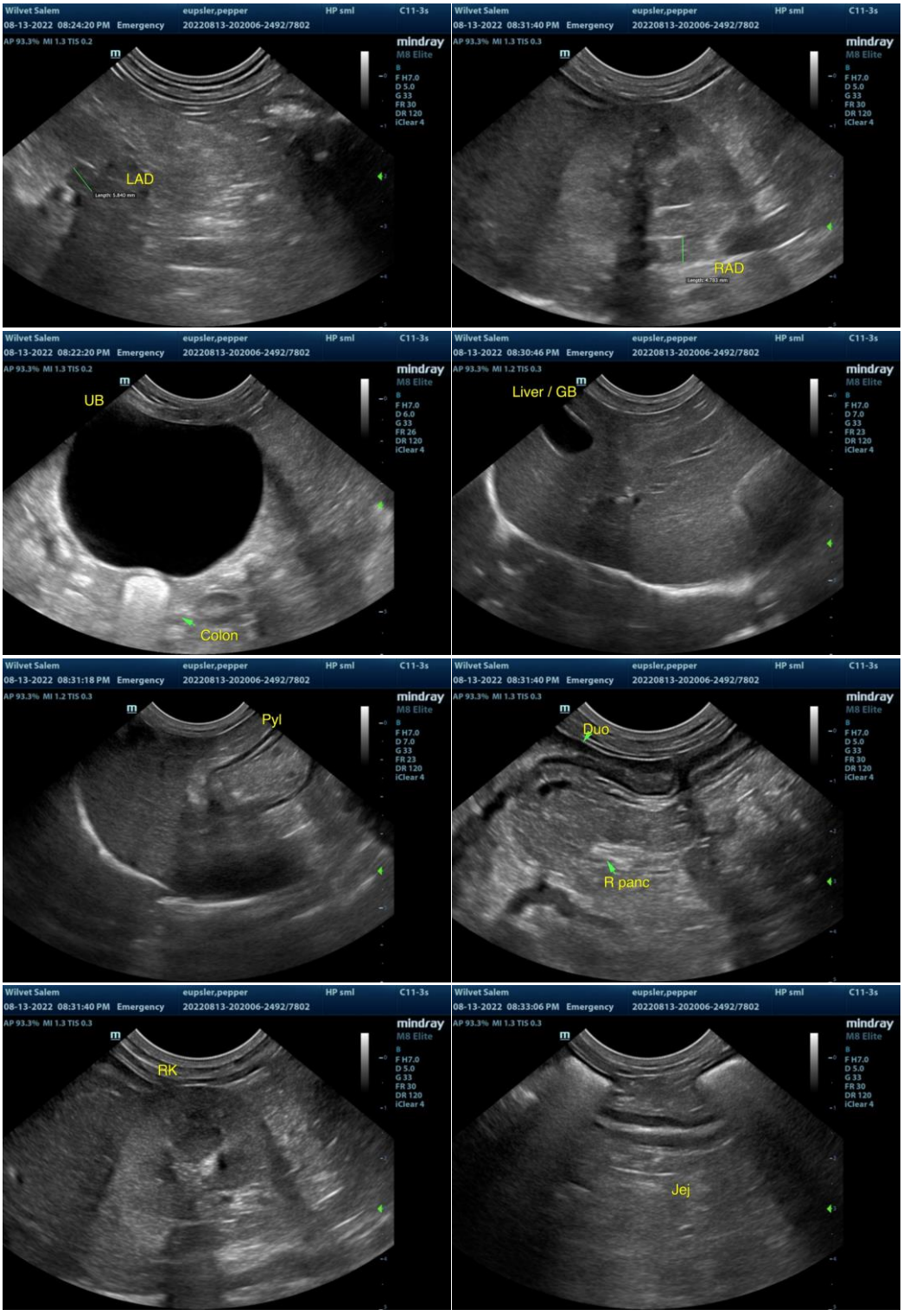

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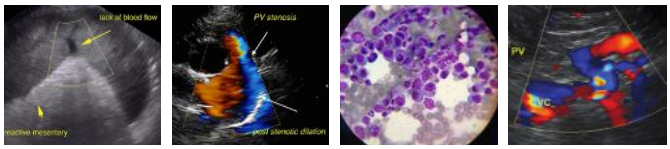

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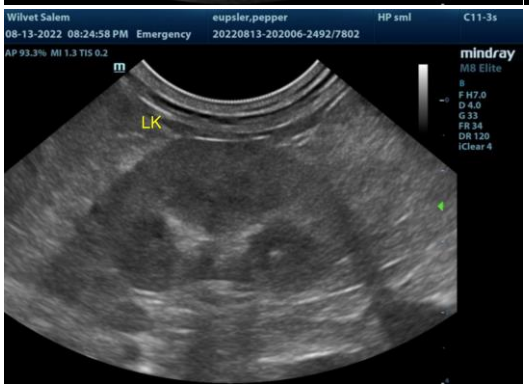

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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