SonoPath
Clinical Sonography & Telecytology
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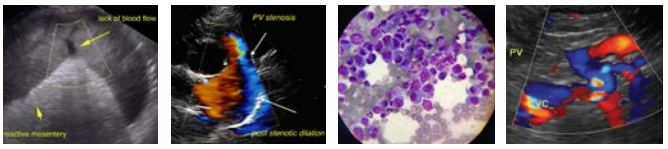

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Miko Funderburg

SPECIES
Canine

BREED
Pomeranian

SEX
Neutered Male

AGE
9.5 Years

WEIGHT
5.61

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

IMAGING PERFORMED BY
Dr. Trae Cutchin

HOSPITAL NAME
Friendship Springs VC

REFERRING VET
Dr. Trae Cutchin

INVOICE
24778

DATE
8/18/21

PRESENTING CLINICAL SIGNS

Vomiting and anorexia for 3 days.
Abnormal PE/Chem/CBC/UA Results: Pt is depressed, dehydrated, abdominal tenderness. HCT = 68%, HWT = neg, Snap cPL = strong positive, marked azotemia, hyponatremia, normokalemia (high end). CBC, UA, and Spec cPL pending. r/o include pancreatitis, gastroenteritis, kidney failure, and hypoadrenocorticism.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.4 cm diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild non-obstructive medullary mineralization was present in both kidneys, more prominent in the left kidney. The left kidney measured 3.3 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.48 cm at the cranial pole and 0.46 cm 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 mild, non-dependent yet non-organized, echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact yet subjective mild prominent wall layering. Lumen was empty with mild luminal gas present. No evidence of retained gastric ingesta, fluid or foreign material. Pylorus wall measured 0.30 cm.

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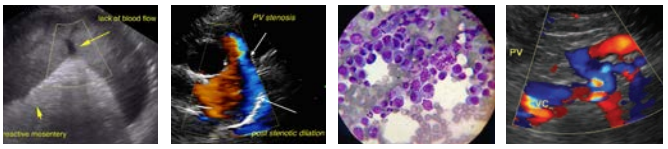

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Intermittent mild jejunal mucosal speckling was present. Jejunum wall measured 0.22 cm. Duodenum wall measured 0.31 cm.

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.

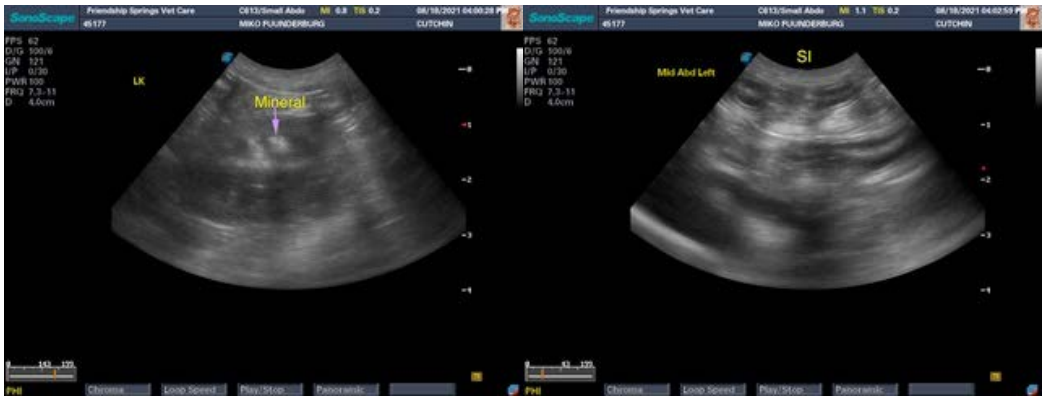
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern – potential for acute inflammatory bowel episode
- Sonographically unremarkable pancreas
- Bilateral mild age related renal changes with non-obstructive medullary mineralization
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild or low-grade pancreatic inflammation (which may present sonographically normal) cannot be excluded. No sonographic evidence of significant pancreatic inflammation. The appearance of the bilateral kidneys was not consistent with end stage nephropathy. Correlation with pending urinalysis to assess for possible prerenal azotemia recommended.

Supportive care for acute gastroenteritis with correction of dehydration should prove beneficial in this case. Although considered unlikely given the normal sonographic appearance of the bilateral adrenal glands, resting cortisol level to rule out occult Addison's disease may be considered. Pending response to conservative therapy, recheck sonogram may be considered to assess for progressive inflammatory gastrointestinal or pancreatic changes if clinically indicated.



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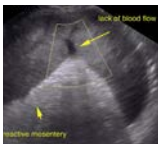
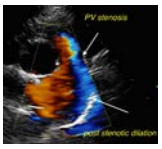
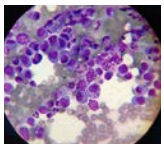
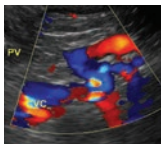

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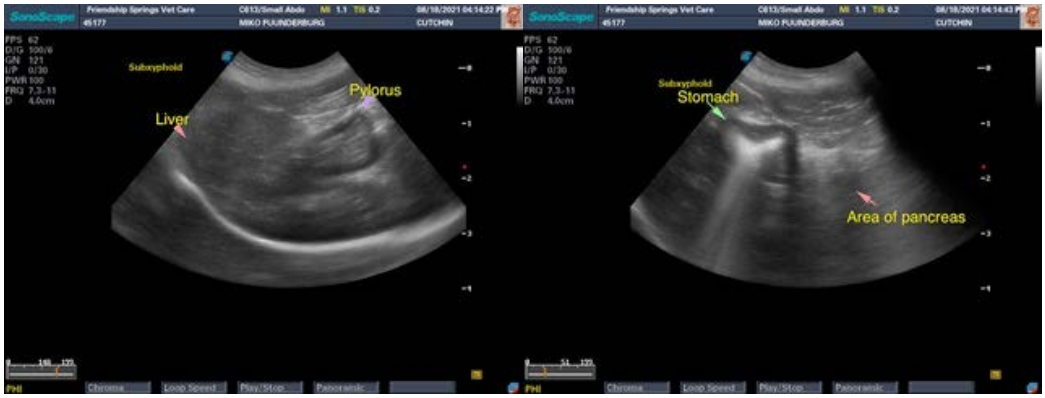

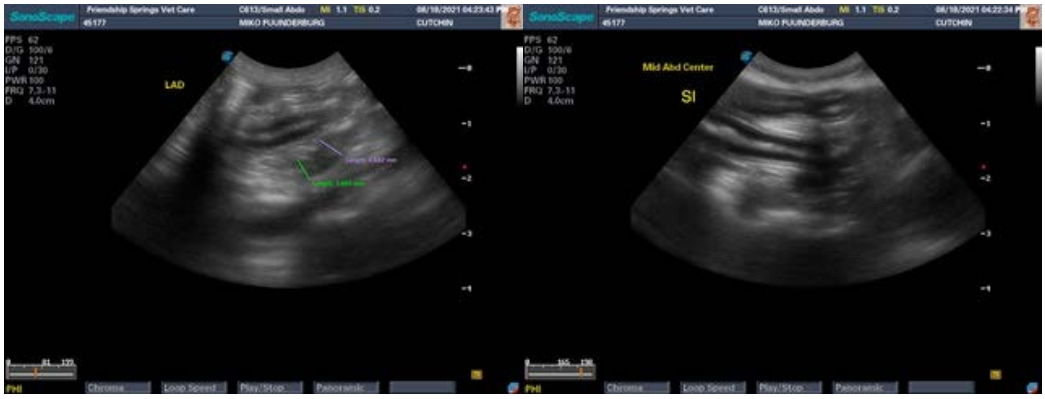

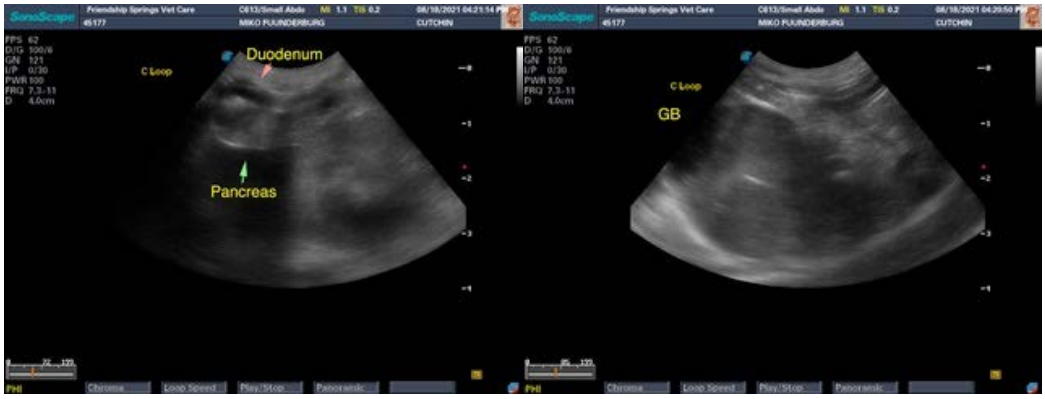

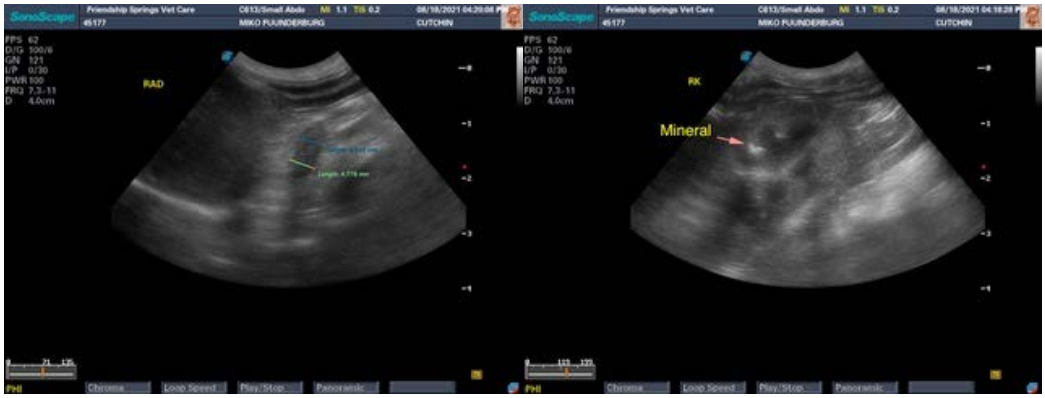

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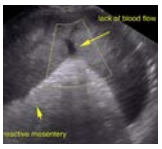
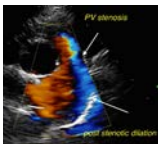
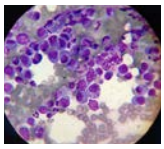
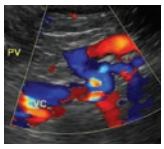

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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