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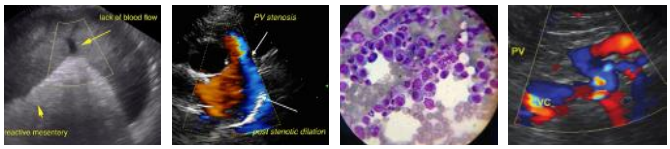


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sterling Torres

SPECIES
Canine

BREED
Weimaraner

SEX
FS

AGE
7.8yr

WEIGHT
42kg

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

IMAGING PERFORMED BY
Wendy Turner

HOSPITAL NAME
Pennsauken Animal Hospital and Urgent Care

REFERRING VET
ZDr. Mitchell

INVOICE
11401ag

DATE
08/19/2022

PRESENTING CLINICAL SIGNS

Acting “off,” shaking, FUO starting 3 days ago. O believes pet is bloated with abdominal pain.

Abnormal PE/Chem/CBC/UA Results: BCS 8/9, pendulous abdomen with possible organomegaly, pain elicited on palp lumbar spine. Abn labs include BUN 6 (7-27), globulin 4.9 (2.5-4.5), ALP 467 (23-212), Urine analysis not done.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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, obstructive or neoplastic changes were noted. The proximal urethra to a depth of 4 cm exhibited subjective decreased tone likely consistent with incontinence.

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 or left or right retroperitoneal inflammation. The left kidney measured 7.5 cm in length. The right kidney measured 9.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy/masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.87 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

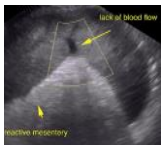
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

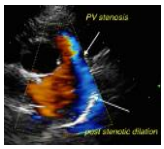
Liver

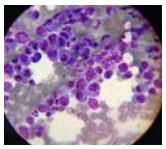
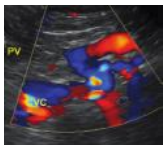
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.





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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.

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 omental masses, overt lymphadenopathy peritonitis or peritoneal effusion was present. ,

Subjective increased amount of intra-abdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable abdomen
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral abdominal pathology as an obvious cause of the patient's clinical sings was noted. Thorough musculoskeletal and/or neurological examination is recommended to assess for or rule out evidence of extra-abdominal pain or other abnormalities.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

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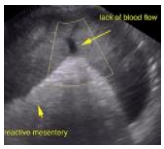
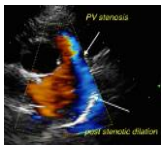
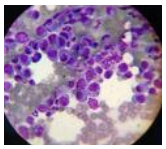
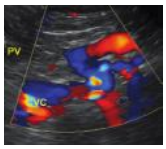

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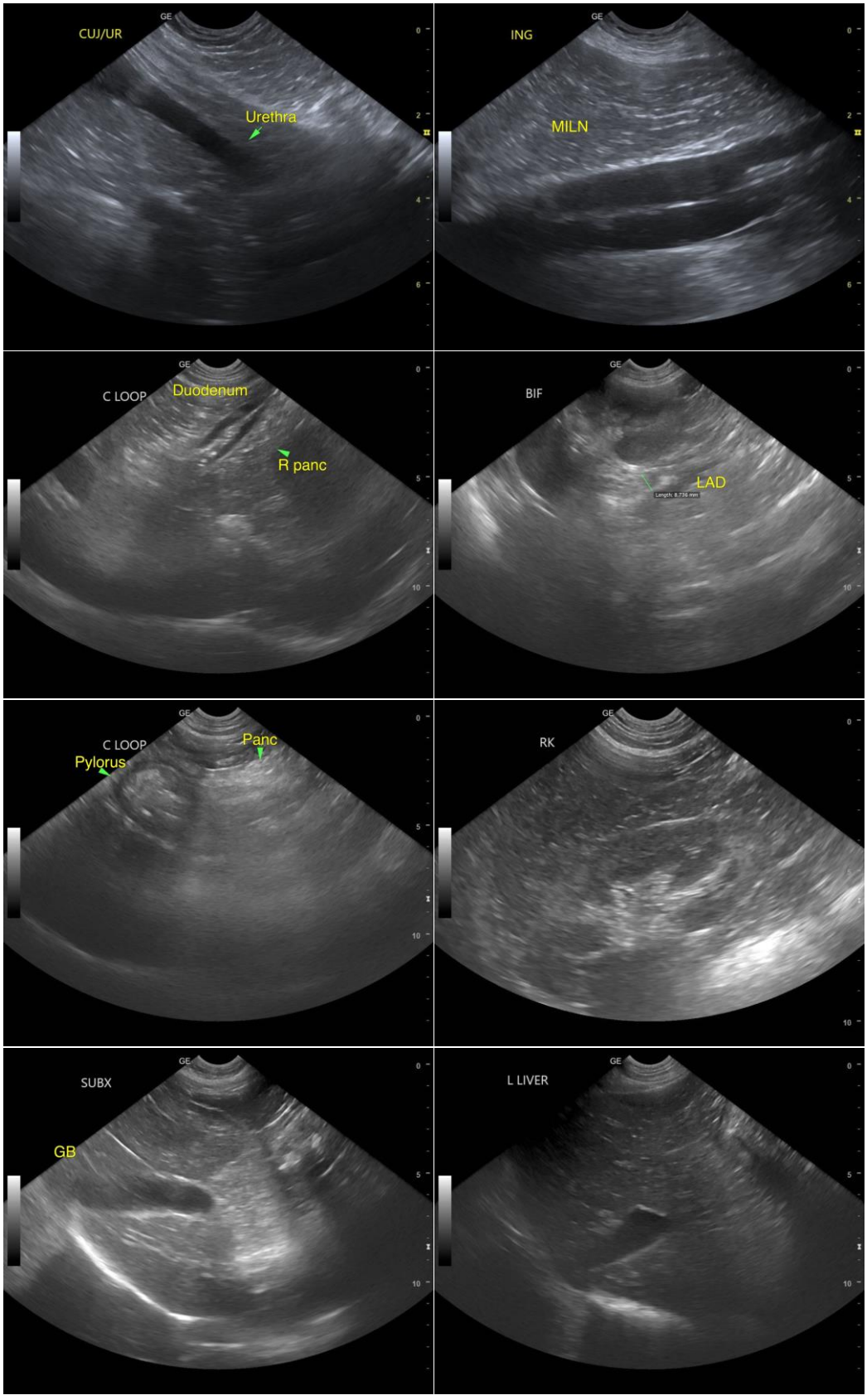

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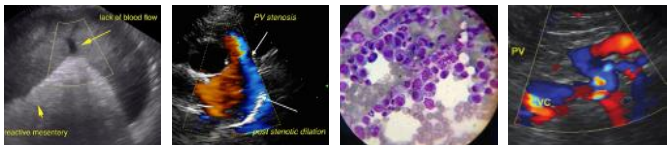

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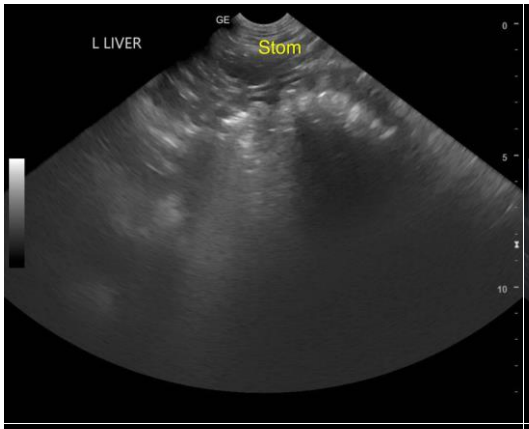

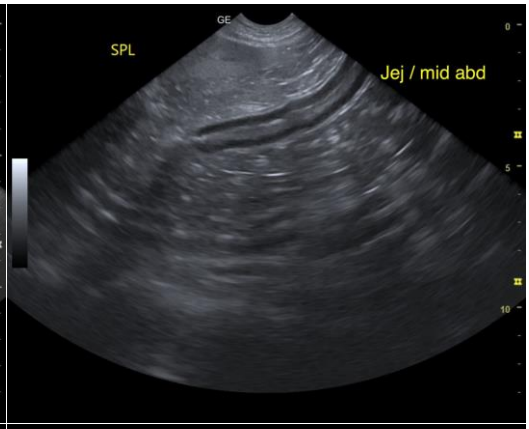

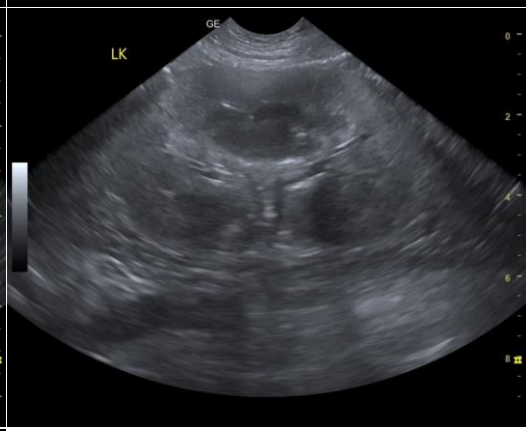

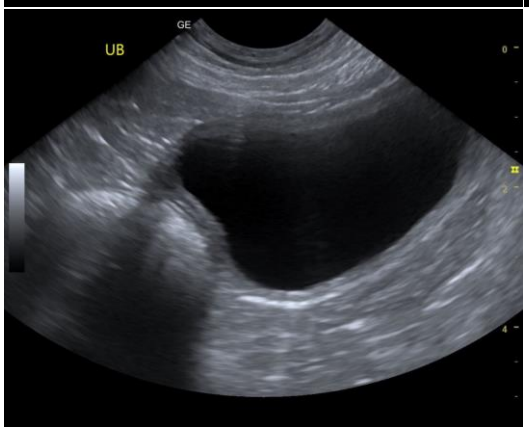

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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