



PATIENT PRESENTING CLINICAL SIGNS

Sami Miorelli History: Weight loss, panting, PU/PD, arthritis

Medication: Gabapentin, Rimadyl, Thyrosyn

SPECIES

Canine

Unremarkable CBC. Chem – ALP 253, ALT 166, T4 2.5, USG 1.006, negative protein and glucose.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Border Collie X

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Ventral apical urinary bladder wall measured 0.61 cm. The urethra was normal in structure and tone to a depth of 3.0 cm.

SEX

FS

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. The left kidney measured 7.7 cm. The right kidney measured 7.6 cm. No overt pyelonephritis.

AGE

8 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

95 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.65 cm length x 0.89 cm at the caudal pole. The right adrenal gland measured 3.9 cm length x 0.83 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver exhibited potential for mild generalized enlargement. Moderate coarse echotexture noted with subtle increased prominence of portal vascular borders. No hepatic masses or nodules. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The gallbladder was non distended in size with mild, echogenic, non-dependent to mildly congealed debris. The common bile duct was normal.

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

REFERRING VET

Dr. Gregory

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

INVOICE

24878

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.

DATE

8.24.2021



PATIENT *Pancreas*

Sami Miorelli 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.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Possible mild cystitis
- Hepatopathy – subjectively benign
- Minor inspissated gallbladder debris (non-mucocele) - incidental
- Subjectively normal bilateral adrenal glands – no overt hyperplasia, no adrenal tumors
- Sonographically unremarkable kidneys – no over pyelonephritis

SEX

FS

AGE

8 years

WEIGHT

95 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended if not done. Leptospirosis titers/PCR may be considered given the hepatic enzyme elevations and PU/PD if clinically indicated. Sonographically, the subjectively normal bilateral adrenal glands and appearance of the liver were not overtly consistent with hyperadrenocorticism. However, screening UCCR +/- LDDST may be considered for definitive assessment.

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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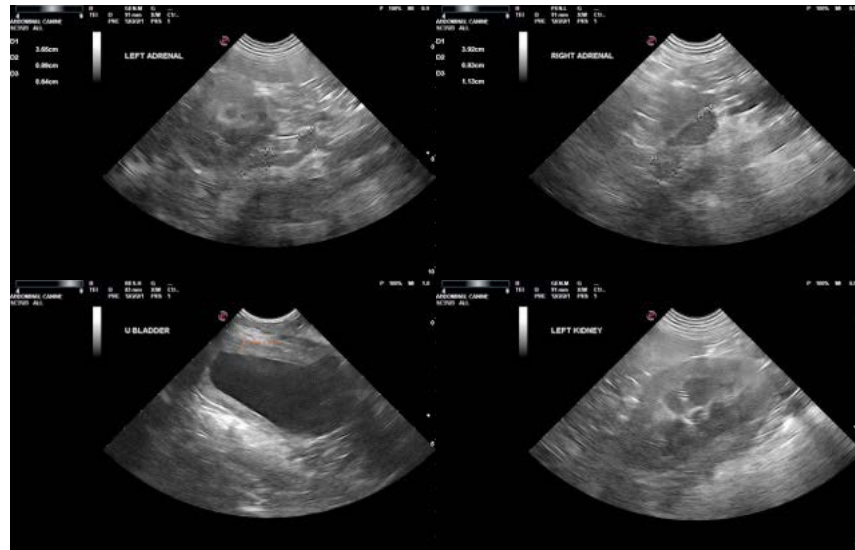
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PATIENT

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Border Collie X

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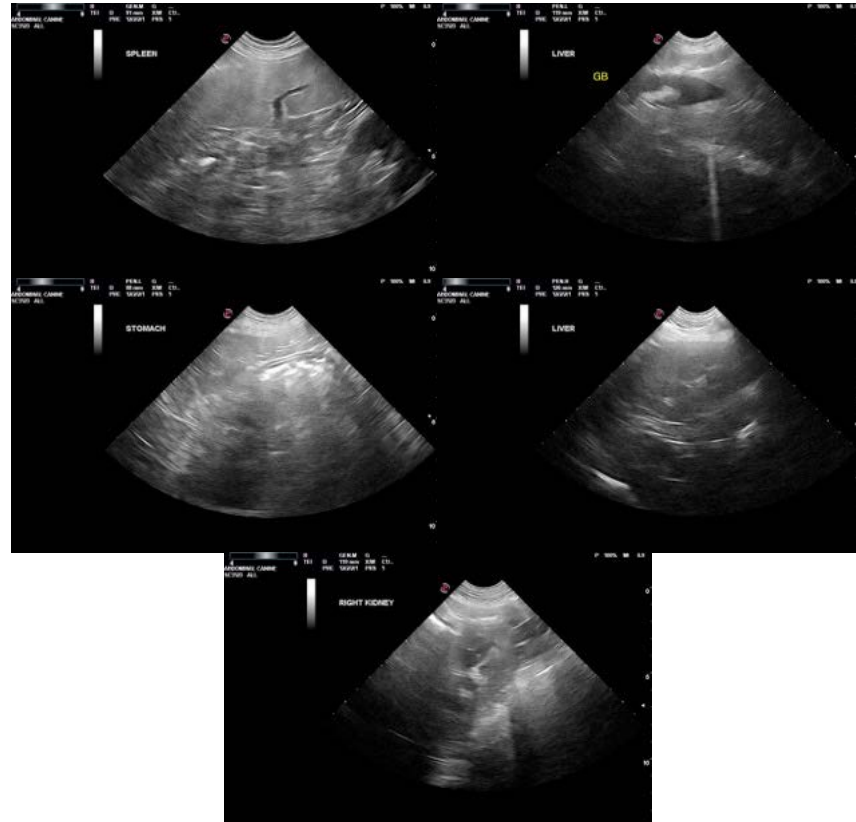
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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