SonoPath
Clinical Sonography & Telecytology
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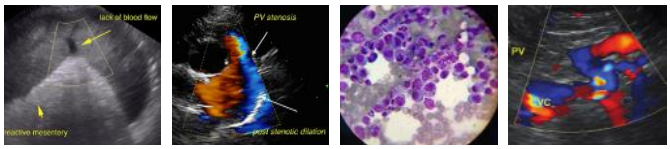


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sammi Jo Griffith

SPECIES
Canine

BREED
Shih Tzu

SEX
FI

AGE
9yr

WEIGHT
7.26kg

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

IMAGING PERFORMED BY
Dr. De Cordon

HOSPITAL NAME
Mason Dixon Animal ER

REFERRING VET
Dr. Bateman

INVOICE
11498ag

DATE
08/30/2022

PRESENTING CLINICAL SIGNS

Transfer from primary care vet for Acute onset of V+ Lethargy Few months' worth of ADR PU/PD Unsure of last heat cycle

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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology in the uterus or bilateral ovaries.

Adrenal Glands

The left adrenal gland was mildly prominent in size with normal position and shape measuring 0.53 cm in width. No evidence of left adrenal neoplastic criteria.

No pathology in the area of the right adrenal gland.

Spleen

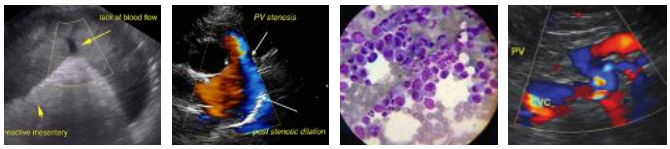
The spleen exhibited mild subnormal size likely owing to volume contraction with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal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

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen. The descending colon was mildly subnormal in appearance with only minor semi formed to soft feces present.

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Generalized hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral non-specific renal corticomedullary echogenicity to indistinct medullary rim sign-possible diabetic nephropathy
- Hepatomegaly with parenchyma hyperechogenicity-consistent with metabolic/reactive/vacuolar hepatopathy. Potential for lipidosis, cholangeohepatitis or less likely occult infiltrative round cell neoplasia
- Pancreatitis-subjectively mild, active to chronic active
- Acute to subacute gastritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A UA and C/S is suggested. Correlation with pending serum ketones and 4DX recommended. Hospitalization with stabilization of serum GLU levels, as needed GI and hepatic support and medical therapy for mild active pancreatitis would be reasonable. Eventual screening hepatic FNA may be indicated. Monitoring of renal response is advised.

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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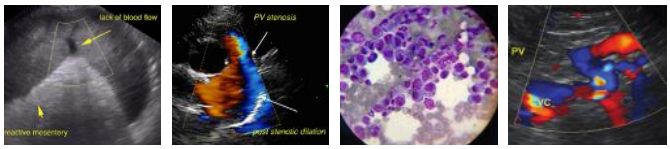

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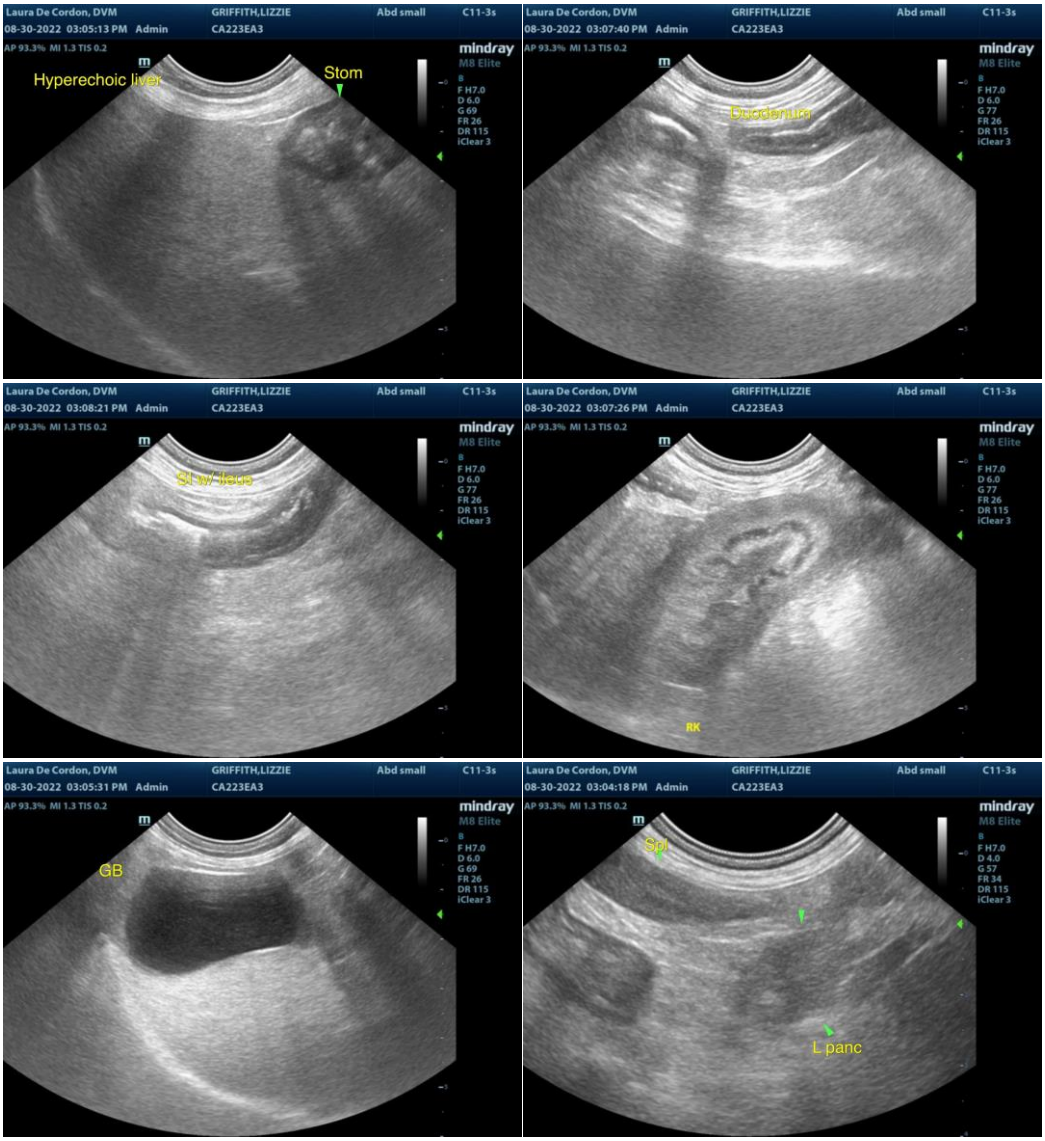

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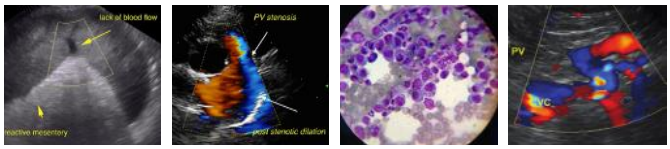

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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