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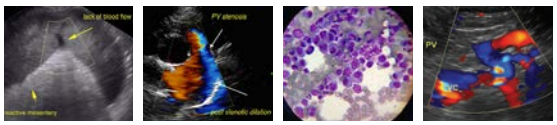


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Baby Leadingham

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

3 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

VCA Vitality AH

REFERRING VET

Dr. Surroz

INVOICE

25468

DATE

9/16/21

PRESENTING CLINICAL SIGNS

Baby was seen on July 19th, 2021 for decreased appetite, vomiting, diarrhea with blood in it. Radiographic Findings Antech radiologist reported on 07/19/2021: No radiopaque material seen in GI traact. Stomach is relatively devoid of ingesta. Small bowel is uniformly normal in size with no evidence of plication. there is fluid opacity stool in the large bowel. The kidneys are small and irregularly shaped. There is good serosal detail throughout the abdomen. The liver, gastric axis spleen and urinary bladder are within normal limits. The osseous structures are unremarkable.
Abnormal PE/Chem/CBC/UA Results: Her bloodwork showed bili +0.8, glu=1776, Ab=4.1 and Hct=58.2%. We also performed radiographs that day and sent them to antech imaging for a consult.

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.

Both kidneys were mildly subnormal in size with mild asymmetrical contour. Moderate loss of corticomedullary border demarcation noted with mildly non-homogeneous corticomedullary parenchyma and mild pyelectasia. The kidneys measured 2.6 cm each.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm length x 0.26 cm at the caudal pole. The left adrenal gland measured 1.1 cm length x 0.30 cm at the caudal pole.

Spleen

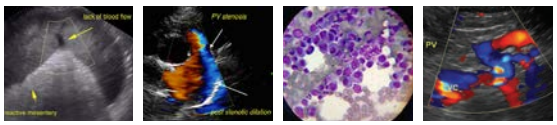
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 to moderate, primarily dependent, non-organized, echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.26 cm.

Normal visible colon wall layers were present with generalized semiformed to soft feces.

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.

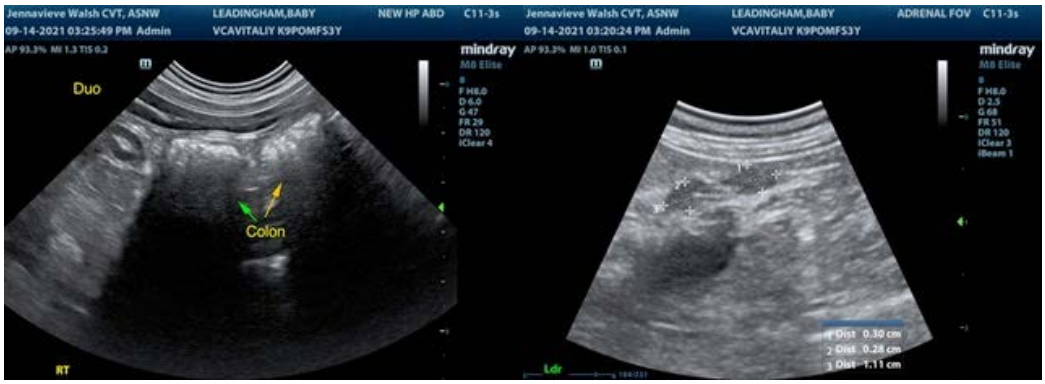
ULTRASONOGRAPHIC FINDINGS

- Bilateral subnormal renal size with mild asymmetrical margination, moderate loss of corticomedullary border demarcation, and mild pyelectasia.
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta and subjective semiformed to soft feces in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Congenital renal dysplasia (given the young age of the patient), non-specific chronic nephritis, or other nephropathy possible. If no current evidence of azotemia, the kidneys do not appear to be a clinical issue at this time. However, continued monitoring is recommended as well as full urinary workup including urinalysis, urine culture and sensitivity, and baseline urine protein/creatinine ratio.

No overt evidence of gastroenterocolic pathology. Potential for low-grade inflammatory gastroenterocolic process possible given the previous gastrointestinal signs, or if persistent gastrointestinal signs are present. As-needed gastrointestinal support +/- dietary therapy recommended if clinically indicated. Recheck/monitoring of blood glucose level recommended if clinically indicated.



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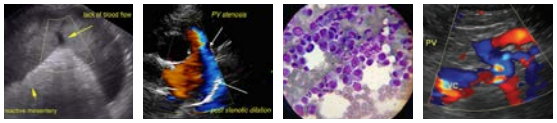

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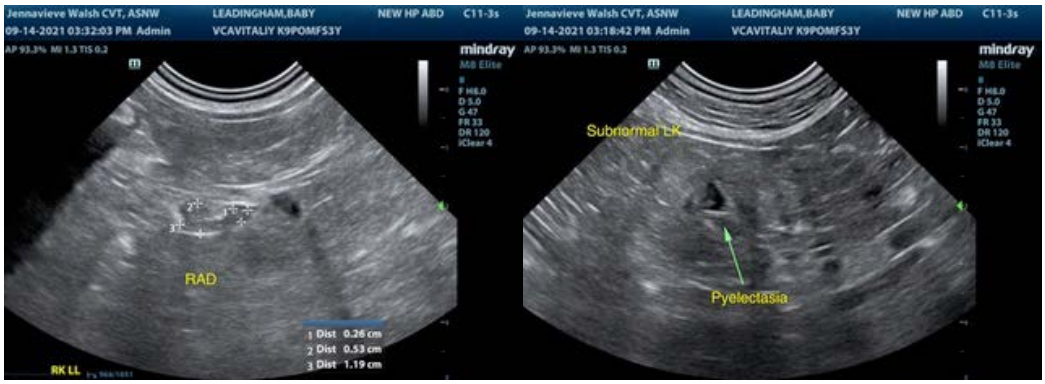

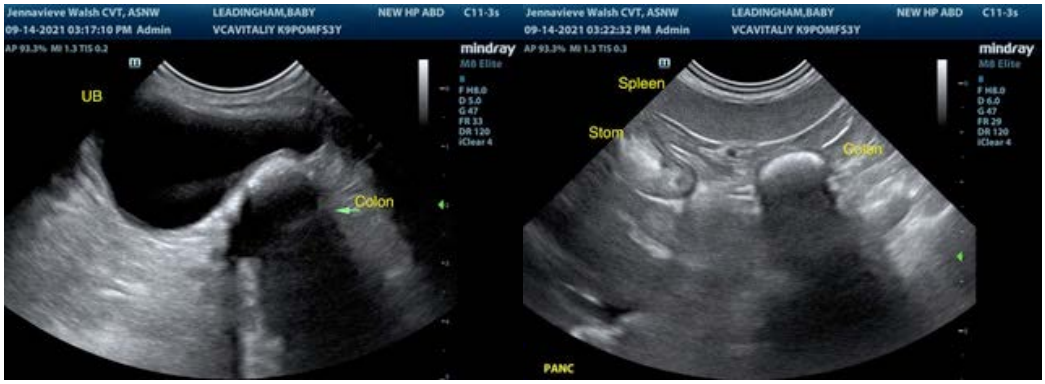

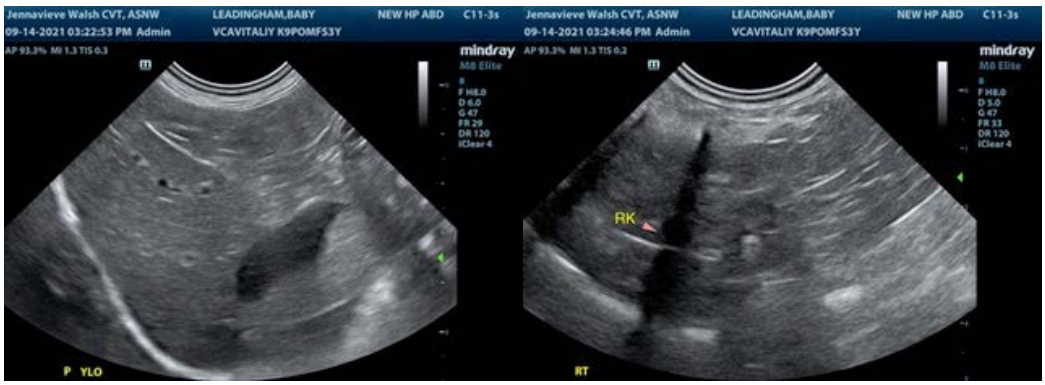

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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