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Clinical Sonography & Telecytology
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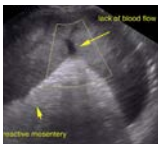
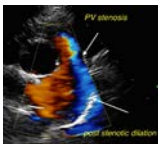
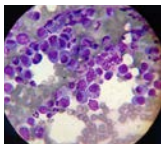
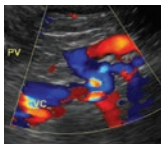





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Diamond Steinmeyer

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

7 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

25829

DATE

9/27/21

PRESENTING CLINICAL SIGNS

Presented at our hospital yesterday for wheezing, increased RR, sudden blindness, vomiting. Came back to the hospital for declining health. Patient is now not able to get up, painful, not eating. She ate a small amount of baby food last night. They were only able to get the Denamarin in this am. No v/d/c/s/bm. Abnormal PE/Chem/CBC/UA Results: Eyes: non-visual OU; OD mydriasis with normal tapetum, OS ventral aspect of retina dull; negative PLR Abdominal: pot belly appearance Dx done 9/26/21 Blood pressure: Pet Map RF #4 cuff: 89/74 (78); 110/62 (77); #3 cuff RF: 138/99 (111), 209/110 (143) * stressed for last reading Radiographs: hepatomegaly, empty stomach and intestinal tract, no obvious mass or obstruction Chem: bun 7.6 ca 8.4 tp 4.9 alb 1.8 glu 138 alt 421 alp > 993 ggt 64 tbil 0.7 Cbc: wbc 51.13 neu 17.95 lym 30.54 mono 2.50 plt 44 Epoc: po2 64.2 cs02 94.1 pc02 23.7 ph 7.472 lac 4.15 glu 132

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 4.4 cm. The right kidney measured 4.6 cm.

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. No evidence of adrenal tumors or hyperplasia. The right adrenal gland measurd 0.53 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 0.33 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

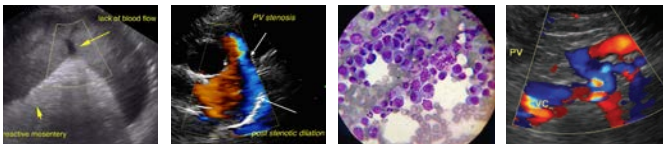
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver was normal in size and exhibited normal overall echogenicity with moderate coarse echotexture and mild increased yet indistinct prominence of portal vascular borders. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild accumulated gallbladder debris noted in the cranial lumen. The gallbladder itself was non-distended. The common bile duct was normal without evidence of post-hepatic stasis or obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Focal non-obstructive, subjectively ovoid shadowing echo was noted in the area of the pylorus, measuring 0.8 cm. Pylorus wall measured 0.36 cm.



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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 0.41 cm. Jejunum wall measured 0.34 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Focal hypoechoic parenchyma noted in the area of the pancreas base or proximal right pancreatic limb.

Free Abdomen

No overt pathology associated with the uterus or bilateral ovaries.

Subtle subjective cranial abdominal reactive mesentery noted primarily around the pancreas and liver. No effusion or overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – non-specific, subjectively benign
- Minor gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with focal non-obstructive shadowing pyloric echo – suspect medication.
- Heterogeneous to focally hypoechoic pancreas – suspect chronic to focal chronic active pancreatitis and regional peripancreatic reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vacuolar hepatopathy and non-clinical cholestasis (given the ALP/GGT elevation) with potential for primary concurrent non-specific hepatitis/cholangiohepatitis (immune mediated infectious or other) possible. Hepatic neoplasia is considered a less likely differential diagnosis. Further assessment may include hepatic FNA (assuming normal clotting status) and Leptospirosis titers/PCR if clinically indicated. Continued hepatosupportive medications would be appropriate.

Continued as-needed gastrointestinal support and medical therapy for structurally insignificant gastroenteritis as well as pancreatitis would be appropriate. Correlation with assessment for specific subxiphoid or cranial abdominal pain in the area of the pancreas and spec cPL may be considered. 3-view chest radiographs and neurological consultation (if not already done) may be considered.

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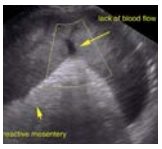
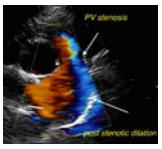
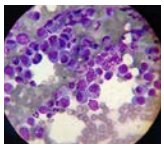
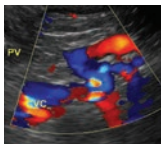

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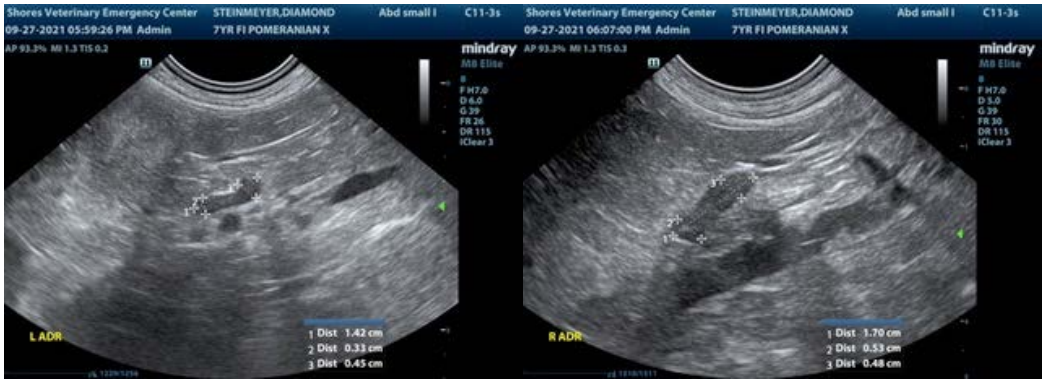

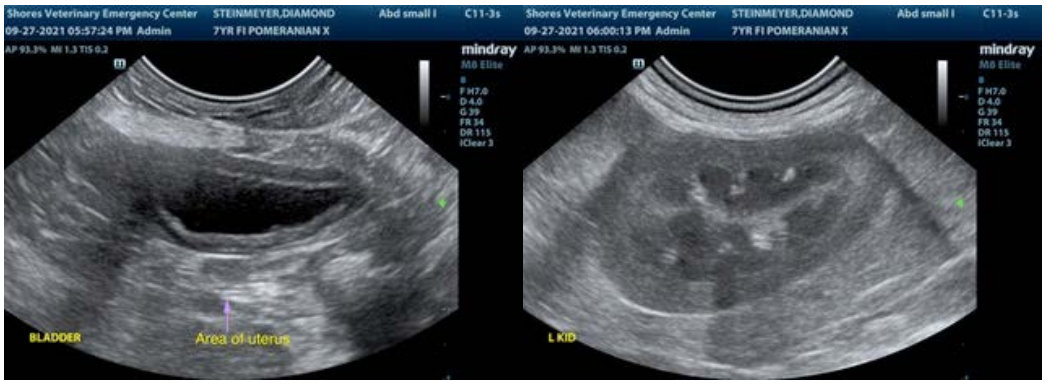

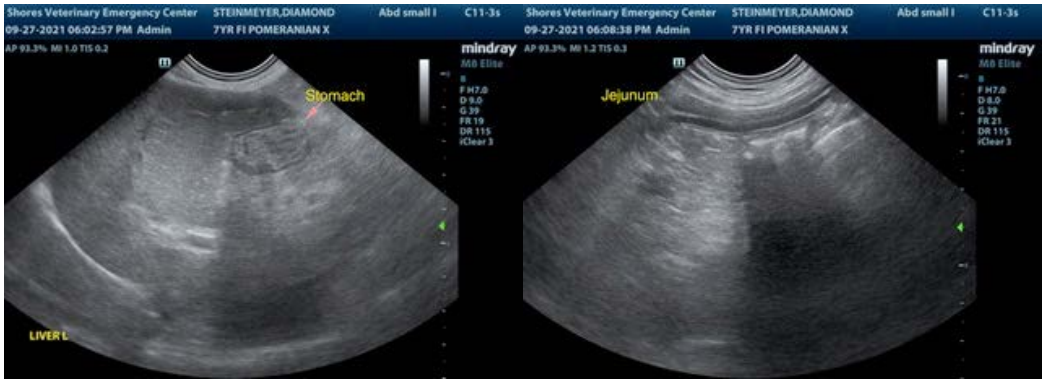

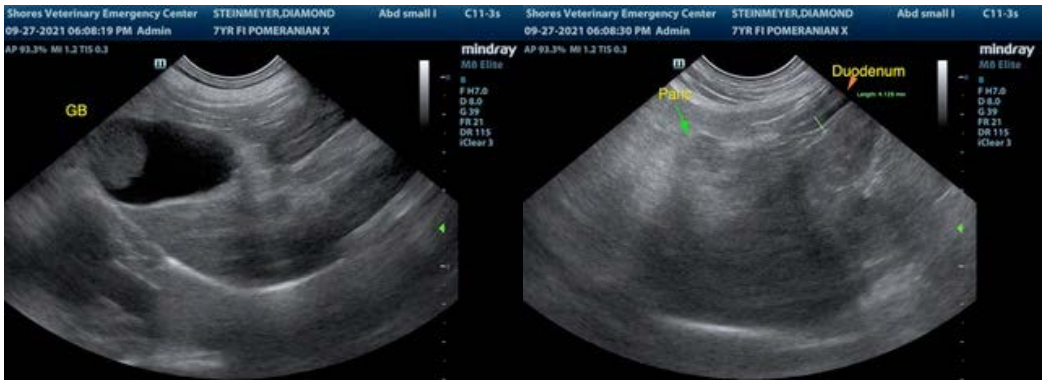

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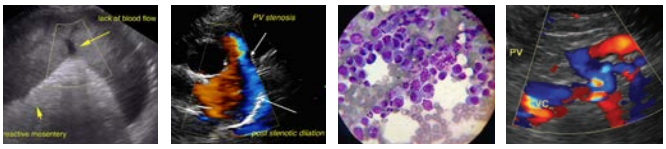

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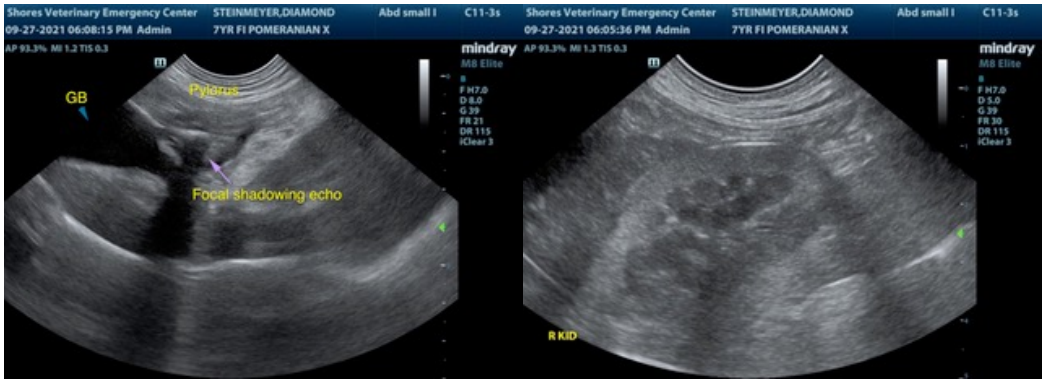

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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