



PATIENT PRESENTING CLINICAL SIGNS

Tracy Weaver 1 week duration anorexia, progressed to PU/PD, lethargy, vomiting episode. Medication: Novolin N, Ampicillin, Metronidazole, Cerenia

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN 53, CREAT 1.9, GLU 586, AMYL 2459, LIP 5311, WBC 26.2 w/neutrophilia and monocytosis, PLT 572

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Pitbull The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

SEX

FI 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 8.12 cm in length. The right kidney measured 8.33 cm in length.

AGE

2016

The area of the aortic trifurcation was free of pathology.

WEIGHT

91.5

No overt pathology in the area of the uterus. The bilateral ovaries were sonographically normal. The left ovary measured 2.4 cm, the right ovary measured 2.5 cm.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited normal size with medial folding and subtle generalized parenchyma heterogeneity. No masses or nodules were present.

HOSPITAL NAME

Little Gap AH

Liver

The liver presented mild to moderately increased in size. Generalized non-uniform hyperechoic parenchyma compared to the spleen and falciform fat was present. 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.

REFERRING VET

Dr. Shelly

The gallbladder was distended in size likely secondary to fasting with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

11756ag

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.

DATE

09/30/2022



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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.

SPECIES

Canine

Pancreas

The pancreas was mildly prominent in size with symmetrical contour and mildly hypoechoic to non-homogenous parenchyma.

BREED

Pitbull

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FI

ULTRASONOGRAPHIC FINDINGS

- Cranially folded spleen-benign
- Hepatomegaly with mild non-uniform parenchyma hyperechogenicity-metabolic/reactive/metabolic (diabetic) hepatopathy possible. Infiltrative neoplasia thought less likely
- Heterogeneous pancreas-nonspecific, patient variant, potential for low-grade pancreatitis possible

2016

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment.

A full urinary workup including C/S suggested if not done. An adrenal workup including ACTH stim may be considered if clinical suspicion of hyperadrenocorticism. Hospitalization with DKA therapy and as needed GI support may be considered.

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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/>.

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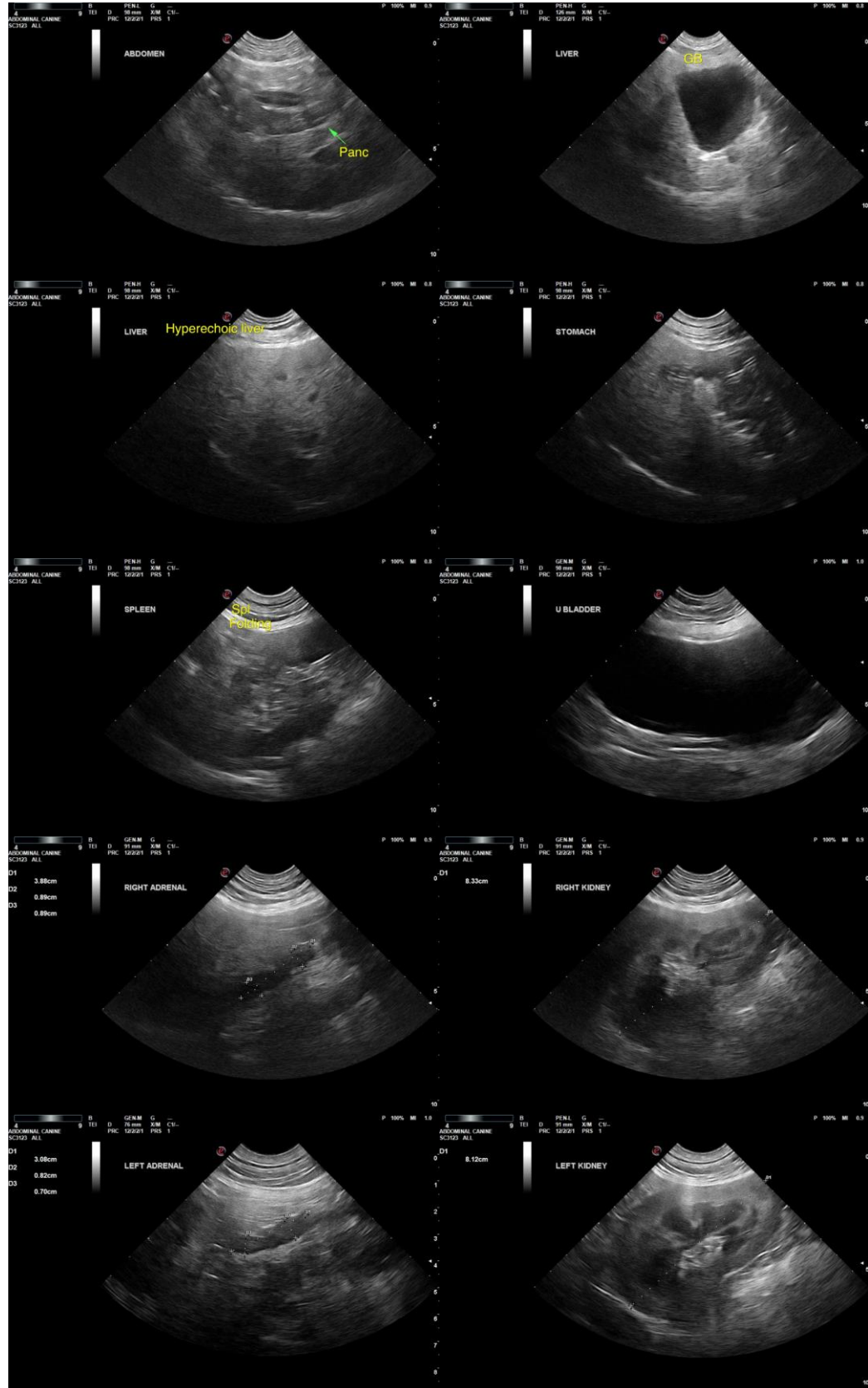
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Pitbull

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