SonoPath
Clinical Sonography & Telecytology
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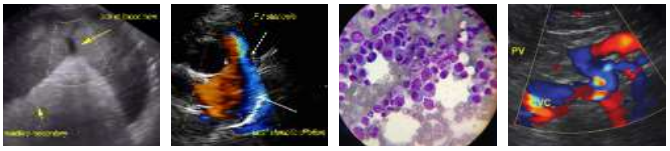

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
ABBY BEVINS

SPECIES
Canine

BREED
Vizsla Mix

SEX
SF

AGE
6 Years, 9 Months

WEIGHT
54.8 lbs

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Feldt

INVOICE
47313

DATE
9-4-21

PRESENTING CLINICAL SIGNS

Chief Complaint: CHEWING TAIL History: O SWITCHED FOODS ABOUT A MONTH AGO AND SYMPTOMS BEGAN AT THAT TIME --HAIRLOSS, WT LOSS, LOSS OF APPETITE, SLOWED DOWN Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: NSF Musculoskeletal: BCS =5 /9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Very dry skin and haircoat. Also alopecic towards the back, specially tail and rear area. No ectoparasites seen, no redness or lesions. Mentation: BAR Hydration: N hydration Rectal: No masses, normal stool, no bleeding 1) CBC: RBC 4.5 (4.8-9.3), HGB 9.8 (12.1-20.3), HCT 31 (36-60) 2) CHEM: ALB 2.6 (2.7-4.4), GLOB 3.7 (1.6-3.6), BUN 40 (6-31), CREA 1.7 (0.5-1.6), GLU 65 (70-138), AMYL 1335 (290-1125) 3) TT4: < 0.5 (0.8-3.5) 4) HWT: negative 5) UA (void): SG 1.045, WBC 0-1/hpf Recommendations: ACTH to r/o Addisons disease, AUS, FreeT4 to r/o hypothyroidism

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.

No evidence of pathology in the area of the aortic trifurcation.

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. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.47 cm width at the caudal pole. The right adrenal gland subjectively measured 0.36 cm width at the cranial pole and 0.38 cm width 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/ Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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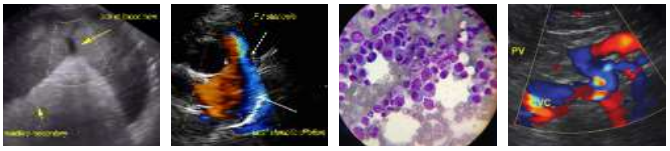

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The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained echogenic ingesta without signs of obstruction or foreign material. The ventral gastric body wall measured 0.53 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental echogenic digesta/chyme without signs of ileus, obstruction or foreign material. The jejunum wall measured 0.39 cm width.

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

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 evidence of intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.
- Gastrointestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta likely correlates with the post-prandial presentation. However, if documented NPO, some degree of gastrointestinal hypomotility may be possible. An underlying inflammatory gastrointestinal process without evidence of mural changes and dietary intolerance/food hypersensitivity may also be considered.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as pending ACTH stimulation test and free t4 to rule out Addison's disease and hypothyroidism.

A limited antigen or hydrolyzed diet trial may be considered.

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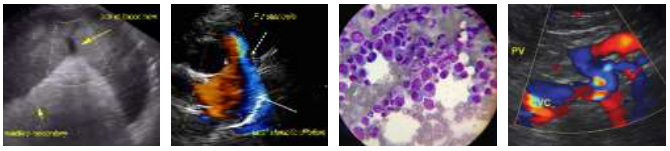

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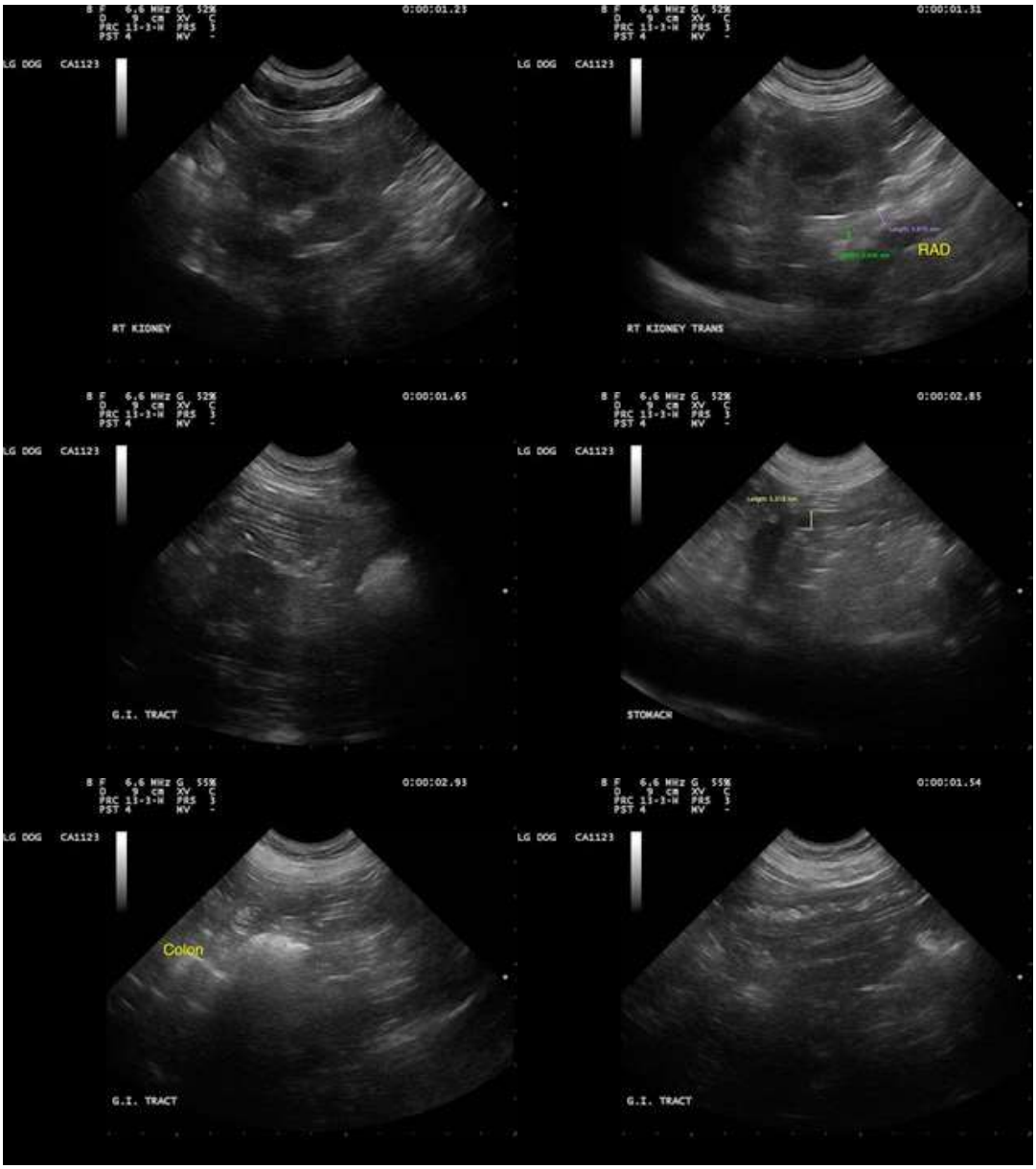

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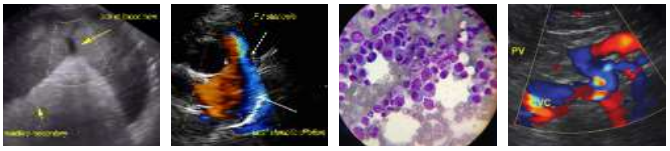

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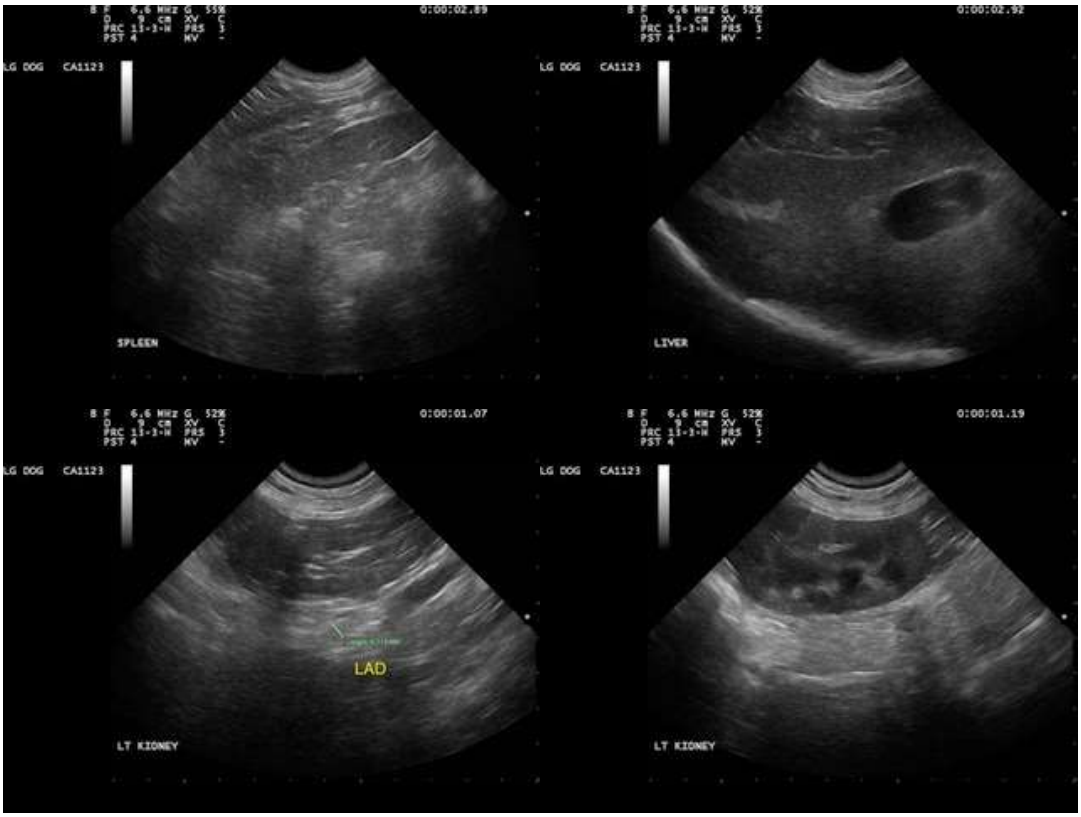

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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