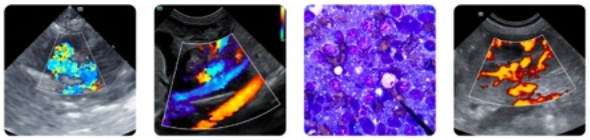

PATIENT

Michigan Vassos

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

5 years

WEIGHT

5.7 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Anique McCrea Spence

HOSPITAL NAME

Woodridge VC

REFERRING VET

Dr. McCrea Spence

INVOICE

69177

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PRESENTING CLINICAL SIGNS

History: -Presented Nov 24th/25 for inappetance of about 1 week duration. -Vomited once initially (bile) but not since -sitting funny on his hind end at home (likes to sit in the cold outside) -BM's are less frequent -Will only eat chicken/steak, will not eat canned/kibble diet. -More lethargic, and not jumping up like he normally does. -Have seen him for 2 rechecks since initial visit, and not improving at all with meds we have been trying. -Presented today for abdominal u/s to get more information of his abdominal organs -Treatments currently on: Gabapentin 50-100 mg BID, 15 mg mirtazapine once daily, 0.5 mg meloxicam once daily, 50-100 mg methocarbamol BID. PBMT done twice in hospital for back/hip pain, and improved a bit with that. Meropitant trial didn't seem to help with appetite, so d/c on Nov 30th/25. Ddx - Musculoskeletal pain vs abdominal pain. Want to ensure liver/GB appear normal. Abnormal duodenum? - possible abnormality in the lumen (appears more hyperechoic, irregular borders on the intra-luminal border) (mass, partial obstruction, other?).
Abnormal PE/Chem/CBC/UA Results: -PE findings: Mild cr abd pain. Mild to mod musculoskeletal pain (T-L junction, iliopsoas bilat, inner thighs, hunched. Weight has been maintaining despite decreased appetite. Non-febrile. BAR. Well-hydrated. -Bloodwork +UA performed on Nov 24 and 25th: CBC - Unremarkable. Chem-17 + lytes - mild hyperchloremia, mild elevation ALT. Resting cortisol = elevated/normal. cPLi= normal. UA - bacteria (cocci), small amount WBC's and RBC's, USG >1.040, dark yellow to orange, abundant squamous and nonsquamous cells, urobilinogen 3+, bilirubin neg'v. -Abd rads: Gas in stomach (dilated slightly, stomach axis deviated cranially) and in small intestinal tract (some fluid-filled as well, possibly thickened walls), no evidence of obstructive pattern. Large intestine large amount of fecal material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

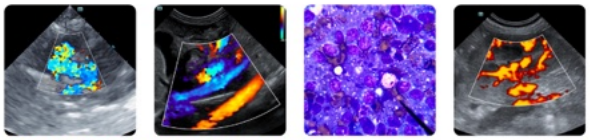
Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.6 cm, right measured 3.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands were not clearly visualized, but appears to be of normal shape, echogenic appearance and size.



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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of chyme is present in the proximal duodenum. Fecal material is present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

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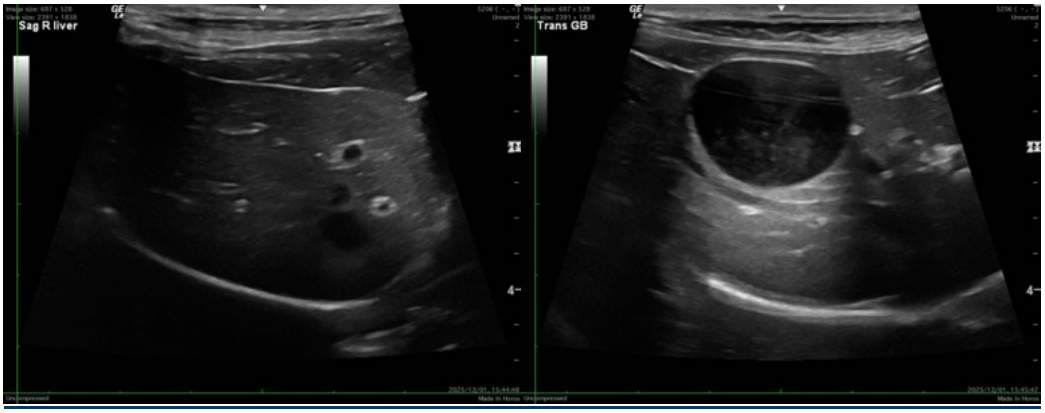
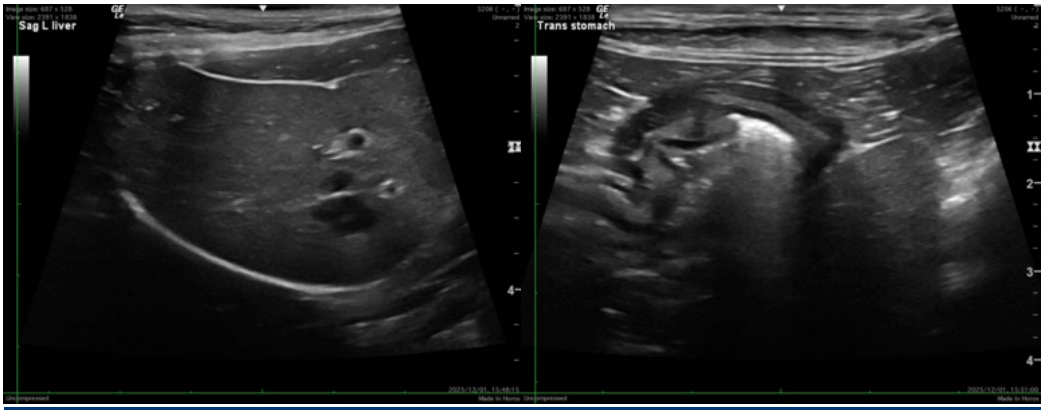
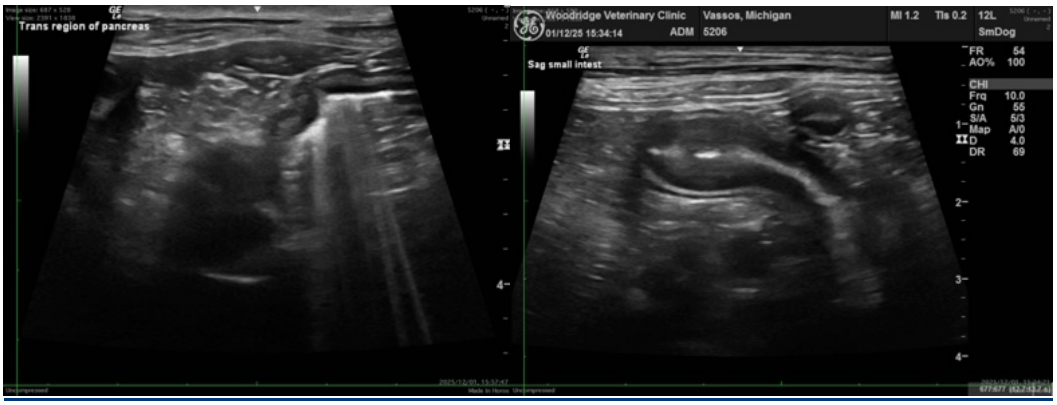
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.







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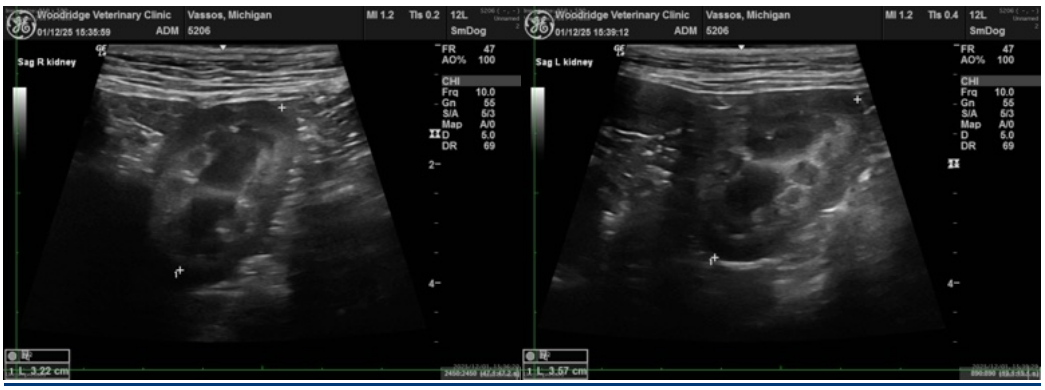

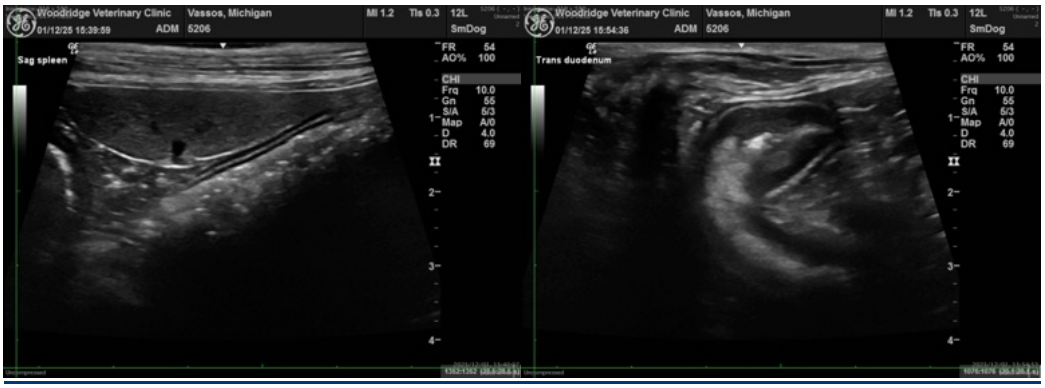

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com