SonoPath
Clinical Sonography & Telecytology
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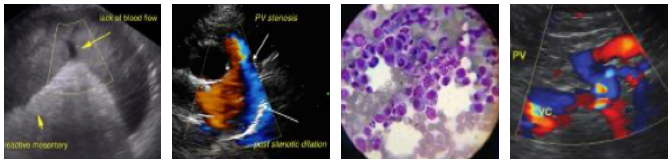

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lucy George

SPECIES
Canine

BREED
Cavapoo

SEX
Intact Female

AGE
18 weeks

WEIGHT
1.8 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
12520

DATE
3.24.23

PRESENTING CLINICAL SIGNS

History: Several seizure-like events on 3/21, none before or since. Normal CBC/ Chem, bile acids pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 2.9 cm in length. The right kidney is 2.9 cm in length.

Adrenal Glands
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.1 mm at the cranial pole and 1.9 mm at the caudal pole. The right adrenal gland height is 2.5 mm at the cranial pole and 2.6 mm at the caudal pole.

Spleen
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance, with a 1:1 portal:caval ratio and no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal
The stomach is empty. The gastric wall is 2.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.5 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas
The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen
There is scant free fluid throughout the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There are mildly enlarged mesenteric lymph nodes (measuring up to 1.4 cm in length). The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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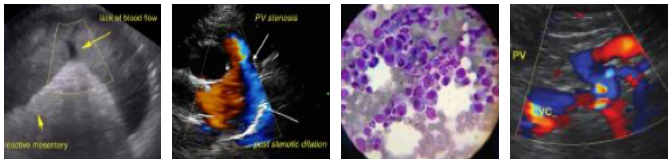

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

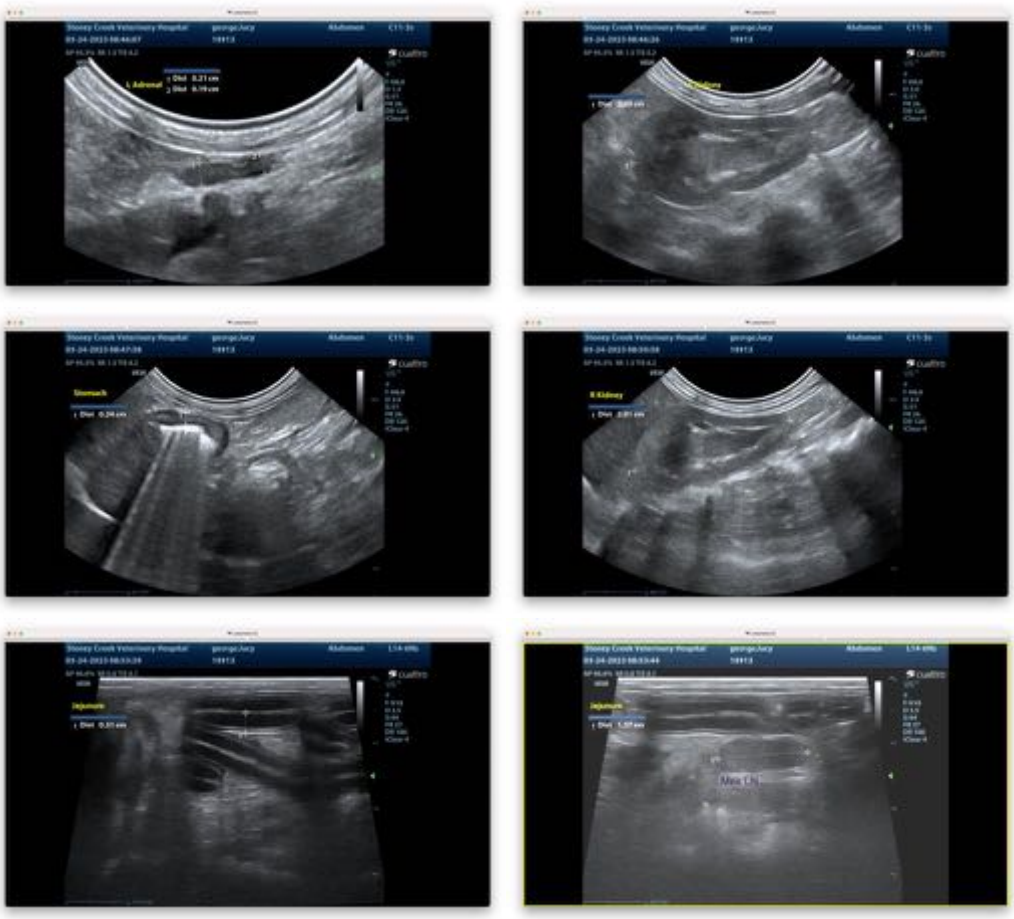
- Unremarkable pediatric abdomen with no evidence of a portosystemic shunt

Secondary Findings

- Scant free fluid and reactive mesenteric lymph nodes (which are typical for a patient of this age)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no explanation on today's ultrasound for the noted neurologic episodes. Additional differentials would include a hypoglycemic episode that had resolved the time the patient presented at the ER, toxin exposure, infectious disease (such as distemper or toxoplasmosis) or a primary neurologic disorder. If episodes persist, then referral to a neurologist would be recommended for further imaging.



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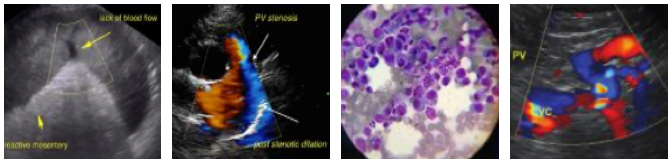

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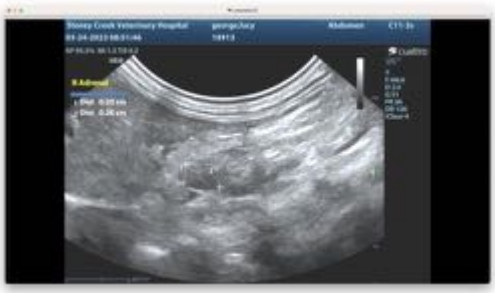

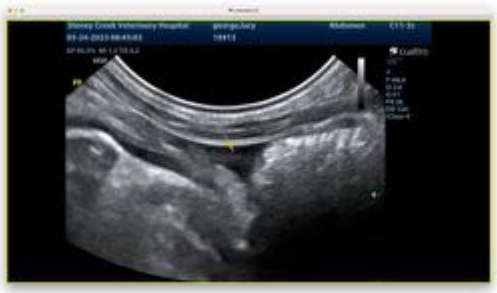

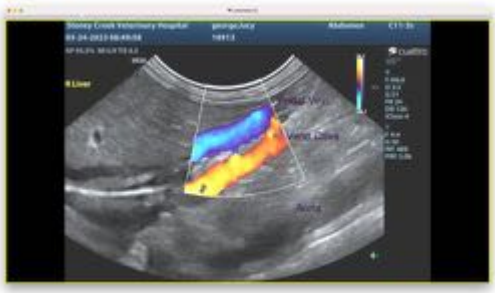

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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