SonoPath
Clinical Sonography & Telecytology
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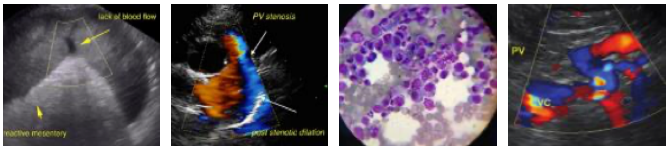


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bo Allyn

SPECIES
Canine

BREED
Toy Poodle

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
10.9 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced Pet Care of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
14466

DATE
1/17/23

PRESENTING CLINICAL SIGNS

History: decreased appetite, diarrhea with 'stringy' shape. vomited Saturday 1 x. O notes p is coughing (varies - gag vs heavy breathing in description) more in last 2 weeks. P appears bloated in appearance. O tried bland diet - appetite variable.
Abnormal PE/Chem/CBC/UA Results: Dec 2022 - mild inc in ALT/ALP/Tbili, AST Today - ALT 875 HI, Alp 572 HI, Bun 31 hi, Tbili normal 0.5 - rest attached rads - hepatomegaly, formed stool in desc colon, questionable cystolith/renolith (inconsistent in various views), no obvious FBO pattern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. Several varying sized cystic calculi are observed within the lumen along with a small amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.41 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

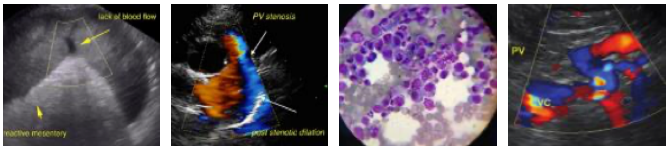
The right adrenal gland is normal size (0.34 cm at cranial pole) (0.42 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.36 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled with numerous varying sized hypoechoic nodules throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large



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amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base of the pancreas is normal size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. 1-2 mesenteric lymph nodes are visible, the largest measuring 1.12 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are most concerning for infiltrative neoplasia (i.e., round cell tumor). However, severe inflammatory process or other hepatopathy cannot be completely excluded.
- Cystic calculi

Secondary Findings:

- Gallbladder sludge, non-mucocele.
- Bilateral, mild chronic renal changes with non-obstructive nephrocalcinosis.
- Minor age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the liver is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, laparoscopic or surgical biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, also consider a cystotomy with stone removal, analysis and culture.

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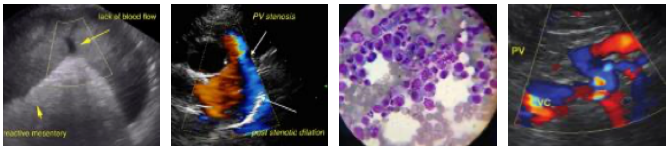

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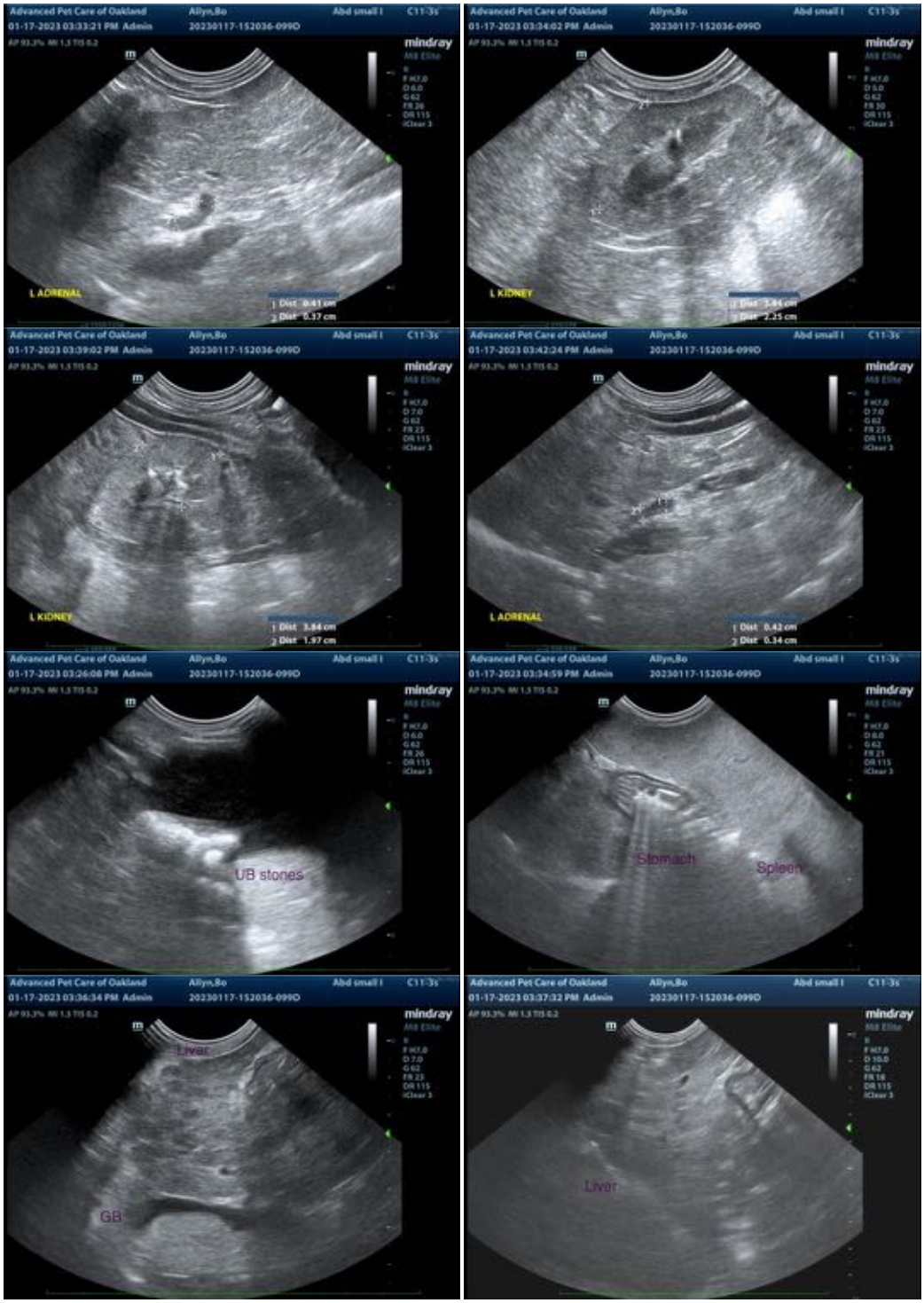

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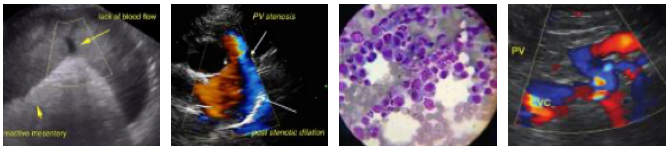

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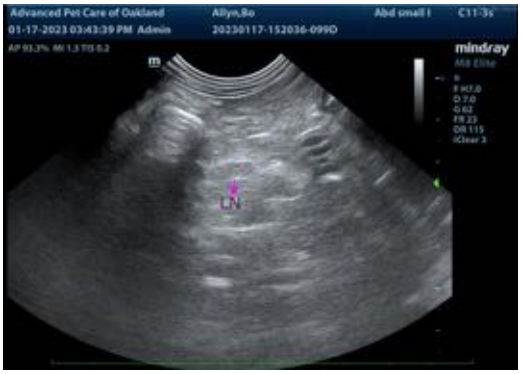

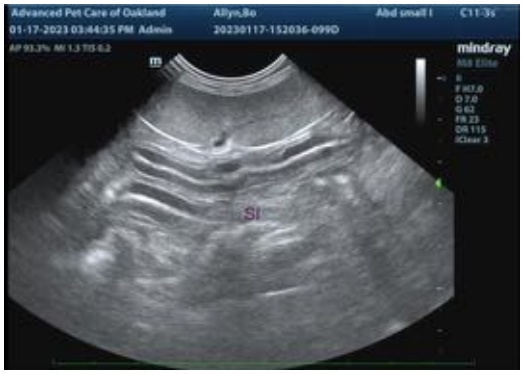

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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