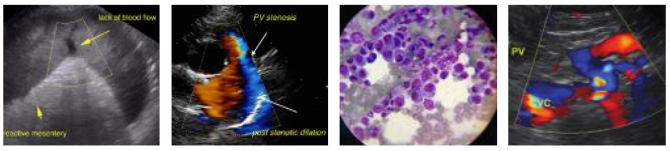
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cooper Smith

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

33 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho Animal Hospital (VCA)

REFERRING VET

Dr. Jolee Stegemoller, DVM

INVOICE

10105

DATE

1/5/22

PRESENTING CLINICAL SIGNS

History: Idiopathic autoimmune disease previously worked up and treated with splenectomy, prednisone, cyclosporine. During this episode/disease flare-up patient had severe mobility/hindlimb weakness. This appears to have resolved, but patient is still having intermittent hyperoxia and lethargy.

Abnormal PE/Chem/CBC/UA Results: Chest radiographs interpreted by radiologist WNL in 10/2021. Some hind limb weakness, more consistent with lower back pain. Several SQ masses over lateral abdomen/limbs.

The most recent CBC shows a hemoglobin of 13.4. White count of 18,960. Neutrophil is 14,550. Platelet count 543,000. Patient not currently exhibiting signs of hind-limb weakness.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.51 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.12 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.43 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The left kidney is normal in size (7.73 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.59 cm at caudal pole) (2.20 cm in length); 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.

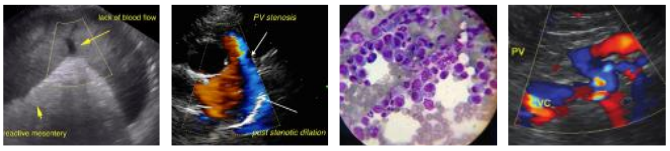
The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is observed.

Spleen

(Previously splenectomized).

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



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focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Minor bilateral age-related renal changes with dystrophic mineralization.
- The bladder wall changes in the region of the apex could be consistent with cystitis, however, correlation with clinical findings is recommended.

*There is no obvious evidence of neoplasia in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider performing a comprehensive tick panel (send to NC State vector-borne disease lab), if not already performed.
- Continued monitoring of the patient's CBC is recommended to assess for recurrence of the autoimmune disease.

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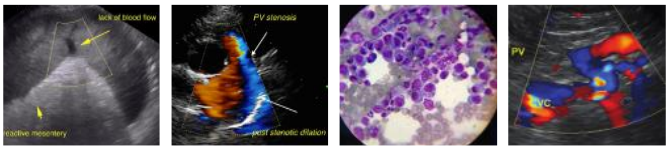

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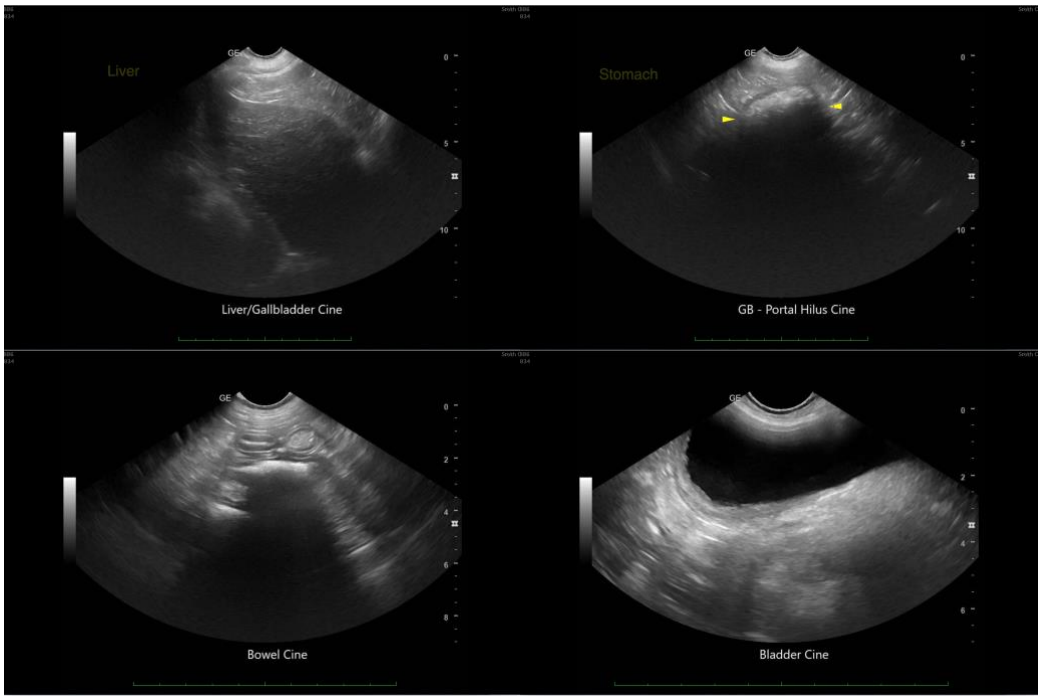

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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