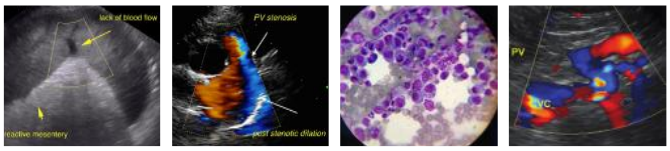
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rye Unah

SPECIES
Canine

BREED
Wirehaired Dachshund

SEX
Spayed Female

AGE
7 Years

WEIGHT
5 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Jo Goodman

HOSPITAL NAME
Evendale-Blue Ash Pet Hospital

REFERRING VET
Dr. Stephanie Wehmer

INVOICE
10129

DATE
1/7/22

PRESENTING CLINICAL SIGNS

History: Presented 1/6/22 for wellness lab work. Patient has a hx of a heart murmur that is stable. Upon check in the owner noted that for the last two weeks she has been home from boarding, she has been ADR, no drinking much water, unexplained weight loss despite still eating well. She was boarded for 1 month and has been home for about 16 days. She was mildly anemic and dehydrated at presentation, CBC/Chem/UA performed in house. Performed rads to which were unremarkable, and administered SQF. Patient presented today for IVFT and patient had developed diarrhea over night. Started IVF therapy today (20ml/hr) and performed abdominal u/s. Patient was BAR the entire day, HR monitored while on fluids. She went home this evening with proviable and RC GI food for the diarrhea.

Abnormal PE/Chem/CBC/UA Results: Blood work from 1/6 attached. No prior bloodwork performed at our clinic. She was pale with slow CRT upon presentation on 1/6 and 1/7.
The CBC Showed hematocrit of 39%. The rest of the CBC is unremarkable. Super Chem unremarkable. Unrinalyisis shows a urine specific gravity of 1022. No proteinuria, no pyuria or bactereria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

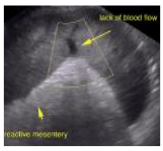
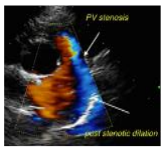
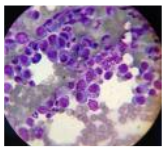
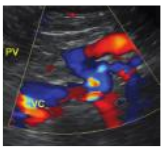
The right kidney is normal size (3.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands
The left adrenal gland is normal size (0.42 cm at cranial pole) (0.40 cm at caudal pole) (1.38 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 right adrenal gland is normal size (0.65cm at cranial pole) (0.47 cm at caudal pole) (1.40 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.

Spleen
The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.56 cm heterogenous nodule is observed near the medial aspect. Splenic vasculature is normal.

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. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. There is mild speckling of the proximal duodenal mucosa. 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

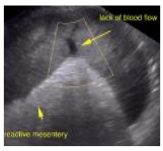
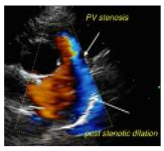
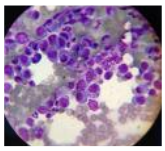
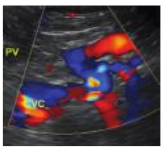
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule could be consistent with an early neoplastic process (i.e., sarcoma, round cell tumor). Alternatively, a benign pathology (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis, granuloma), may be present.
- The proximal duodenal mucosal speckling could be suggestive of enteritis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Minor age-related hepatic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the splenic nodule, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. Consider a fine-needle aspirate of the splenic nodule if clotting status is appropriate. A 25-gauge needle should be used.
- Regarding the GI signs, consider the following diagnostics:
  1. Fecal evaluation for ova and Giardia
  2. GI panel (send to Texas A&M.)

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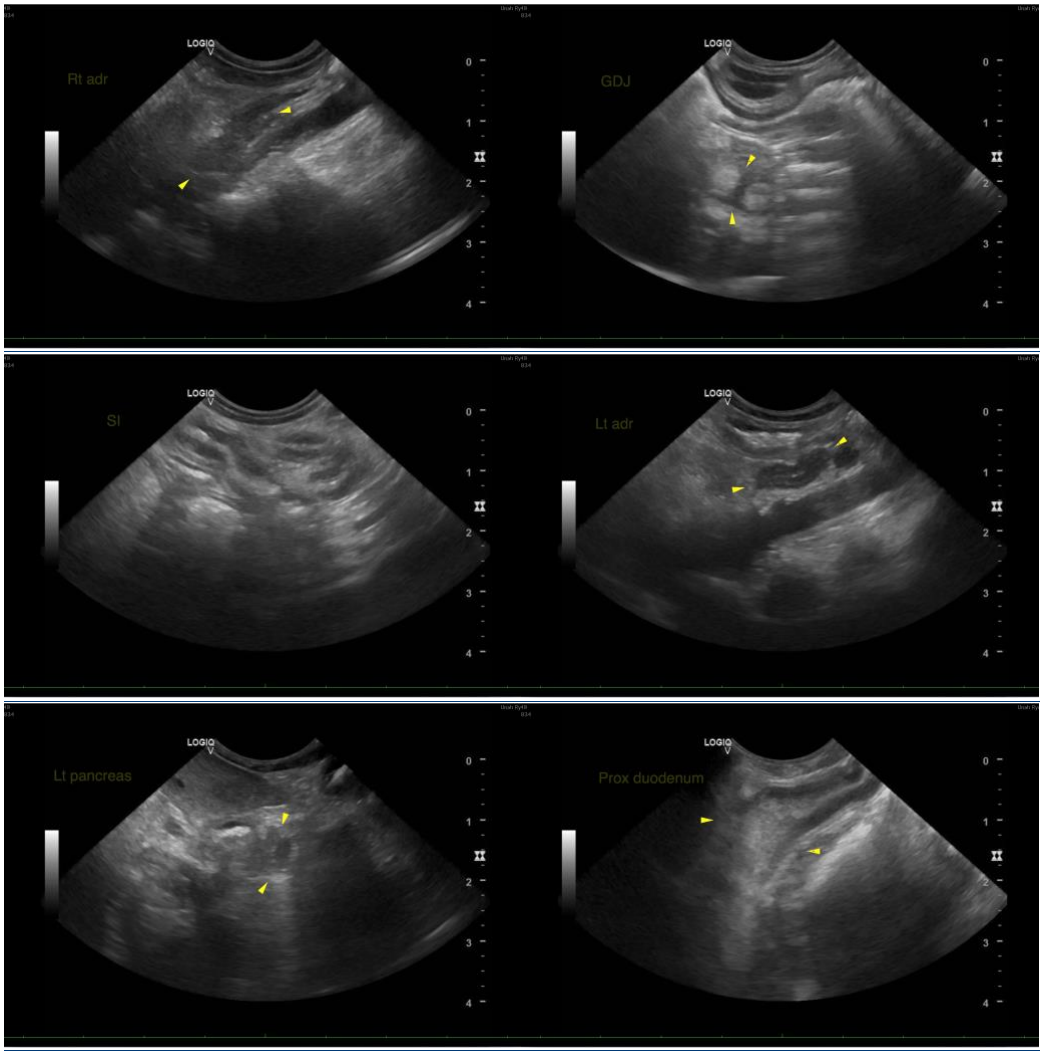
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

If the above diagnostics are inconclusive and clinical signs do not improve with supportive care, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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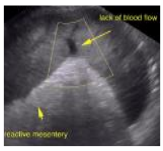
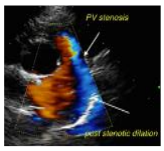
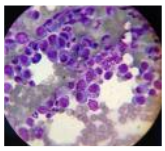
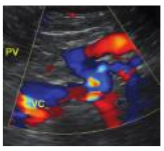

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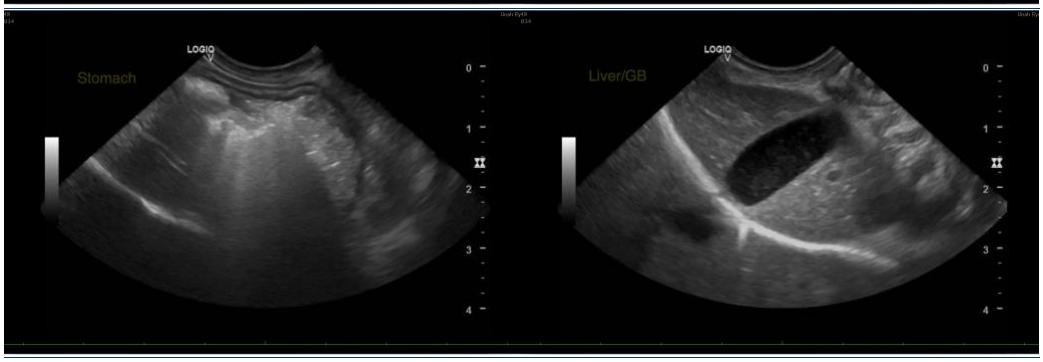

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.
Thank you for this referral. If the clinical or image interpretation does not parallel 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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