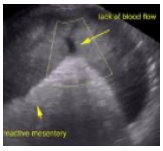
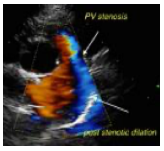
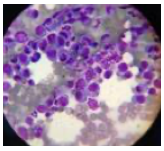
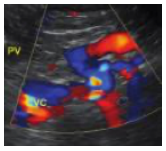
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Lucy Whall

SPECIES
Canine

BREED
Labradoodle

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
66.8 lbs.

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

IMAGING PERFORMED BY
Dr. Jill Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Katie Waters

INVOICE
14118

DATE
10/18/22

PRESENTING CLINICAL SIGNS

History: 14 year old SF labradoodle 12 hour history of diarrhea/urgency - escalated to hematochezia Mon morning/5 am. No vomiting. No known toxin/trauma. P was more picky on food for last few months - on GI low fat canned - o started adding Freshpet moist food a week ago (up to 1/4 daily calories). > 1 year history of mild nonregenerative anemia (pcv 33.6%) and elevated ALT (215)/ALP (1978). Started IVF, metronidazole, Proviable and Omeprazole/Sucralfate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.57 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. Mild pyelectasia is present (0.33 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.82 cm at caudal pole) (2.31 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. No obvious pathology is observed.

Spleen

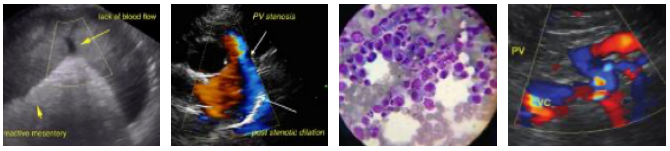
The spleen is normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled bordering on nodular in appearance. At least 1-2 hyperechoic to slightly heterogeneous masses are observed in the mid to right side, the largest measuring 5 cm in diameter. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. 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



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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 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 masses are concering for neoplasia (i.e., adenoma, adenocarcinoma). Alternatively, excessive regenerative nodular hyperplasia cannot be excluded. The diffuse hepatic parenchymal changes are non-specific and may be secondary to regenerative nodular hyperplasia, age-related remodeling, inflammatory disease, hepatotoxicosis (i.e., copper), other hepatopathy or some combination thereof.

Secondary Findings:

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- Minor bilateral age-related renal changes with mild right pyelectasia.

*An obvious cause for the patient's acute gastrointestinal signs is not identified in this study. Top considerations include acute hemorrhagic gastroenteritis, infectious parasitic disease, dietary indiscretion, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the patient's current GI signs, a fecal evaluation for ova and Giardia along with prophylactic deworming with Fenbendazole is recommended. Supportive for acute hemorrhagic gastroenteritis should be continued.
- Regarding the hepatic changes, consider the following:
    - Three-view thoracic radiographs to assess for pulmonary metastatic disease.
    - An abdominal CT scan can be considered to better assess the hepatic masses. Alternatively, an abdominal exploratory with biopsies or /debulking/removal can be considered.

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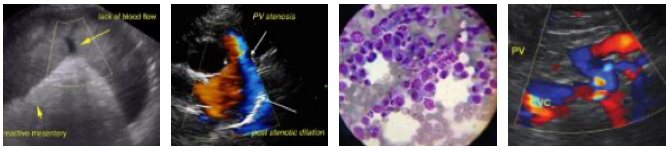

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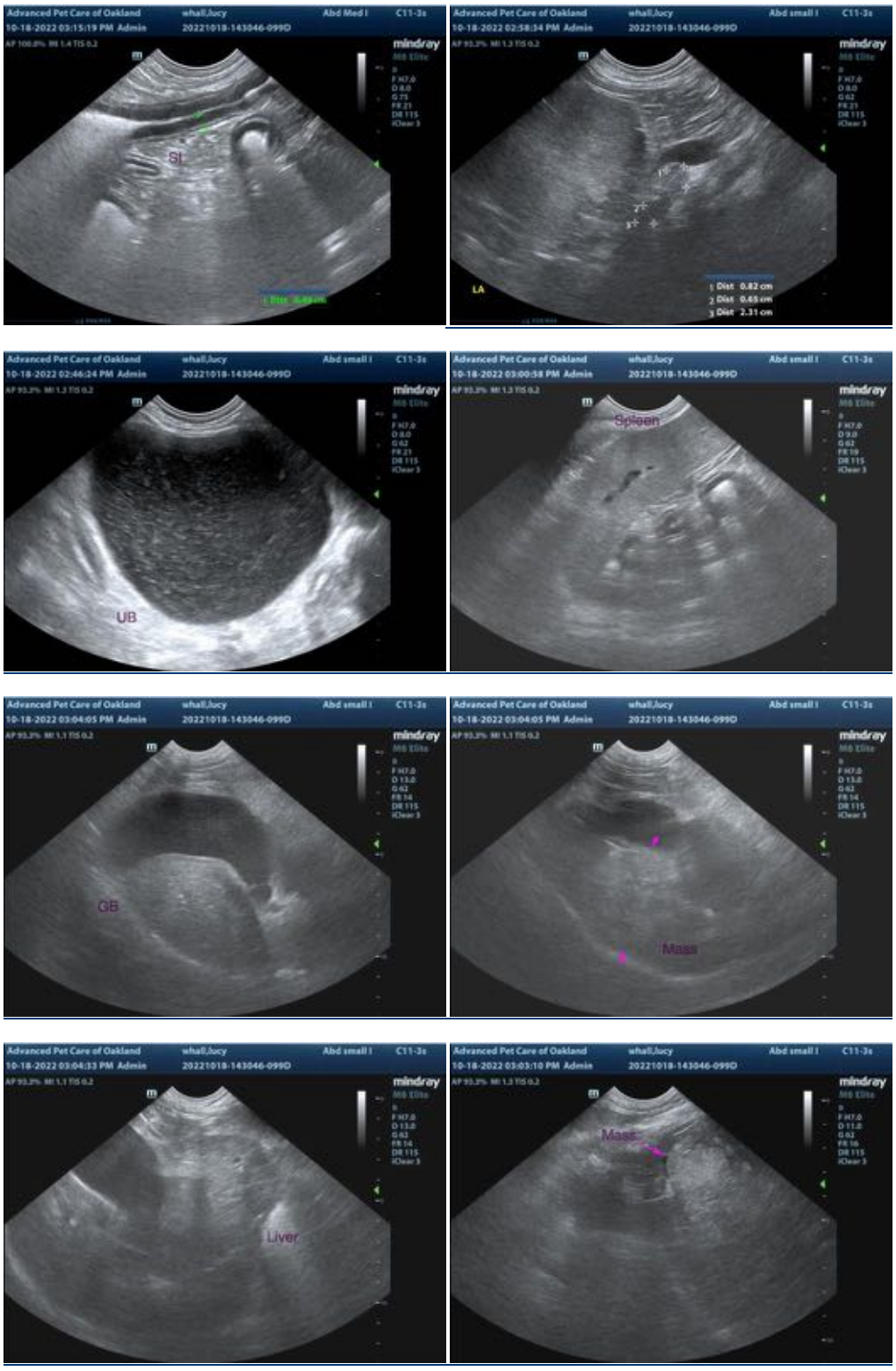

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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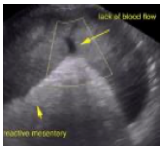
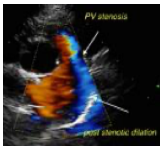
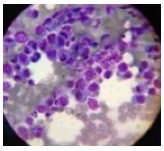
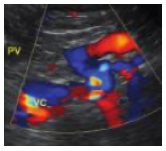

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com