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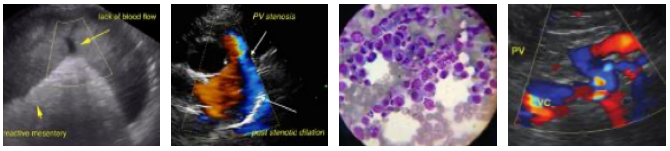

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kayla Bowers

SPECIES
Canine

BREED
German Shepherd

SEX
Female, intact

AGE
7 Yrs.

WEIGHT
32.4 kg.

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

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
Tumalo AH

REFERRING VET
Dr. Blair Westbrook

INVOICE
12423

DATE
10/26/21

PRESENTING CLINICAL SIGNS

History: Chief complaint: Persistent lethargy, weight loss over past 3 weeks, painful abdomen, previous vomiting (~2-3 days ago) and development of colitis (mucous, hematochezia and tenesmus); present for 2-3 days. Patient has been eating bland diet x 2-3 days. Evaluated at BAESC 2 days ago; P was febrile at 103.9 F. Blood work revealed elevated globulins, mild monocytosis, consistent with previous blood work at Tumalo (~ 4-5 days ago). Was seen eating horse trimmings recently. Dewormed through Tumalo Vet approx 2 weeks ago. Was at a kennel for 10 days, however was showing signs of mild illness prior to entering the kennel facility. No known exposure to uncooked fish/salmon Intact female Meds: 10/22/21: subcutaneous fluids NSAIDs/Cerenia for nausea, along with EN wet food for GI upset. 10/24/21: Codeine for analgesia 10/25/21: Metronidazole for colitis
Abnormal PE/Chem/CBC/UA Results: Physical exam: Quiet, slightly lethargic, responsive. Temp: 103.4 F Mild abdominal tensing, mild crusting at the vulva, however no active discharge. Slight stricture at the os of the vulva. Watery, brown stool from rectal. Blood work at BAESC: 10/24/21: Glob: 5.2 g/dL (2.5-4.5) Monocytosis: 1900/uL (160-1120) Protein serum electrophoresis submitted: pending 10/22/21 at Tumalo Animal Hospital: bloodwork and rads - only findings a stress leukogram and mildly elevated globulins. Rads show diffuse gas in GI - consistent with enteritis, no obvious obstruction or mass noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is caudally located. The lumen is distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (8.33 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. Renal vasculature is normal.

The right kidney is normal size (8.97 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.57 cm at caudal pole)(2.23 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 mildly enlarged (2.31 cm at cranial pole) (0.88 cm at caudal pole) (2.74 cm in length) with a slightly irregular shape. A 1.36 x 1.18 cm hyperechoic nodule with a possible focus of mineralization is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (2.18 cm in width at the level of the hilus) with normal peripheral margins. The parenchyma is subtly mottled in appearance. A 2.33 x 1.49 cm isoechoic to slightly heterogeneous nodule/mass is observed. In addition, a 1.05 x 0.67 cm hypoechoic nodule is seen. Splenic vasculature appears normal with no evidence of thrombosis.

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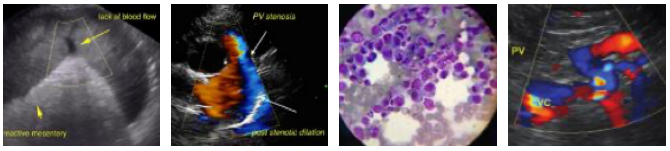

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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Hepatic vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 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

Trace free fluid is observed. A few prominent lymph nodes are observed in the mid-abdominal cavity, the largest measuring 1.42 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic lesions, particularly the larger nodule/mass is concerning for infiltrative neoplasia. However, benign pathology (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) is also possible.
- The trace ascites may be secondary to increased vascular permeability, increased hydrostatic pressure or, less likely, low oncotic pressure.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The right adrenal nodule trends toward the benign (i.e., a region of nodular hyperplasia), however an early neoplastic process is also possible.
- Minor age-related renal changes.
- The mild hepatomegaly may be a normal variant for this patient or may represent inflammatory/immune mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.

*An obvious cause for the patient's clinical signs is not identified in this study.

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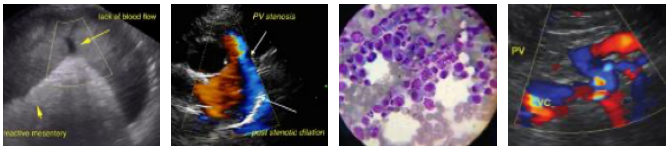

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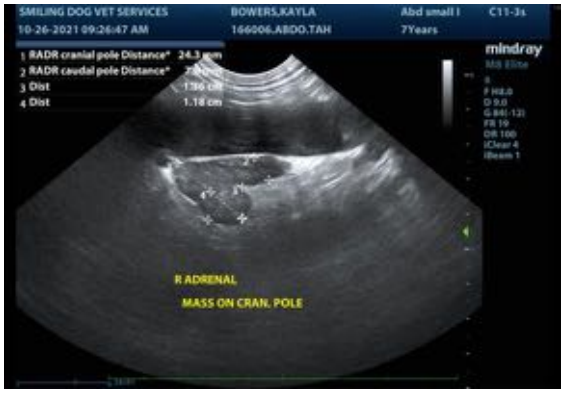
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- A fecal evaluation for ova and Giardia as well as a fecal smear or sedimentation for *Neorickettsia Helminthoeca.*
- A fecal PCR infectious disease panel should also be considered.
- Consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Also consider a vaginal cytology to further assess for pyometra, although the uterus was not identified in this study.
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted, particularly if the patient does not respond to supportive care.



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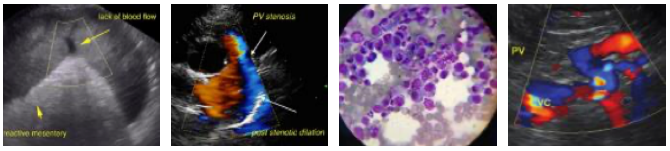

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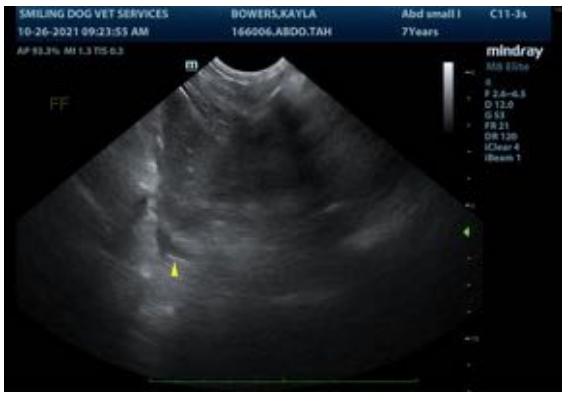

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com