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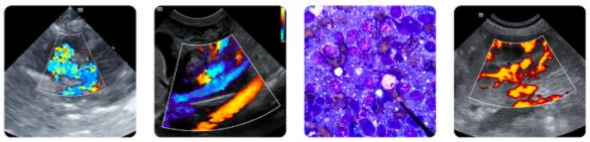
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Zeus Thayer

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

5

WEIGHT

47.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

AEH Deland

REFERRING VET

Dr. Kuzimski

INVOICE

22265

DATE

11-16-25

PRESENTING CLINICAL SIGNS

History: Starting last night, patient did not want to eat, and he is breathing heavy. On Apoquel and steroids.

Abnormal PE/Chem/CBC/UA Results: BCS 6/9 - distended abdomen
Abdomen: Tense on palpation. No overt organomegaly appreciated
Heart: able to hear heart on right side (no obvious murmur - difficult to auscultate on left side). Pulses weak
Lungs: No crackles or wheeze on auscultation. tachypnea with dyspnea CBC. thrombocytopenia, lymphopenia Chemistry. phosphorus 5.4, calcium 8.8, glucose 133, ALT too high to read, ALP 558, GGT 32 EPOC. lactate 4.69 Lepto PCR- pending CPL- Abnormal 4 DX- negative. Radiograph report attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.60 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 (7.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.40 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region. and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.37 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Gallbladder debris/sand, non-mucocele

*An obvious cause for the patient's clinical signs and lab abnormalities is not definitively identified in this study. However, a microscopic hepatopathy (i.e., infection such as Leptospirosis, bacterial cholangiohepatitis, hepatotoxicosis, or other acute hepatopathy), or emerging infiltrative neoplasia (i.e., lymphoma), is suspected, with a lower possibility of a chronic hepatopathy (i.e., chronic hepatitis, copper hepatotoxicosis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis serology in addition to PCR testing.
- If Leptospirosis is negative and the patient's clotting status can be stabilized, consider hepatic tissue sampling (i.e., aspirates or biopsies) to get a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- While awaiting test results, aggressive supportive care is recommended, including broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), antiemetics, fluid therapy, and other symptomatic measures are recommended.

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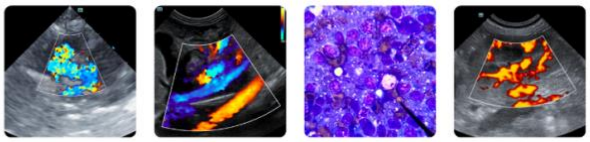

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com