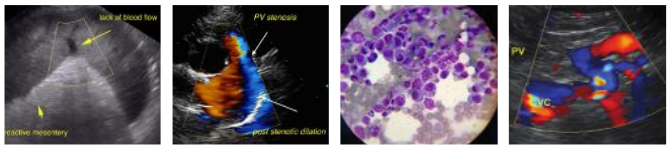
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Kona Montgomery

SPECIES
Canine

BREED
Lab Ret

SEX
Intact Female

AGE
3 Years

WEIGHT
79.8 Pounds

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

IMAGING PERFORMED BY
Amanda Crook-SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Cora Holloman

INVOICE
14279

DATE
11/5/21

PRESENTING CLINICAL SIGNS

History: Referral from rDVM: Vomiting and decreased eating for 4 days. got out for an hour prior to that, unknown if pt got into anything during that time. pt is now marked icteric, very lethargic, dehydrated. tense on abdominal palpation. received cerenia SQ at around 5:30 PM.

Abnormal PE/Chem/CBC/UA Results: WBC 30,000, neutrophilila (25.47) and monocytosis (1.37). SDMA 20, potassium 3.1, ALT too high to read, ALP 886, Tbili >27.9, GGT 16. amylase 406, Snap CPL normal. PT elevated at 40 seconds (11-17 normal range), aPTT 126 (normal range 72-102) Radiographic report findings: 4 abdominal radiographs were performed, no abnormalities noted according to AIS/Idexx x-ray report.

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney presented normal size (7.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.62 cm in length); normal shape and architecture with 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 left adrenal gland is normal size (0.50 cm at cranial pole) (0.69 cm at caudal pole) (2.06 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.

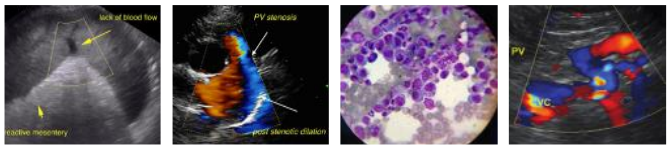
The right adrenal gland is normal size (1.10 cm at cranial pole) (0.79 cm at caudal pole) (2.22 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively contracted (2.10 cm at the level of the hilus) with normal curvilinear peripheral contours. Th parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kona Montgomery

SPECIES

Canine

BREED

Lab Ret

SEX

Intact Female

AGE

3 Years

WEIGHT

79.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Holloman

INVOICE

14279

DATE

11/5/21

The liver is subjectively normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. The wall thickened (up to 0.54 cm) and edematous with a "double wall" defect. Luminal contents are 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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) 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. 2 medial iliac lymph nodes are visualized, one measuring 1.62 cm x 0.95 cm, the other measuring 2.29 cm x 0.99 cm. 2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 2.09 cm.

Other

The left ovary measures 1.17 cm x 0.78 cm. The right ovary measures 1.43 cm x 0.95 cm. The ovaries are subjectively normal in size with normal shape and parenchyma. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

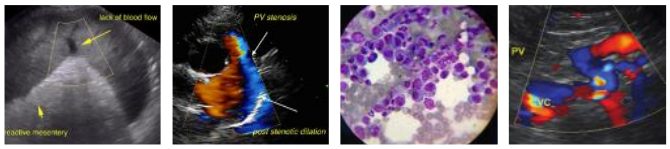
Primary Findings

- Non-specific diffuse hepatopathy. Given the patients age and clinical history, an infectious (i.e., Leptospirosis) or toxic insult to the liver is suspected.
- The gallbladder edema could be consistent with cholecystitis, anaphylaxis, low oncotic pressure, immune mediated hemolytic anemia, increased hydrostatic pressure other. Correlation with clinical findings is recommended.

Secondary Findings

- Urinary bladder debris
- The splenic contraction is likely secondary to dehydration
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kona Montgomery

SPECIES

Canine

BREED

Lab Ret

SEX

Intact Female

AGE

3 Years

WEIGHT

79.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Holloman

INVOICE

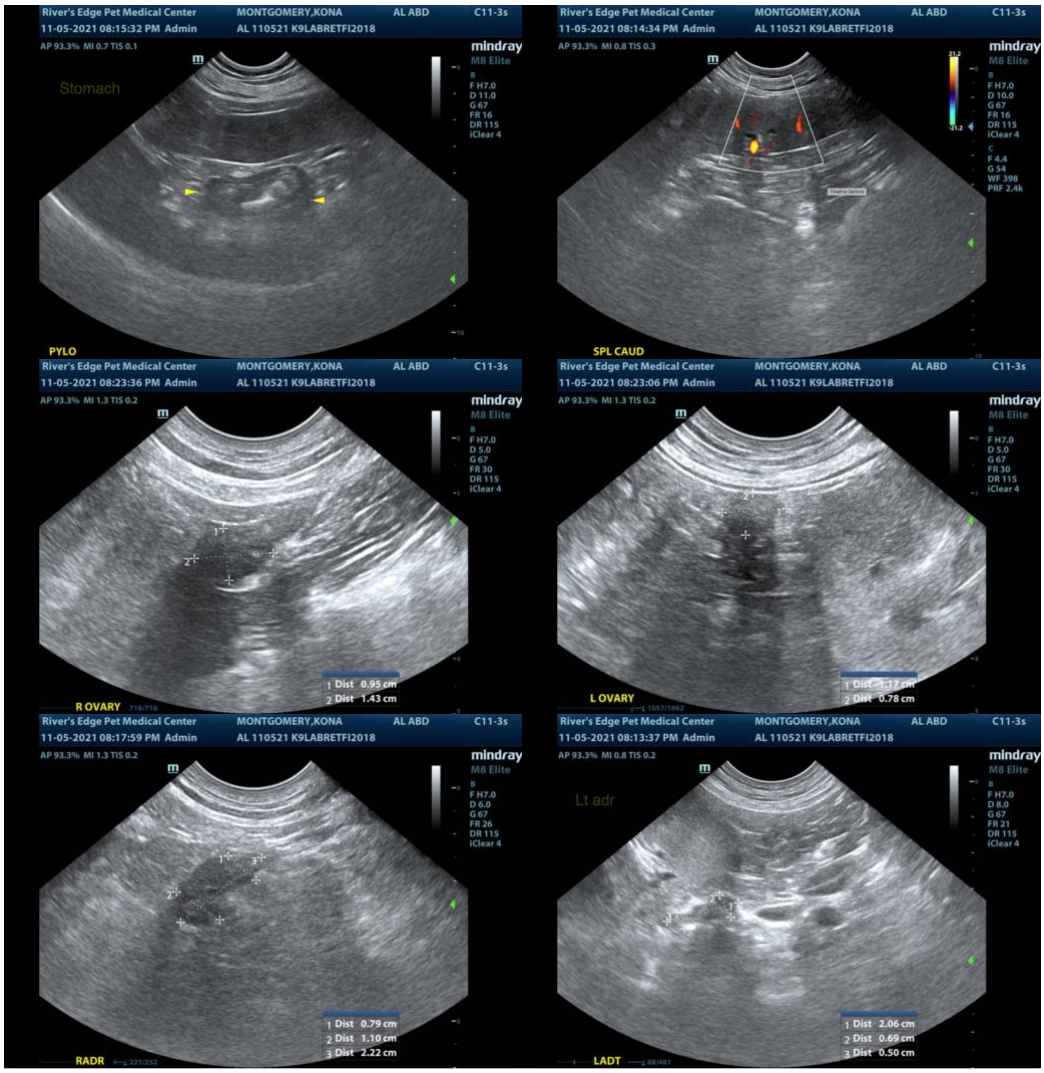
14279

DATE

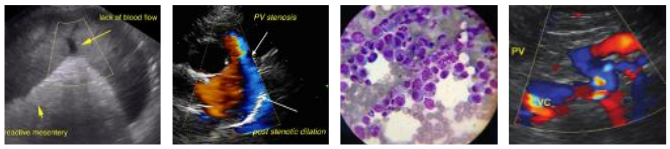
11/5/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Empirical treatment for hepatic infection/toxicosis is recommended, including broad-spectrum antibiotic therapy, antioxidants and supportive care with serial monitoring of the patient's liver values to assess for progression.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered.
- Given the coagulopathy, administration of fresh frozen plasma is recommended.
- If clotting times stabilize, consider a fine needle aspirate of the liver using a 25-guage needle.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kona Montgomery

SPECIES

Canine

BREED

Lab Ret

SEX

Intact Female

AGE

3 Years

WEIGHT

79.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

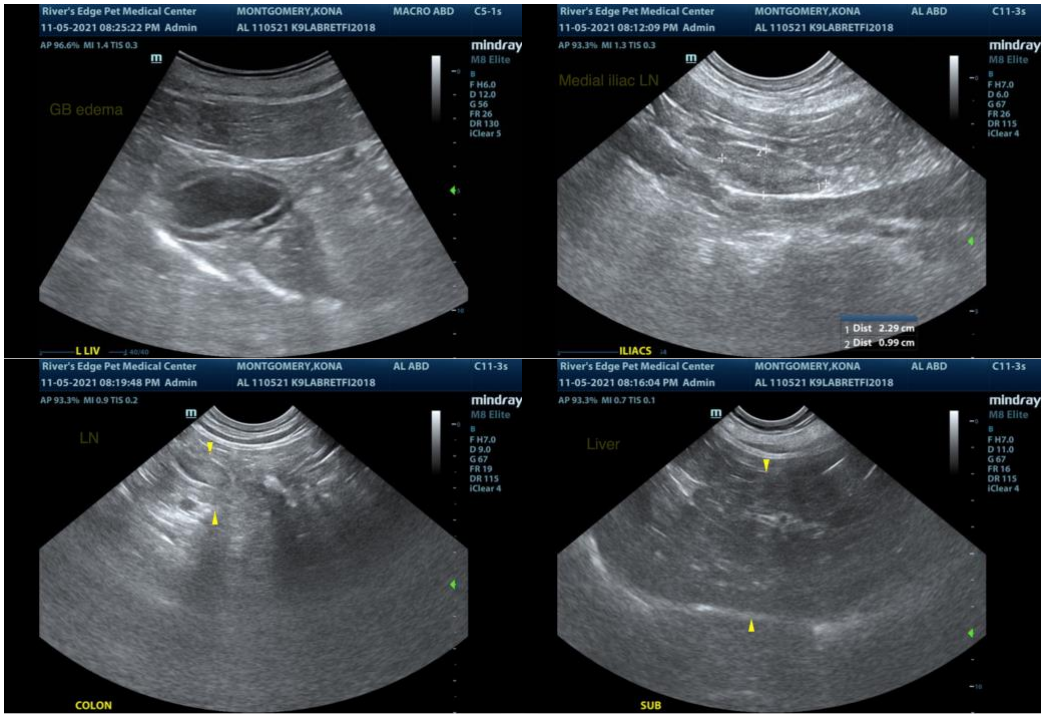
Dr. Cora Holloman

INVOICE

14279

DATE

11/5/21



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)
info@SonoPath.com