SonoPath
Clinical Sonography & Telecytology
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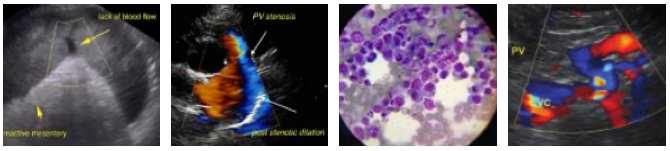


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Stone

SPECIES
Canine

BREED
Cane Corso

SEX
Female, spayed

AGE
72.6 lbs.

WEIGHT
72.6 lbs.

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

IMAGING PERFORMED BY
Dr. Saum Hadi

HOSPITAL NAME
Bethany Family Pet Clinic

REFERRING VET
Dr. Saum Hadi

INVOICE
12741

DATE
12/21/21

PRESENTING CLINICAL SIGNS

History: P presented with hyporexia/ADR. P has significant weight loss: 3/23/19: 98 lbs 11/2/21: 84.4 lbs 12/21/21: 72.6 lbs P has been walking into walls and standing in the corner.
Abnormal PE/Chem/CBC/UA Results: Decreased CP grade 2/3 on all limbs. Limited orthopedic/neurologic exam and spinal/cervical palpation/manipulation due to P's fear-anxiety score. Chem17/CBC WNL.

***Images for patient are labeled "Joshua Stone".

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The patient urinated just prior to the sonogram, therefore the urinary bladder is not well visualized.

The left kidney is subjectively normal in size; normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.88 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is well visualized and is normal size (0.54 cm in width) with a normal shape and glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

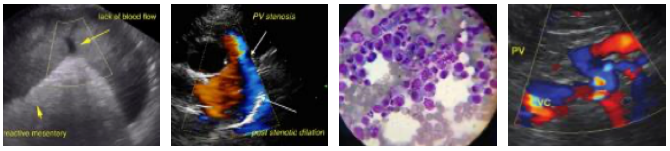
The spleen is normal in size (2.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.49 cm hyperechoic nodule is observed within the parenchyma. A 1.22 cm hypoechoic to slightly cavitated area/nodule is also seen. The nodule causes slight capsular expansion. 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 focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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



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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:

- An obvious cause for the patient's severe weight loss is not identified in this study. Considerations include primary neurologic disease (i.e., brain tumor), occult neoplasia in the chest, underlying metabolic issue, maldigestion/malabsorption, other.
- The hypoechoic splenic nodule may represent a benign process (i.e., region of lymphoid hyperplasia or extramedullary hematopoiesis with a cavitated area). Alternatively, an emerging tumor may be present. The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma or focus of lymphoid hyperplasia) with low potential for emerging neoplasia.

Secondary Findings:

- The medullary bands seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Referral to a board certified neurologist is recommended for further evaluation of primary neurologic disease. An MRI +/- CSF tap may be warranted.
- Other diagnostic considerations include the following:
- GI panel (send to Texas A&M)
- +/- fine needle aspirate of the hypoechoic splenic nodule. However, there is some risk of iatrogenic hemorrhage with aspiration. Therefore if a more conservative approach is desired, consider a recheck ultrasound of the spleen in 3-4 weeks to assess for progression.

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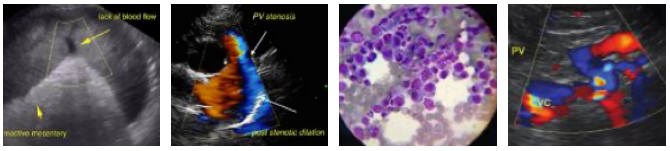

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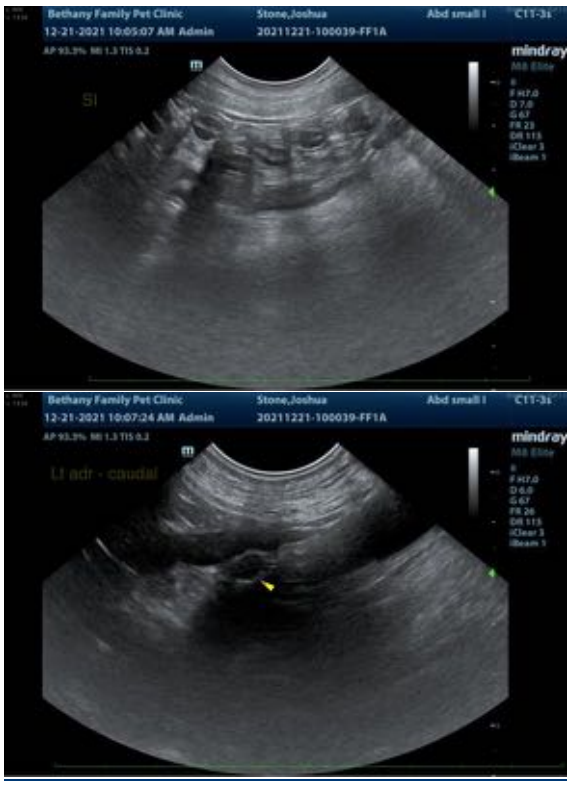

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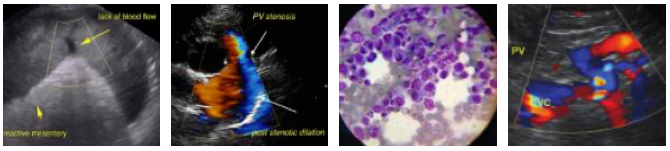

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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