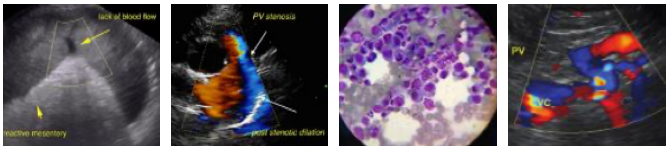


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Elsa Lester

SPECIES
Canine

BREED
Goldenretriever Mix

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
30.5 kg.

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

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
East Bend AH

REFERRING VET
Dr. Jamie Thurk

INVOICE
12945

DATE
2/1/22

PRESENTING CLINICAL SIGNS

History: ~ 4 days of vomiting. No D. Patient responded initially to Cerenia, but now continues to vomit and is refusing her food (C/D— has been on this diet for years due to previous crystalluria). Did eat a small volume of other dogs food today. Hyporexia is very unusual P currently receiving Clavamox for UTI
Abnormal PE/Chem/CBC/UA Results: 1/28/22 CBC: WNL CHEM: SDMA 16 (high) ALB 2.4 (low) AST 72 (High) ALP 233 (high) TBili 0.5 (high) UA (free catch): Usg: 1.025 Trace proteinuria Pyuria 10 WBC/HPF Rod bacteriuria <9/HPF Radiographs (abdo): Unremarkable— mild gas in stomach and in SI, however no obvious FB or obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.67 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.

The right kidney is normal size (7.17 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 (0.52 cm at cranial pole) (0.54 cm at caudal pole) (2.74 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.

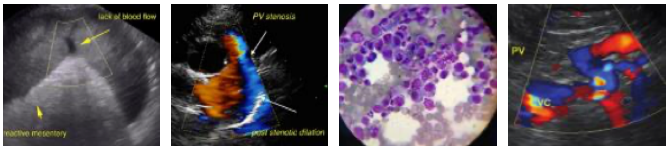
The right adrenal gland is normal size (1.64 cm at cranial pole) (0.71 cm at caudal pole) (2.98 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.12 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.57 x 1.54 cm isoechoic nodule is observed at the lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. A moderate amount of



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

PATIENT
Elsa Lester

SPECIES
Canine

BREED
Goldenretriever Mix

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
30.5 kg.

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

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
East Bend AH

REFERRING VET
Dr. Jamie Thurk

INVOICE
12945

DATE
2/1/22

aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. A 1.88 x 0.77 cm echogenic structure/lesion is observed in the region of the fundus. The area has a small (0.61 cm) anechoic center. The wall otherwise 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. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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 significance of the structure/lesion in the fundic region of the stomach is unclear. It may be artifact related to ingesta. Alternatively, pathology (i.e., inflammatory focus, polyp, tumor) may be present. Evaluation of the stomach when it is empty may help to determine if this lesion is an artifact.
- The splenic nodule may represent a benign focus of hyperplasia or extramedullary hematopoiesis. However, an early neoplastic process cannot be excluded.

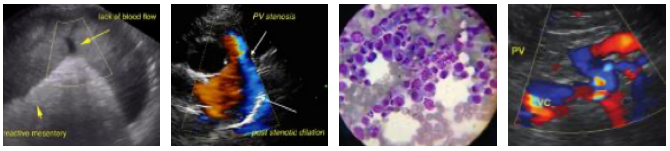
Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Gallbladder sludge, non-mucocele.
- The urinary bladder wall changes in the region of the apex are suggestive of cystitis.

*An obvious cause for the patient's vomiting is not identified in this study. Considerations include gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue (i.e., pyelonephritis), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- A repeat ultrasound should also be considered when the stomach is empty to further evaluate the gastric wall.
- Consider a fine needle aspirate of the splenic nodule.



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

PATIENT

Elsa Lester

SPECIES

Canine

BREED

Goldenretriever Mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

30.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield

HOSPITAL NAME

East Bend AH

REFERRING VET

Dr. Jamie Thurk

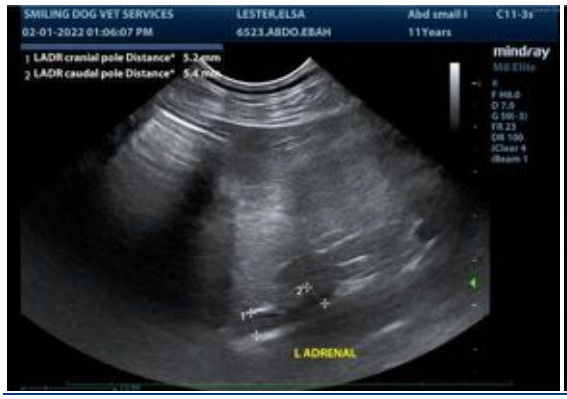
INVOICE

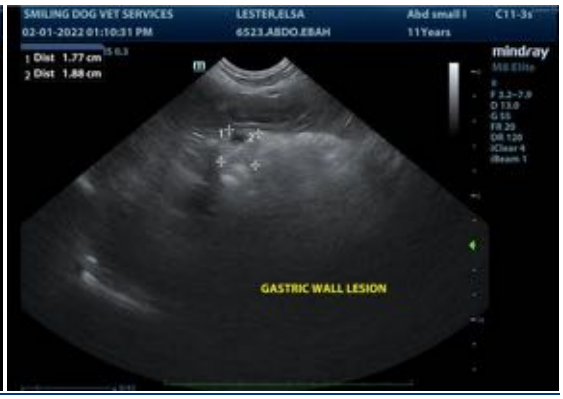
12945

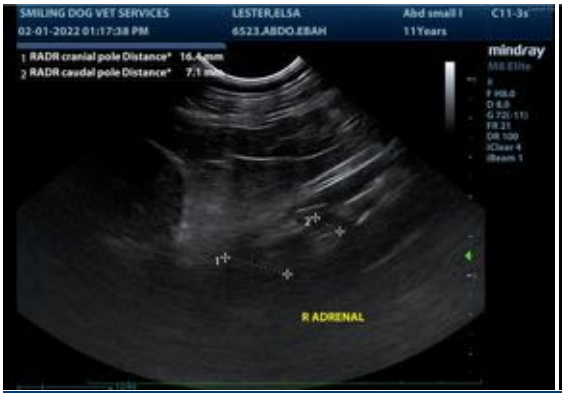
DATE

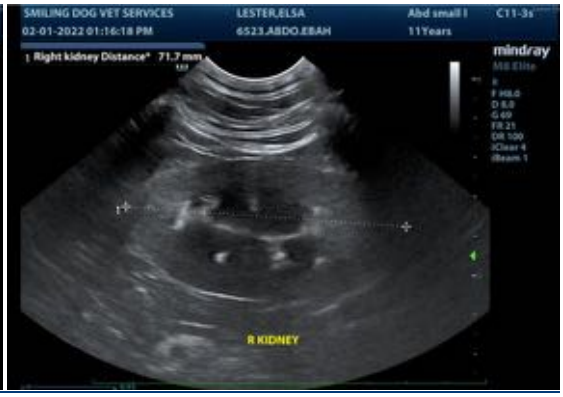
2/1/22

- Given the hypoalbuminemia, consider the following:
  1. Pre- and post-prandial serum bile acids
  2. A fecal evaluation for ova/Giardia
  3. Malabsorption panel including serum cobalamin, folate, TLI and PLI
  4. UPC (if proteinuria is present after the urinary tract infection has resolved)
  5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  6. If patient does not respond to supportive care and the above diagnostics are inconclusive, GI biopsies (i.e., endoscopic or surgical) may be warranted.

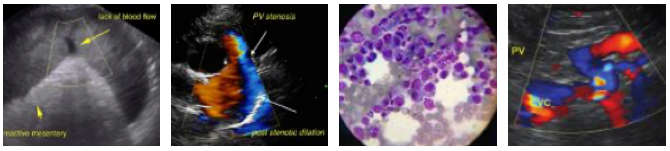








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Elsa Lester

SPECIES

Canine

BREED

Goldenretriever Mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

30.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield

HOSPITAL NAME

East Bend AH

REFERRING VET

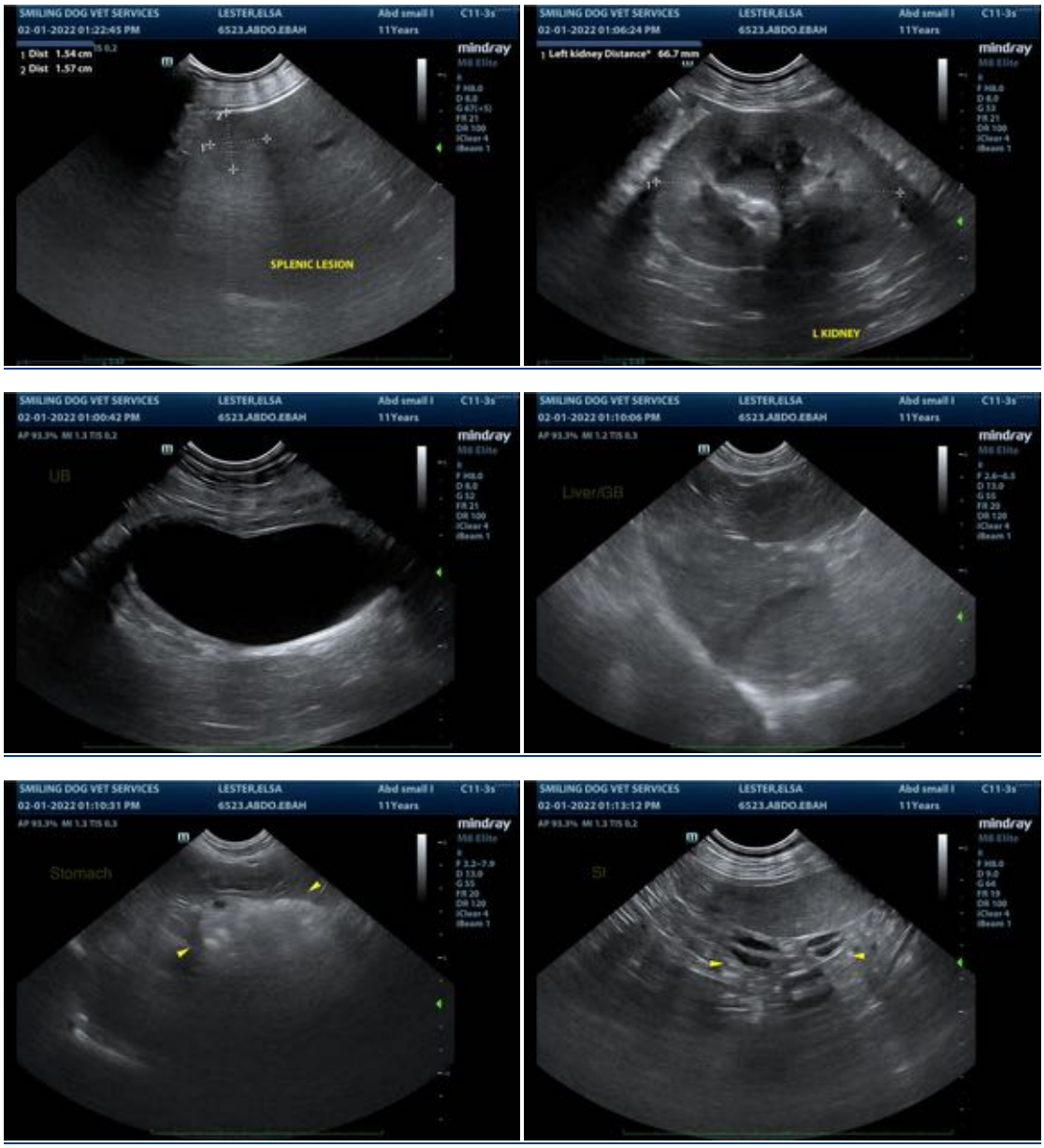
Dr. Jamie Thurk

INVOICE

12945

DATE

2/1/22



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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com