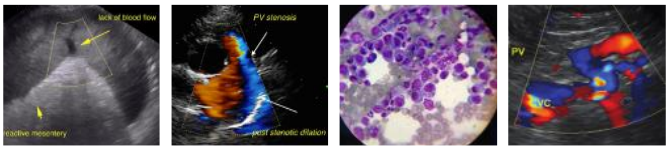
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Booboo Iannelli

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
10 years

WEIGHT
13 lbs

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Scott

INVOICE
10278

DATE
2/4/22

PRESENTING CLINICAL SIGNS

History: Came in yesterday for ADR- seems more lethargic lately and eating less normal drinking and urination hx of bladder stones- calcium oxalate removed surgically in 2019 and pet has been on C/D since.

Abnormal PE/Chem/CBC/UA Results: BW: HCT 25%, Retic 225K, nucleated RBC 9, spherocytes slight, occasional target cells, Alb 2.3, Glob 4.7, Coombs pending 4dx- positive Lyme but been positive for years Chest rads WNL Abd rads- few small bladder stones PCV today in house 27%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally to mildly distended. The wall is thickened (up to 0.48 cm), with an irregular mucosal surface. Cystic calculi as well as mineralized sand is observed within the lumen. The trigone area is obscured by the cystic calculi. The visible portion of the proximal urethra is normal.

The prostate is normal in size (0.87 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 (3.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydureter.

The right kidney is normal in size (3.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.39 cm at caudal pole) (1.33 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 (0.47 cm at cranial pole) (0.44 cm at caudal pole) (1.69 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.

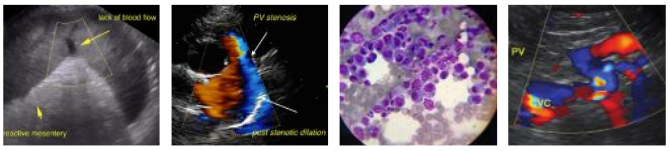
Spleen

The spleen is normal in size (1.35 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. 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 gall bladder 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/not



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. 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 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. A 1.84 cm lymph node is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculi with bladder wall changes, suggestive of cystitis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- Bilateral nonobstructive nephrolithiasis
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The prominent caudal abdominal lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the spleen to rule out round cell neoplasia (if clotting status is appropriate).
- Given the presence of anemia in the face of mild hypoalbuminemia, an upper GI endoscopy should be considered to rule out gastric ulceration as the cause for the patient's clinical signs and bloodwork abnormalities.
- If all tests are normal and/or inconclusive, initiation of treatment for immune-mediated hemolytic anemia may be warranted.
- Once the patient's condition has stabilized, a cystotomy with stone removal, analysis and culture can be considered. Alternatively, an attempt at medical dissolution with a prescription urinary diet and broad-spectrum antibiotics can be considered. However, given the history of calcium oxylate urolithiasis, medical dissolution may be ineffective.

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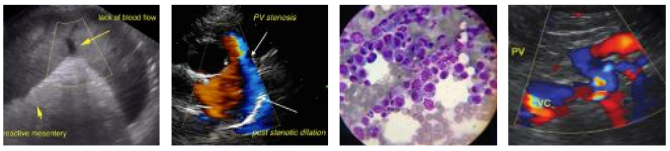

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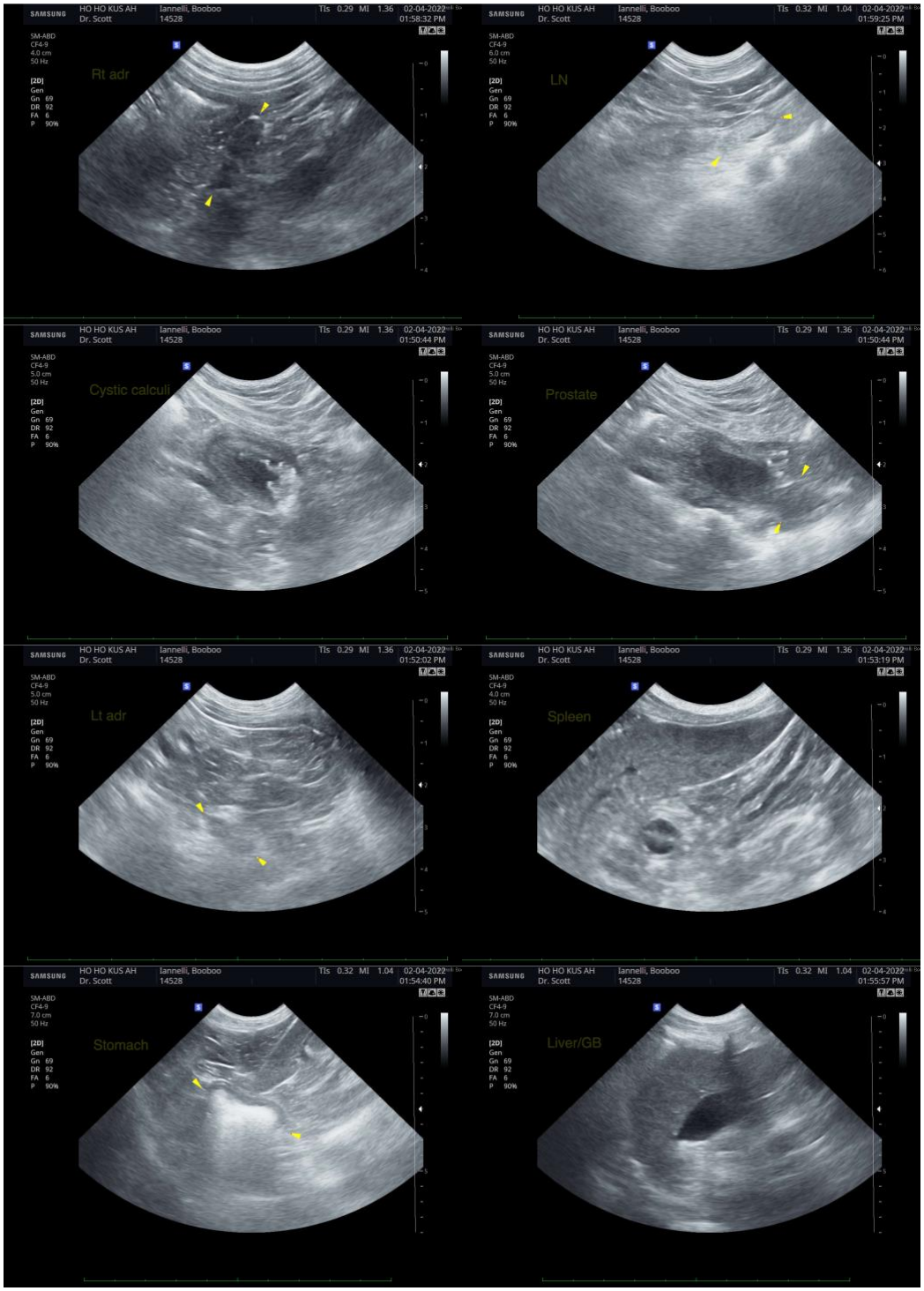

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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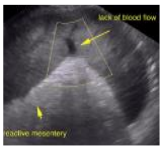
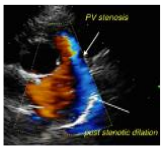
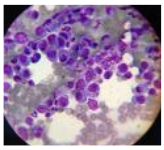
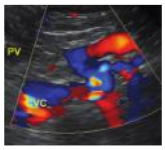

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can be of any further assistance, please contact me.

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