



PATIENT

Maudie Hooper

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

History: acting lethargic- not wanting to eat- ascites- 12/28/2021 came in for skin issues, marked crusting areas that exfoliated hair when removed same erythema. suspect pemphigus- started meds: prednisone, omeprazole, doxycycline, Vit B3. 1/11/2022- doing better and eating better. PU/PD. vomit once. Marked pendulous abdomen- generalized muscle atrophy, decreased prednisone and started cyclosporin and bathing. When seen today for AUS, coat was great. 2/3/2022, ascites. r/o hypoalbuminemia, neoplasia, liver failure.

Abnormal PE/Chem/CBC/UA Results: LABS attached for 2/3/2022, 2/16/2022 and 2/22/2022- abdominal cytology 2/4 moderate neutrophilic to mixed inflammation with hemorrhage- full fluid analysis attached- LABS: attached- regenerative anemia- increased liver enzymes- mild pancreatitis

AGE

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

78 lbs

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. 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.

INTERPRETED BY

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

The left kidney presented normal size (7.99 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 hydronephrosis.

The right kidney presented normal size (8.68 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 hydronephrosis.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal in length (0.51 cm at cranial pole) (0.42 cm at caudal pole) (2.78 cm in length); with a flattened contour; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Fallon VC

REFERRING VET

Dr.Sarah Storm

The right adrenal gland is normal in length (0.43 cm at cranial pole) (0.38 cm at caudal pole) (2.08 cm in length); with a flattened contour; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10496

Spleen

The spleen is subjectively normal in size (1.46 cm in width at the level of the hilus) with slightly irregular peripheral contours. A thrombus is observed in the splenic vein, at the level of the hilus and appears partially obstructive. At the caudal aspect, a relatively well-demarcated hypoechoic area with slight heterogeneity is observed. There is minimal to no blood flow in this region. An approximately 2

DATE

3.3/22



PATIENT

Maudie Hooper cm hypoechoic to heterogenous swelling/mass effect is observed at the caudolateral aspect. The mesentery effacing the serosal surface in this region is hyperechoic. At the cranial aspect, the parenchyma is largely heterogenous with a relatively well-demarcated hypoechoic area at the tip.

SPECIES

Canine **Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen, and subtly heterogenous in appearance. An approximately 2 cm ill-defined, hyperechoic nodule is visualized. A 3.27 x 3.27 cm irregular ill-defined, hypoechoic area is observed on the right side. Intrahepatic biliary tracts are of normal volume with no evidence of congestion.

BREED

Hound Mix

SEX

Spayed Female

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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.

AGE

10 years

WEIGHT

78 lbs

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.28 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

INTERPRETED BY

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

Free Abdomen

A small amount of free fluid is present. The mesentery throughout the abdomen is slightly hyperechoic. A 2.30 cm caudal abdominal lymph node is visualized.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. An extensive thrombus is observed within the portal vein lumen.

HOSPITAL NAME

Fallon VC

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr.Sarah Storm

Primary Findings

- Portal and splenic vena thromboses. Possible causes include hypercoagulability secondary to chronic corticosteroid administration, autoimmune disease, underlying neoplasia, other.
- Suspected splenic infarct at the caudal aspect. The heterogenous splenic changes are more concerning for a neoplastic process although benign change (i.e., lymphoid hyperplasia), cannot be completely excluded.
- The ascites may be secondary to increased hydrostatic pressure (i.e., resulting from the thromboses), low oncotic pressure, and/or increased vascular permeability.

INVOICE

10496

DATE

3.3/22



PATIENT

Maudie Hooper

Secondary Findings

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fallon VC

REFERRING VET

Dr.Sarah Storm

INVOICE

10496

DATE

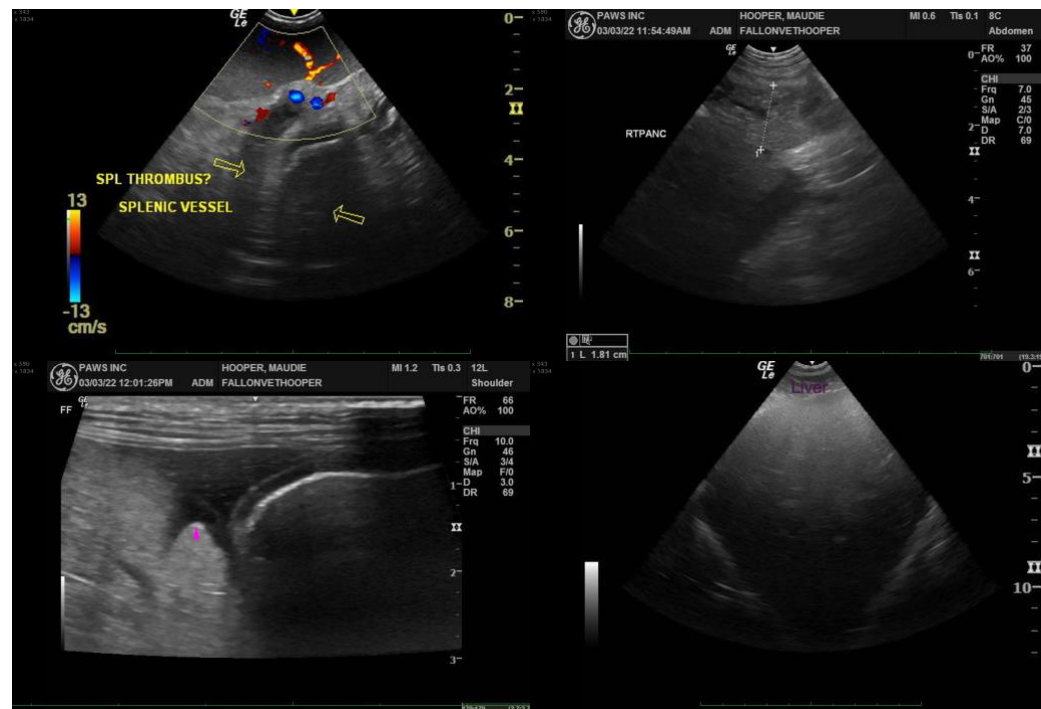
3.3/22

- The flattened adrenal glands bilaterally, are most consistent with chronic corticosteroid use, with subsequent atrophy.
- The diffuse hepatic parenchymal changes are also consistent with a steroid hepatopathy. The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule), with a lower possibility of emerging neoplasia. The ill-defined hypoechoic area in the right liver could be consistent with an inflammatory focus, area of infarction, regenerative nodule, emerging neoplasia, other.
- The pancreatic changes are suggestive of chronic age-related remodeling. Concurrent inflammation may also be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.
- The prominent caudal abdominal lymph node is likely reactive.

**Given the patient's clinical history/lab abnormalities and sonographic changes, sepsis is a concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the likelihood of systemic disease, three-view thoracic radiographs are recommended to assess cardiopulmonary status. Referral to a criticalist would be ideal to manage possible sepsis and to potentially undergo anti-thrombotic therapy. In the meantime, supportive care with broad-spectrum antibiotics and clopidogrel as well as gastric protectants and other supportive measures, is recommended. Also consider fine-needle aspirates of the heterogenous portion of the spleen.





PATIENT

Maudie Hooper

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fallon VC

REFERRING VET

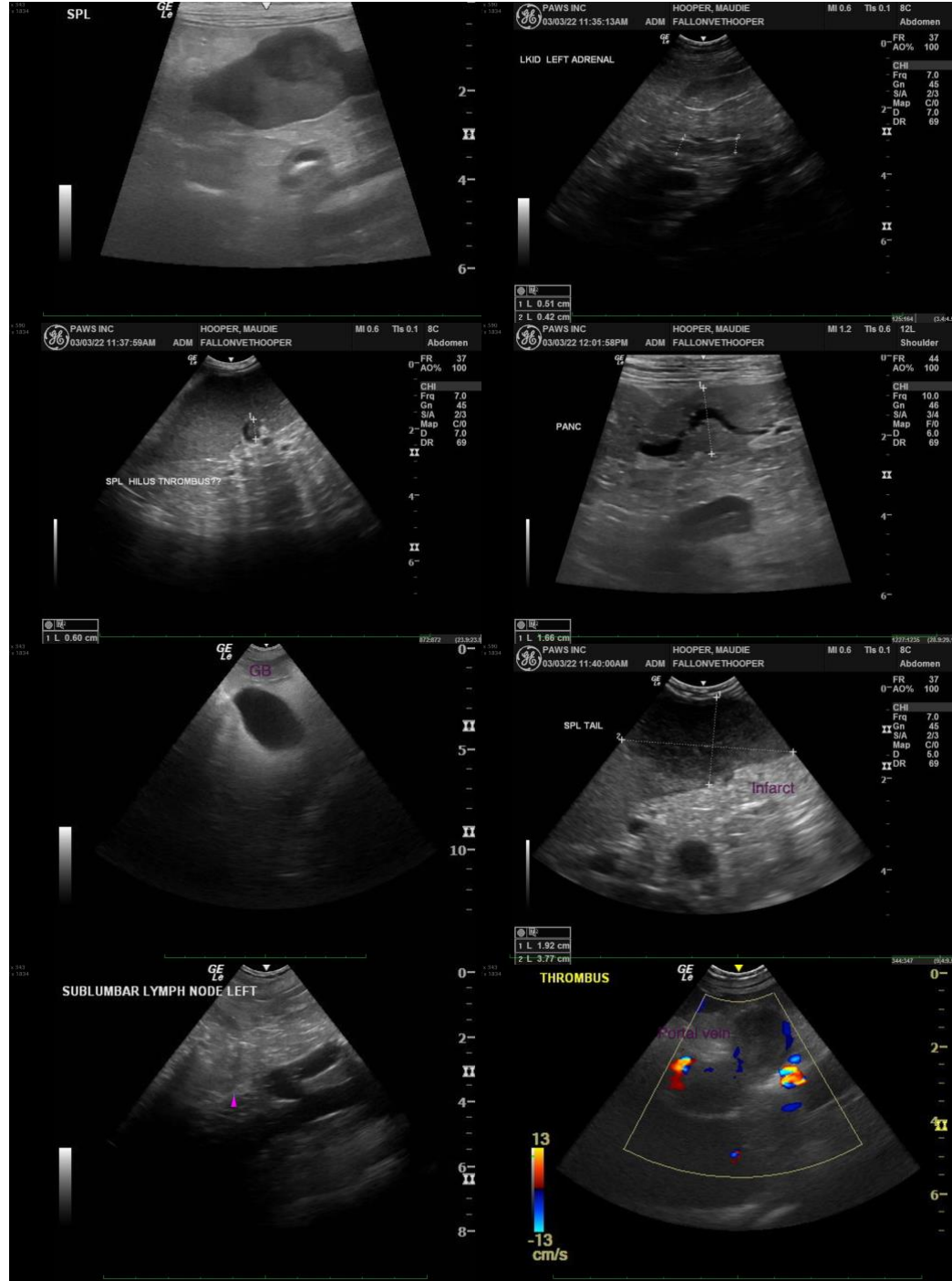
Dr.Sarah Storm

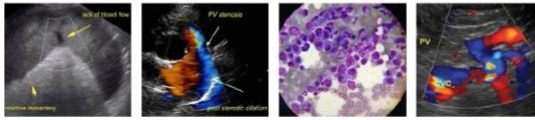
INVOICE

10496

DATE

3.3/22





PATIENT

Maudie Hooper

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

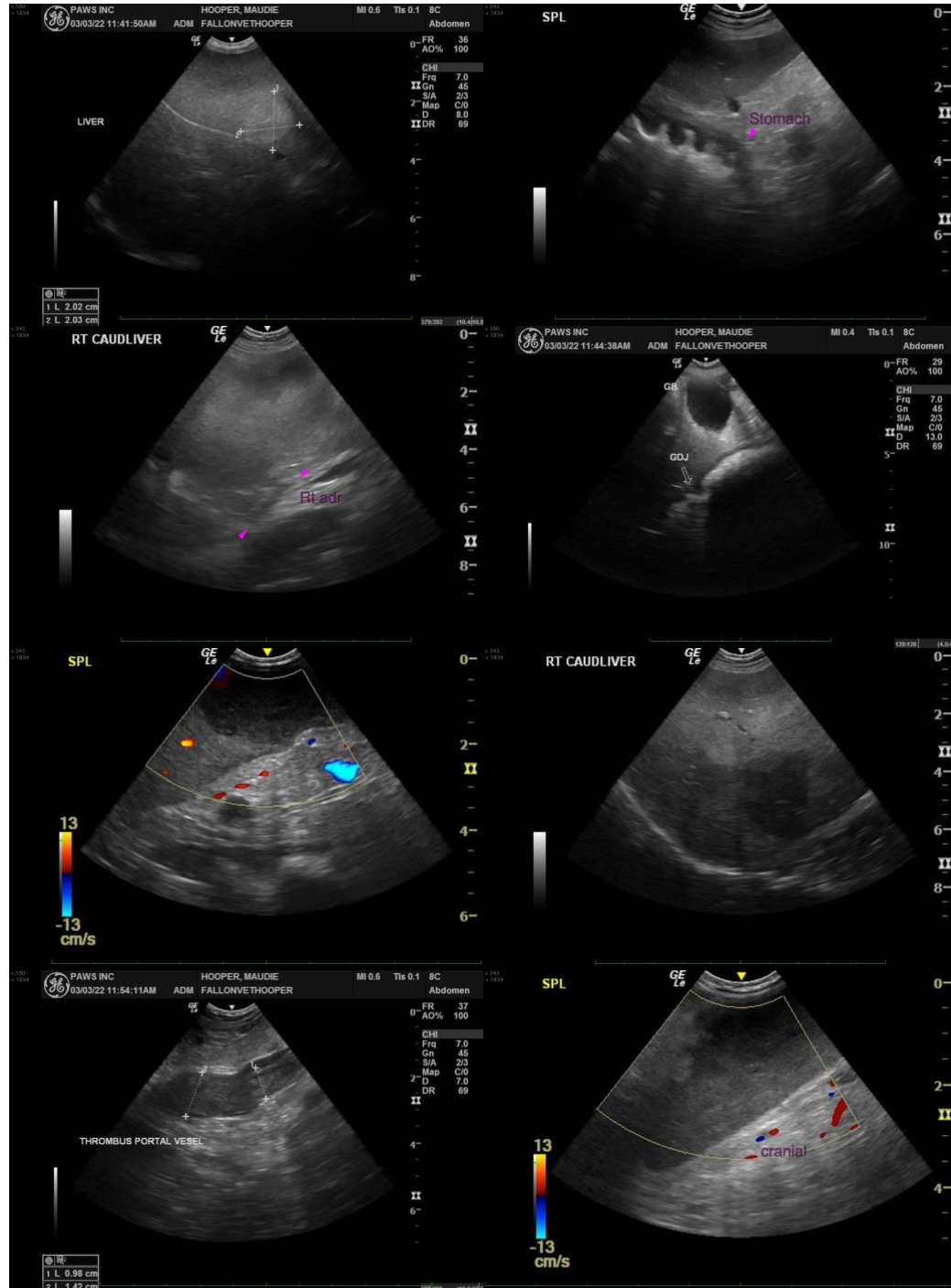
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fallon VC

REFERRING VET

Dr.Sarah Storm



INVOICE

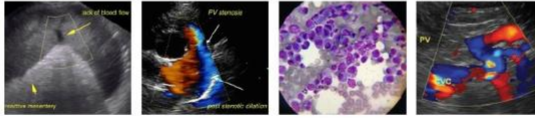
10496

DATE

3.3/22

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



PATIENT

Maudie Hooper can be of any further assistance, please contact me.

SPECIES

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fallon VC

REFERRING VET

Dr.Sarah Storm

INVOICE

10496

DATE

3.3/22