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Clinical Sonography & Telecytology
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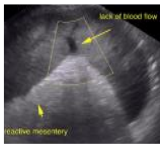
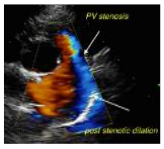
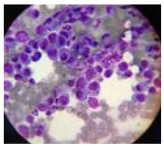
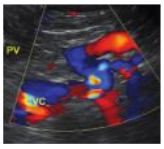





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Penelope Frame

SPECIES
Canine

BREED
Australian Shepherd

SEX
Spayed Female

AGE
9 years

WEIGHT
31.8 lbs

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

IMAGING PERFORMED BY
Jessica Bailes

HOSPITAL NAME
All Creatures Great & Small VC, Corvallis, OR

REFERRING VET
Jessica Bailes

INVOICE
10493

DATE
3/3/22

PRESENTING CLINICAL SIGNS

History: acute onset lameness 1/21/22; Carprofen prescribed. Vomiting noted so carprofen D/C; examined 1/31/22 for ongoing lameness and GI symptoms despite D/C carprofen. Exam suspicious for ST injury; GI diet, cerenia, sucralfate, galliprant and gabapentin prescribed. acute onset facial swelling noted 2/5/22 @ home; ongoing GI symptoms and lameness despite finishing all of the above meds and prescription GI diet. Re - examined 2/11/22 for ongoing symptoms - NSF on PE

Abnormal PE/Chem/CBC/UA Results: BW performed 2/11/22 Chem 15/elect: Unremarkable. CBC: wnl. cPL: normal Resting cortisol WNL @ 8.4 Had one more episode of facial swelling at home - resolved w/ benedryl administration within a few hours. Examined on ER 2/23/22 for acute onset R - sided facial swelling Significant dependent edema/cellulitis R side of face; anterior uveitis L eye, otherwise NSF on PE Rechecked BW w/ PT/PTT: HEM: increased TP (7.5), increased GLOB (4.4), increased CREAT (1.7) CBC: thrombocytosis (443) PT/PTT: 9.7/10.7 (WNL) accuplex 4Dx: negative for all 4 Diarrhea is now resolved but still not eating I/D well; vomiting about once/week Focal bruise noted ventral abdomen when scanning for AUS today. Otherwise, NSF on PE.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The mucosal surface is slightly irregular. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

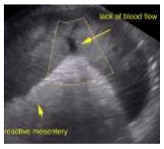
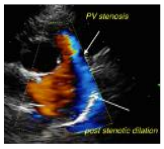
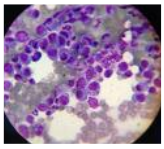
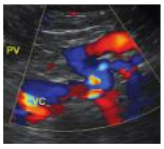
Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.52 cm at caudal pole) (2.01 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 (0.35 cm at cranial pole) (0.65 cm at caudal pole) (2.41 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 (1.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

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vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent debris is observed within the lumen. 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.

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 2.56 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent medial iliac lymph node is likely reactive. The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Chest radiographs (three-view) are recommended to assess for occult disease in the thorax.
- A thorough evaluation of the patient's skin is recommended for evidence of mass cell tumors, which occasionally can degranulate and cause symptoms of anaphylaxis.
- A thorough oral examination is also recommended to assess for evidence of puncture wounds, that may be resulting in facial swelling/cellulitis.
- Given the presence of bruising on the ventral abdomen, consider a buccal mucosal bleeding time to assess for platelet dysfunction.
- Further GI workup could include a GI panel (i.e., serum cobalamin, folate, TLI and PLI), fecal evaluation for ova and Giardia, hypoallergenic diet trial +/- gastrointestinal biopsies.

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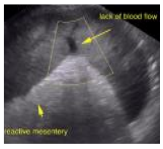
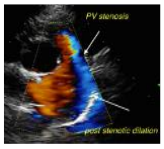
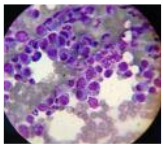
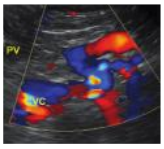

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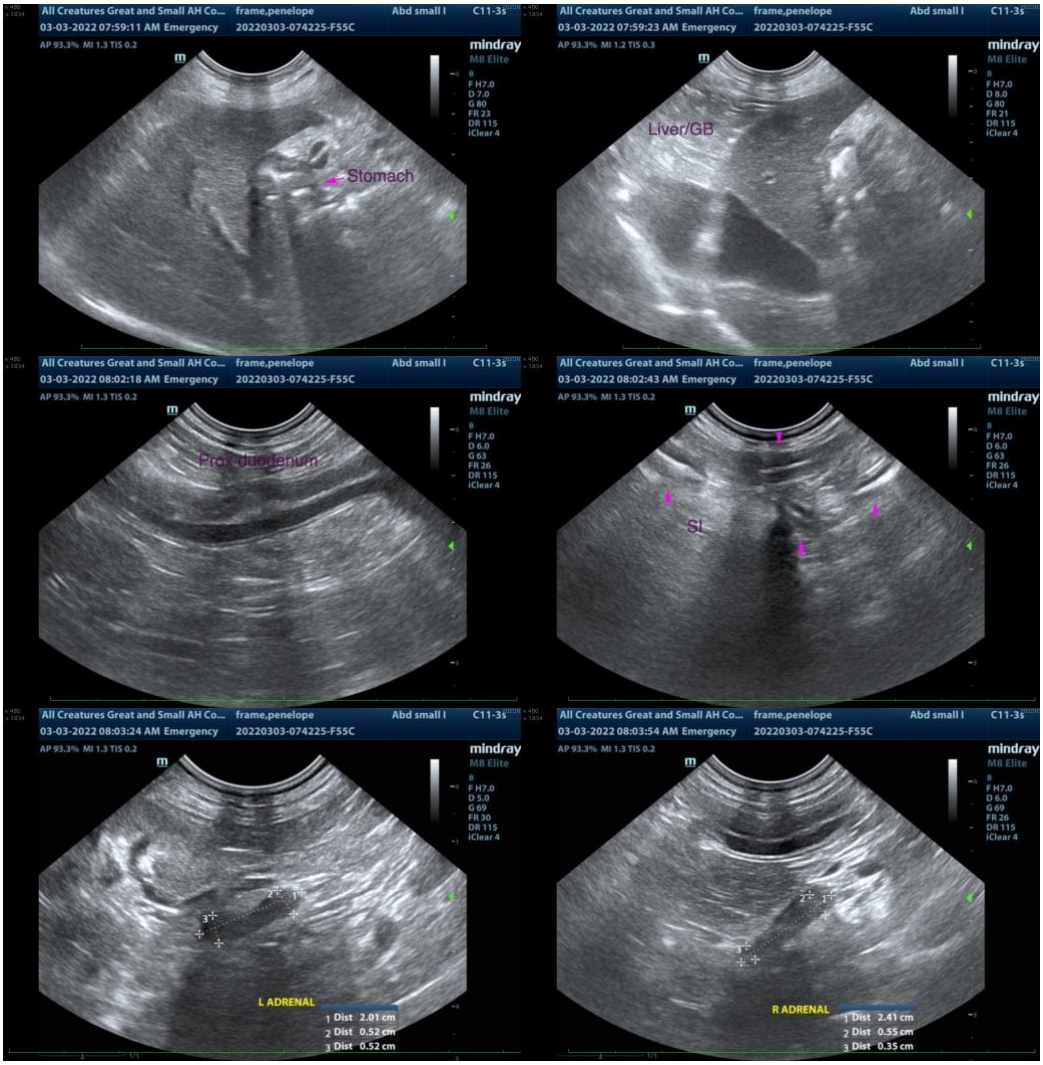

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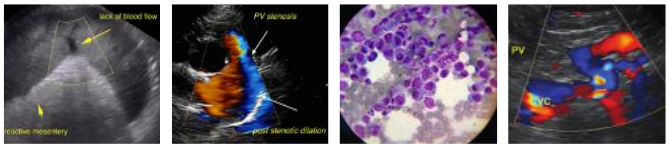

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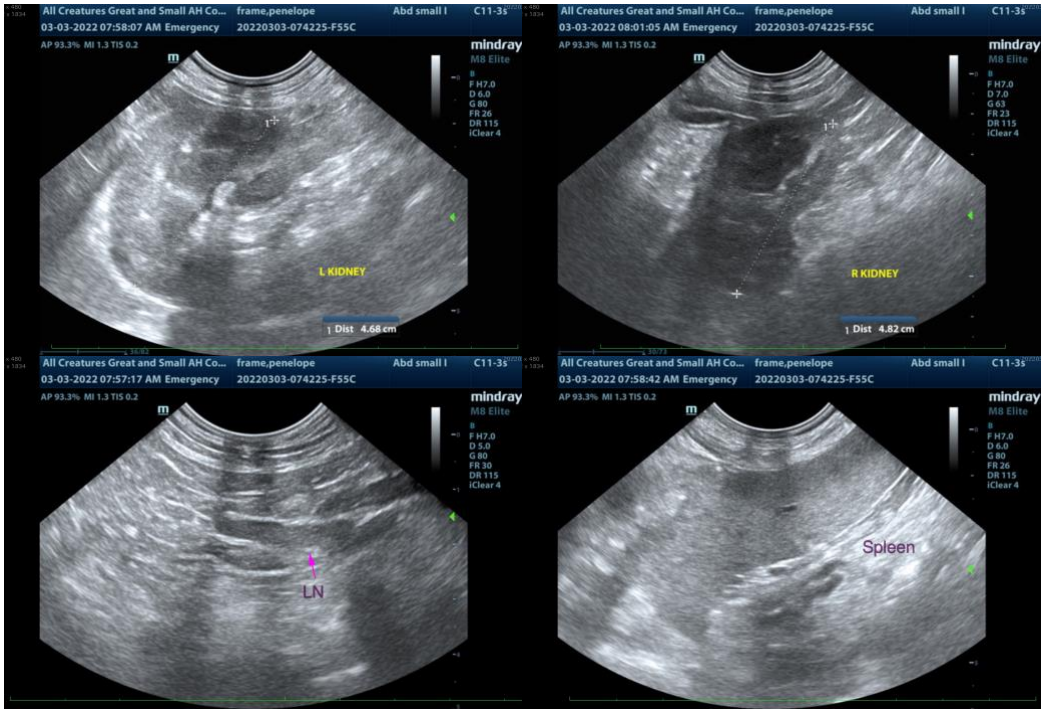

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com