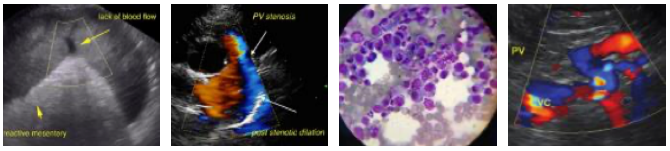
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rocky Khabra

SPECIES
Canine

BREED
German Shepherd

SEX
Male, neutered

AGE
6 Yrs.

WEIGHT
40 kg.

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

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Williams

INVOICE
13374

DATE
5/17/22

PRESENTING CLINICAL SIGNS

History: Has lost 8kg weight in past 6 weeks, appearing uncomfortable eating kibble but eagerly eating canned/soft food. No drooling. Pt is reported PU/PD. Two days ago saw rDVM and he could hardly open his mouth. Cried like it hurt when he tried to bark or opened mouth at all. Started Prednisone Saturday and is markedly improved. Was examined at primary care vet today and swelling/mass effect noted in laryngeal area.
Abnormal PE/Chem/CBC/UA Results: - Labs show mild elev WBC count 21K with mature neutrophilia and. mild non regenerative anemia; -Chems low T4 and otherwise normal; -UA is isosthenuric 1.017 with 1+ bilirubinuria. -Thoracic radiographs read by radiologist as normal cervical region and no evidence of pulmonary masses or effusion (though there was scant effusion seen on TFAST, nothing large enough to collect) -FNA's were taken of the retropharyngeal lymph nodes and submitted to IDEXX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.64 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.73 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.

The right kidney is normal size (8.58 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.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.56 cm at caudal pole); 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.

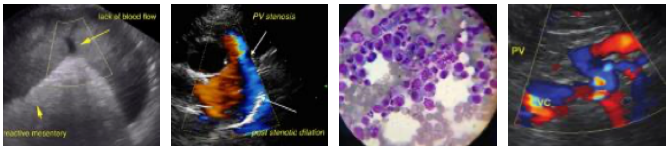
The caudal pole of the right adrenal gland is visualized and is normal size (0.77 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.14 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 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



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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 moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. 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 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. A 3.36 x 0.62 cm medial iliac lymph node is visualized.

Other

The retropharyngeal lymph nodes are enlarged (left 4.87 x 1.74 cm; right 3.90 x 1.69 cm)

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

*Given the patient's clinical history, masticatory muscle myositis is the top differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Submission of a serum type 2M muscle autoantibody test is recommended to further evaluate for masticatory muscle myositis. Muscle biopsies can also be considered but may not be necessary if the antibody test confirms the diagnosis. If the disease is confirmed, continuation of immunosuppressive therapy is recommended along with nutritional support as needed. Although local lymphadenopathy can occur with the disease, if cytology results reveal neoplasia instead of reactive change, consultation with a board-certified oncologist may be warranted.

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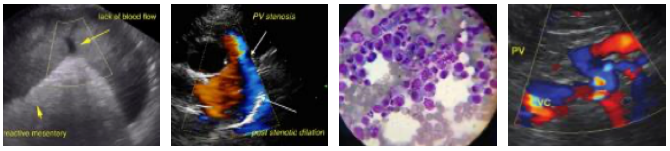

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com