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Clinical Sonography & Telecytology
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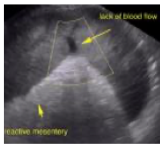
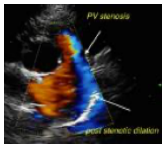
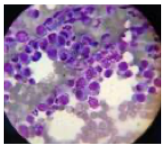
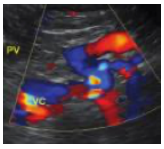





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sunny Bradley

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PC of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

13323

DATE

6.13.23

PRESENTING CLINICAL SIGNS

History: Sunny, a 13yo FS lab mix, has been lethargic with hyporexia since a dental cleaning under general anesthesia 12 days ago. Labrador Retr-work including cPL was normal, radiographs of chest and abdomen were unremarkable. She has been treated symptomatically. She has also had soft stool and regurgitated once. She is drooling.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A small amount of mineralized sand is observed within the lumen, along with some echogenic debris. The wall in the cystourethral junction is slightly irregular. Mineralized sand is observed within the proximal urethral lumen.

The left kidney is normal in size (6.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 in normal size (0.57 cm at cranial pole) (0.73 cm at caudal pole) with a normal shape and 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 (1.68 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.

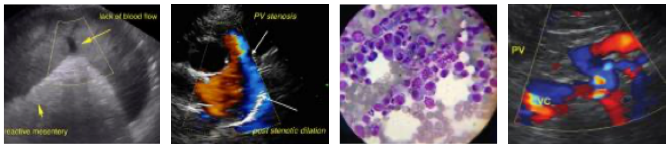
Liver

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 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 gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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 1.73 medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder and urethral sand. The irregular urinary bladder wall at the cystourethral junction may represent artifact, inflammation (i.e., cystitis) or an emerging tumor.

Secondary Findings

- Minor bilateral chronic renal changes
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the urinary bladder changes, a urinalysis with culture and sensitivity, +/- a urine BRAF test (to evaluate for lower urinary tract neoplasia) should be considered.
- Regarding the patient's clinical signs, given the recent history of anesthesia, reflux esophagitis is a possibility. To confirm, and upper GI endoscopy would be warranted. Consider empirical treatment for reflux esophagitis with a proton pump inhibitor, sucralfate and soft food for 10-14 days. If the patient's clinical signs do not improve, and/or if an upper GI endoscopy is unremarkable, a more comprehensive upper GI (i.e., resting cortisol level, Texas GI panel, fecal evaluation for internal parasites) may be warranted.

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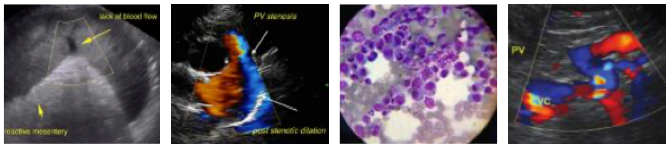

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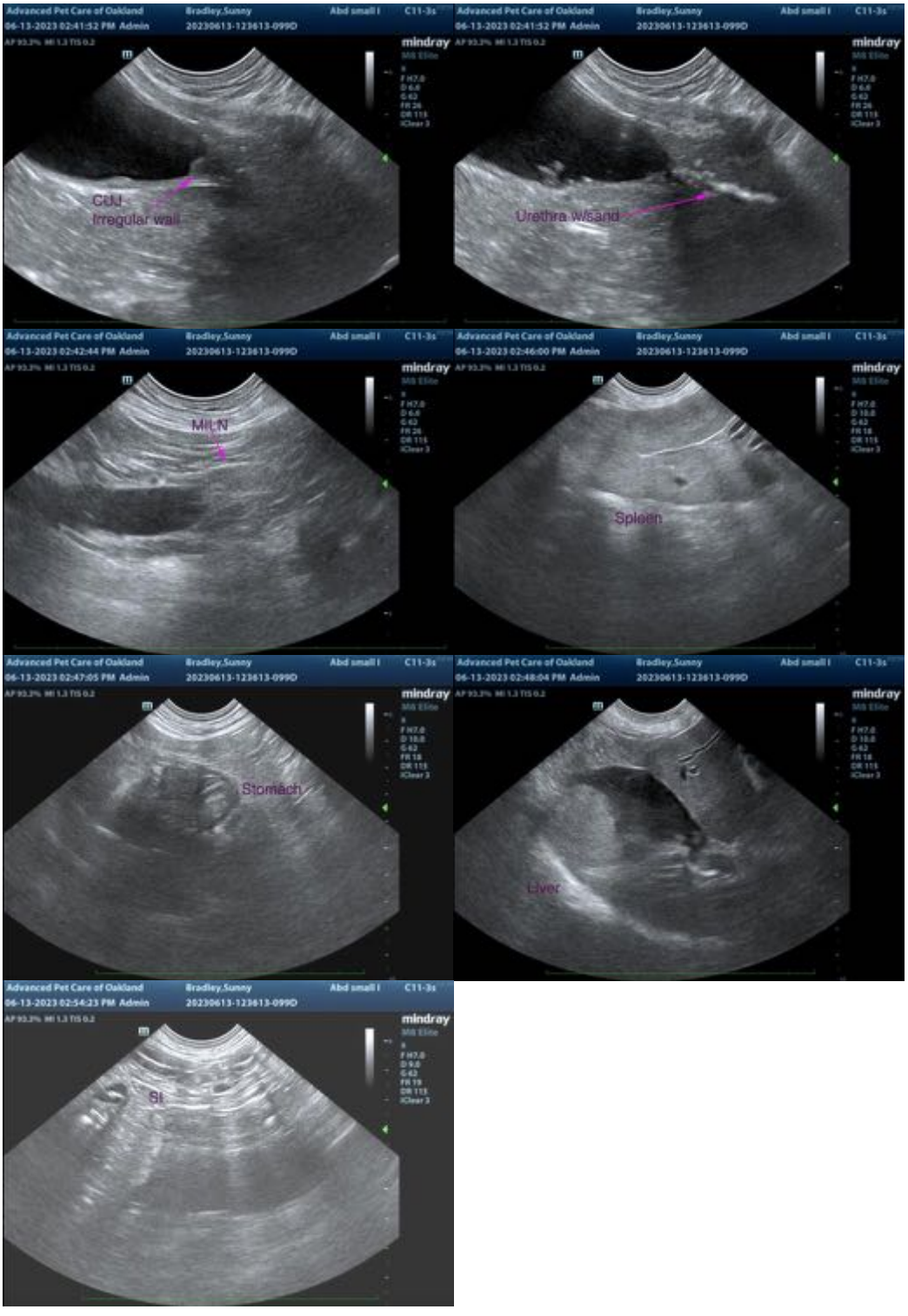

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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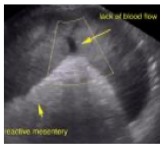
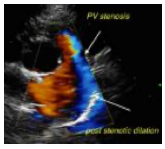
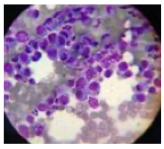
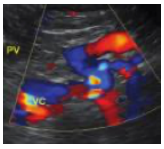

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com