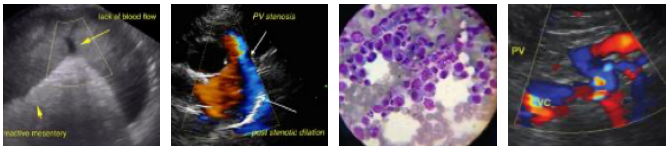
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Pippi Boyd-Devine

SPECIES
Canine

BREED
Standard Poodle

SEX
Female, spayed

AGE
20 months

WEIGHT
66 lbs.

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

IMAGING PERFORMED BY
Nicole Gotfredson

HOSPITAL NAME
Buffalo VC

REFERRING VET
Dr. Dallas Shaw

INVOICE
13799

DATE
8/9/22

PRESENTING CLINICAL SIGNS

History: Patient was seen yesterday for UTI, blood in urine, discharge. Pyuria. BUN, Phos unreadable. Radiographs negative for stones, WBC=WNL put on amoxicillin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are visualized, the largest measuring 0.80 cm in its longest dimension, as well as mineralized sand and suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.54 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. Renal vasculature is normal.

The right kidney is normal size (7.23 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.46 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

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. A few hypoechoic nodules are observed throughout the organ, the largest measuring 0.89 cm in diameter. Splenic vasculature is normal.

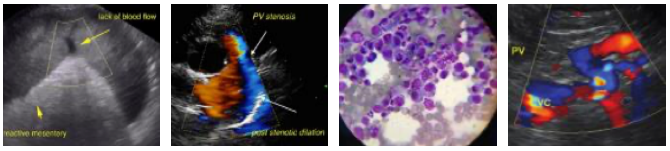
Liver

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pippi Boyd-Devine

SPECIES
Canine

BREED
Standard Poodle

SEX
Female, spayed

AGE
20 months

WEIGHT
66 lbs.

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

IMAGING PERFORMED BY
Nicole Gotfredson

HOSPITAL NAME
Buffalo VC

REFERRING VET
Dr. Dallas Shaw

INVOICE
13799

DATE
8/9/22

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. The abdominal lymph nodes are normal/not visible.

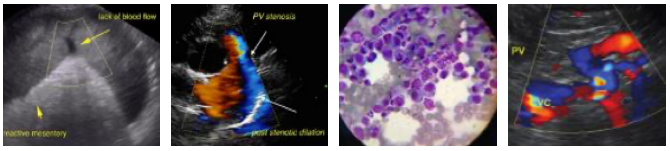
ULTRASONOGRAPHIC FINDINGS

- Cystic calculi along with urinary bladder sand and echogenic debris. Given the concern for radiolucent stones, urate stones are a possibility.
- The splenic nodules could be consistent with benign process (i.e., foci of lymphoid hyperplasia, extramedullary hematopoiesis, inflammation, other). Alternatively, emerging neoplasia (i.e., round cell tumor) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the possibility of urate stones, pre- and post-prandial serum bile acids are recommended to assess hepatic function.
- A cystotomy with stone removal, analysis and culture is recommended. A urine culture and sensitivity is also recommended 5-7 days after the last dose of antibiotics.
- Regarding the splenic nodules, fine needle aspirates can be considered if clotting status is appropriate. 25-gauge needles should be used. If aspirates are not pursued at this time, consider a repeat ultrasound in 3-4 weeks to assess for progression. Or, if a cystotomy is pursued, consider surgical biopsy of one or more of the nodules.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Pippi Boyd-Devine

SPECIES

Canine

BREED

Standard Poodle

SEX

Female, spayed

AGE

20 months

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Dallas Shaw

INVOICE

13799

DATE

8/9/22

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 can be of any further assistance please contact me.

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