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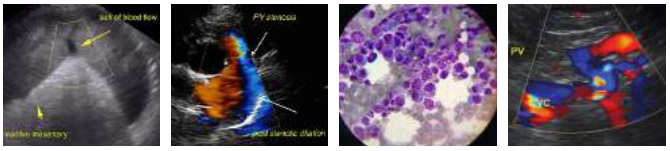

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Buddy Kublin

SPECIES
Canine

BREED
Pit Bull Mix

SEX
Male Neutered

AGE
12 Years

WEIGHT
63 lbs.

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

IMAGING PERFORMED BY
Dr. Mandeville

HOSPITAL NAME
Louise Mandeville

REFERRING VET
Dr. Mandeville

INVOICE
11794kk

DATE
9/9/21

PRESENTING CLINICAL SIGNS

History: Non-regenerative anemia. Recent episode of diarrhea (1 week) now resolved.

Abnormal PE/Chem/CBC/UA Results: Anemia. Coombs test is negative.

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 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.

The prostate is normal in size (1.78 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 (7.03 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. A few cortical cysts are visualized. Mild to moderate pyelectasia is present (0.35 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.99 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. A 1.20 cm cortical cyst with echogenic debris is observed. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.55 cm at caudal pole) (2.24 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 not definitively visualized.

Spleen

The spleen is subjectively prominent in size (3.07 cm in width at the level of the hilus) with normal, curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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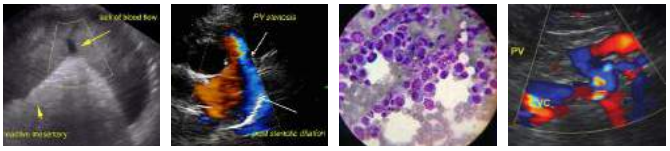

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Gastrointestinal

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 pyloric outflow tract is patent. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

Primary Findings:

**An obvious cause for the patient's anemia is not identified in this study. Based on the reticulocyte count, the anemia appears non-regenerative. Differentials include occult neoplasia, underlying metabolic disease, bone marrow disease, tick-borne infection, GI blood loss, and other.

Secondary Findings:

- Bilateral, age-related renal changes with pyelectasia and cortical cysts.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended.
- Gall bladder debris – incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A chemistry panel, urinalysis, and T4 are recommended if not already performed.
2. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
3. Consider sending a CBC to an outside lab to obtain another reticulocyte count.
4. If the anemia persists or worsens, more advanced testing (i.e., bone marrow aspirate, comprehensive tick panel) may be warranted.

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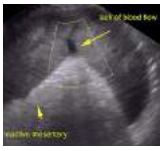
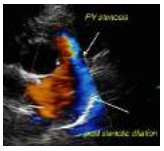
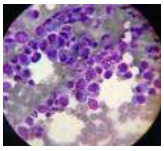
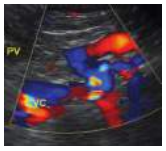

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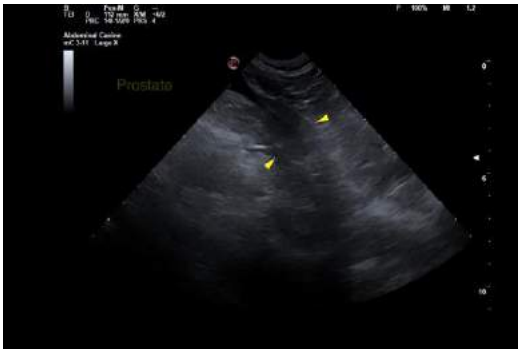

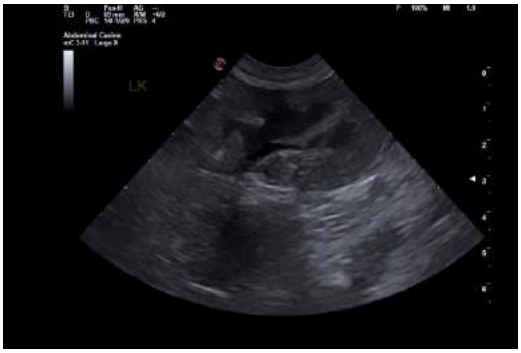

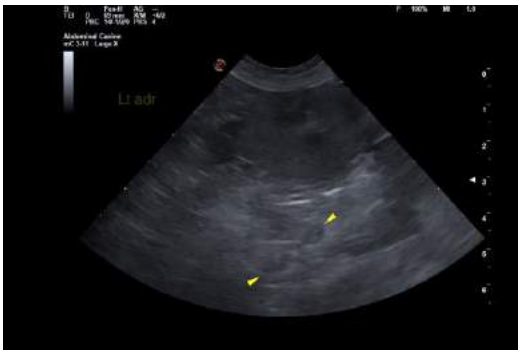

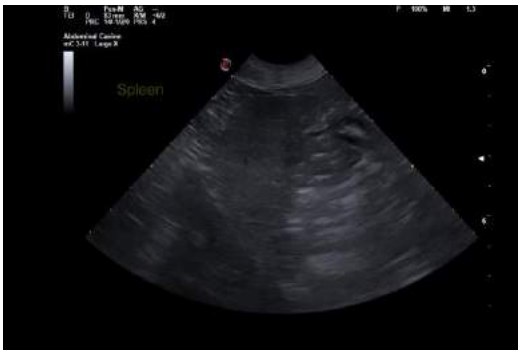

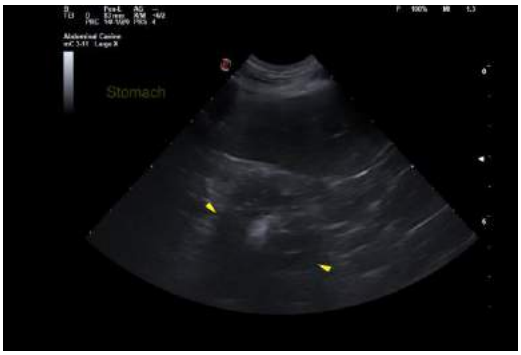

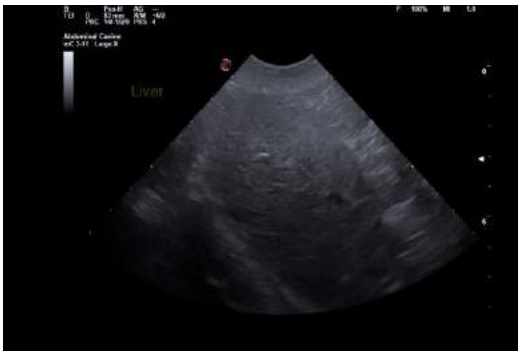

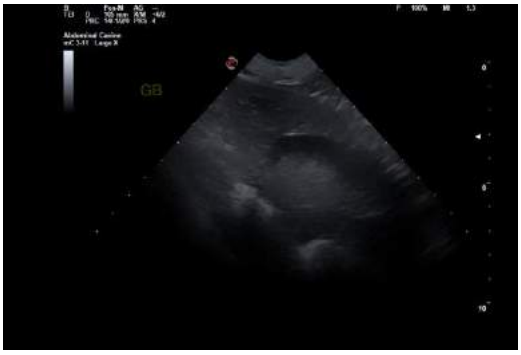

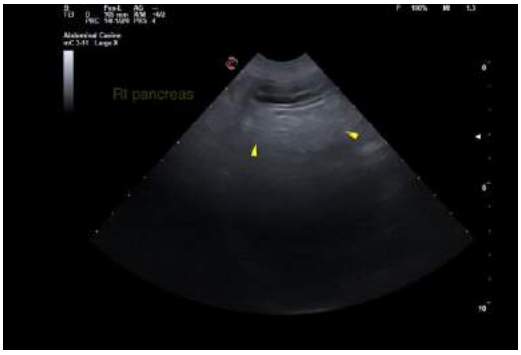

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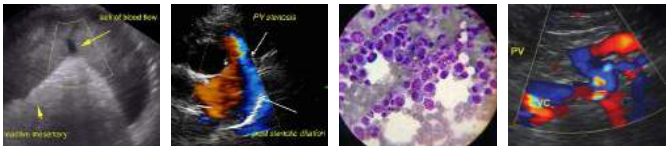

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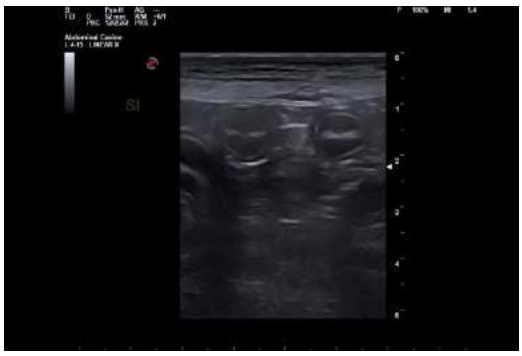

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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