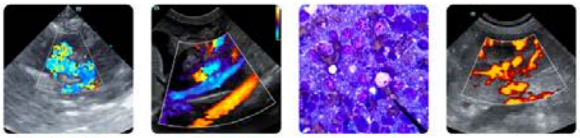

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Toby Dog Brown

SPECIES

Canine

BREED

Doberman x

SEX

Neutered Male

AGE

10 Years

WEIGHT

27.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

West Brant Animal Hospital

REFERRING VET

Dr. Balaraju

INVOICE

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PRESENTING CLINICAL SIGNS

Seen Jan 21 for limp, non-weight bearing on RF leg, a mass is present on the distal portion of leg

Normal ROM shoulder/elbow. No swelling/boney masses appreciated. no broken nails. No ulcerated skin. Swelling/mass by R carpal pad medial aspect (~3cm diameter). Firm, sq, not ulcerated. Reactive to palpation of mass/swelling. Allowing normal rom carpus/metacarpal.

Initial discussion was for sx to try and remove/debulk.

Has historically had thrombocytopenia - prev treated w doxy and steroids (2020, previous ehrlichia positive), ALT also previously elevated but only ~300

Current Medications - Gabapentin 300mg(1 cap SID).

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia (value o 36) - no clots in vial or clumps noted on slide - suspect true plt count (slide - over 10 hpf average 1.7 plt/hpf - no clumping, rarely activated, hypochromic RBC potentially) ALT - 1713 (following 1:2 dilution) ALP - 636 Radiographic Findings N/A Primary Question to Be Answered in This Exam Further investigation due to abnormal liver and platelet values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is largely normal for a neutered dog except for a subtle approximately 0.70 cm in diameter mildly heterogeneous, mixed density noted in several views.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 7.68 cm. Right kidney measures 6.77 cm.

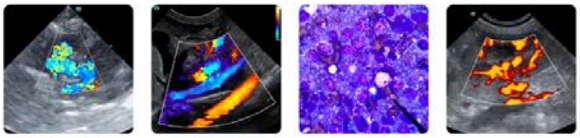
Adrenal Glands

The right adrenal gland is normal in size (0.85 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Diffusely, the spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. Additionally, there is an approximately 1.5 cm x 1.7 cm hypo- to anechoic density creating a mild bulge off the cranial medial aspect of the spleen. Splenic vasculature appears normal.



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Liver

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- An obvious cause for the significant liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. The focal hypo- to anechoic density likely represents a benign lesion such as a hematoma, cyst, or possibly extramedullary hematopoiesis. An infiltrative neoplastic lesion can mimic benign lesions and can't be ruled out but is thought less likely.

- The density on the prostate could represent a benign cyst, even an abscess, versus a hematoma, chronic inflammatory lesion versus other, although infiltrative neoplasia, while thought less likely, can't be definitively ruled out.

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SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

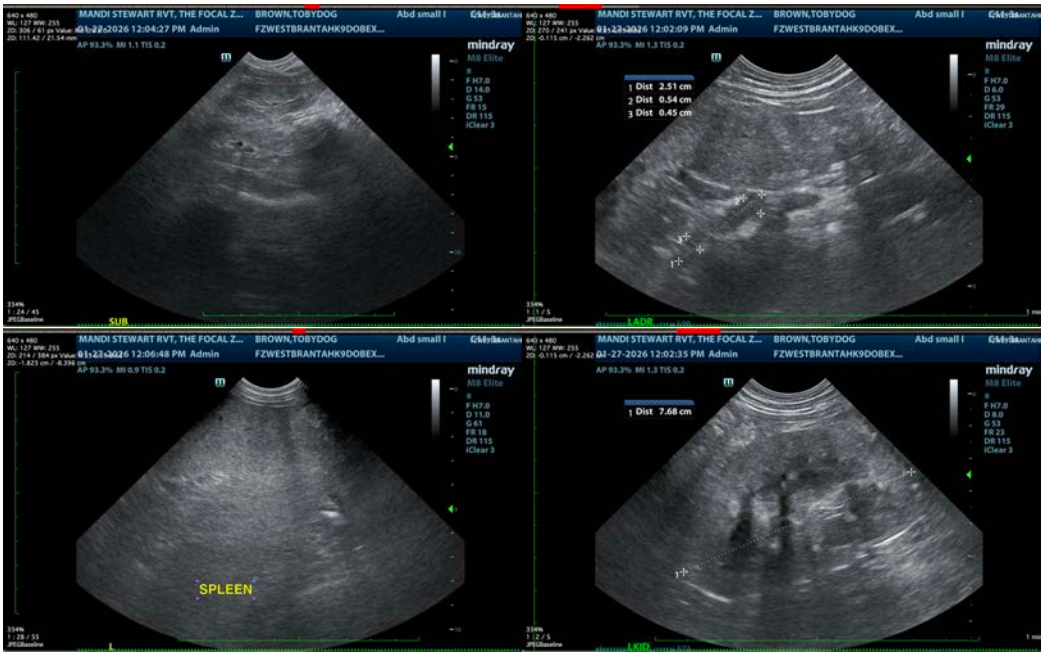
Additionally, submission of urine to look for BRAF gene mutation could be considered.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Ideally, when/if patient's coagulation status is appropriate, fine needle aspirates of the spleen and liver could be considered. In the meantime, bile acids are recommended if patient's total bilirubin is not increased.

Ultimately, a liver biopsy, being sure to include copper level assessment, is likely indicated.

In the meantime, if the thrombocytopenia is real and persists, recheck infectious disease evaluation is recommended +/- bone marrow cytology. The thrombocytopenia may or may not be the same etiology as the suspected hepatopathy and may represent a 2nd unrelated infectious disease that can be managed, which would result in better ability to workup the liver.



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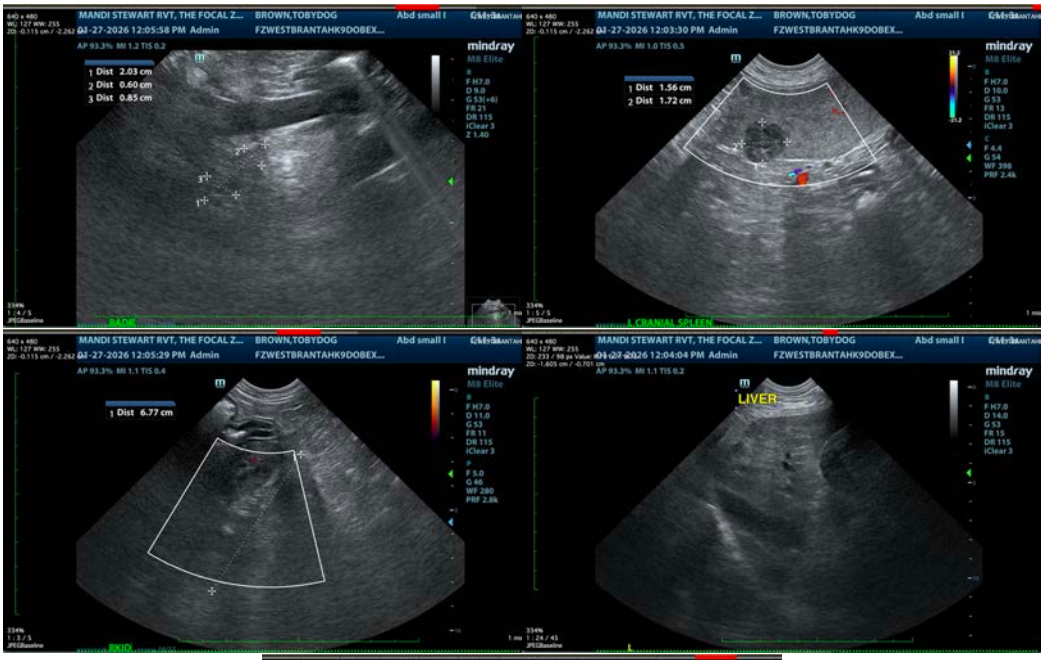

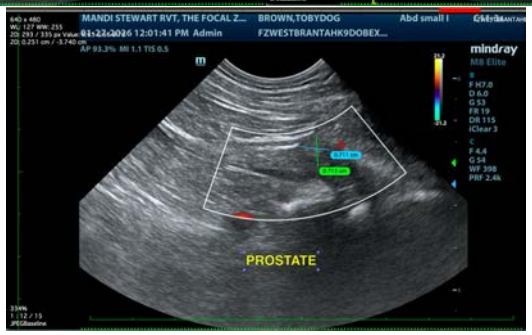

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com