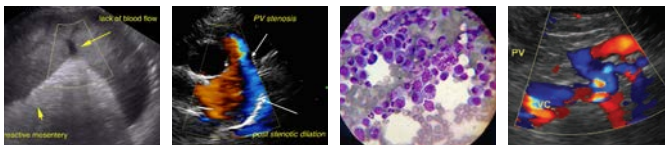
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Zooky Masini

SPECIES
Canine

BREED
Toy Poodle

SEX
Spayed Female

AGE
11 Years

WEIGHT
6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr. Hickenbottom

INVOICE
42020

DATE
10/12/22

PRESENTING CLINICAL SIGNS

vomiting, inappetence
Abnormal PE/Chem/CBC/UA Results: BUN/Crea 30, amylase 2132, PSL 647

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.57 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney is normal in size (3.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is normal in size (1.6 cm long x 0.80 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.28 cm long x 0.50 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

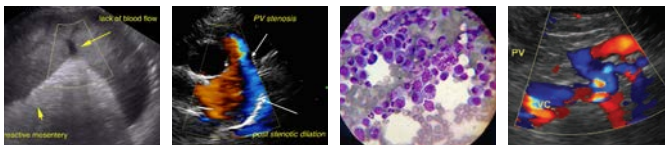
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions 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. An echogenic density is noted within the lumen that does not shadow, consistent with possible mucus adhered to the wall versus potentially a polyp, versus a non-shadowing cholecystolith. There is no evidence of cystic or common bile duct dilation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Zooky Masini

SPECIES
Canine

BREED
Toy Poodle

SEX
Spayed Female

AGE
11 Years

WEIGHT
6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr. Hickenbottom

INVOICE
42020

DATE
10/12/22

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min).

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Mucosal speckling –** Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Bilateral medullary rim sign -** This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Non-obstructive dystrophic mineralization in both kidneys

SECONDARY FINDINGS

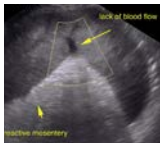
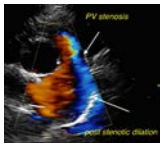
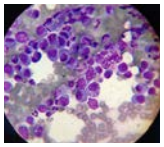
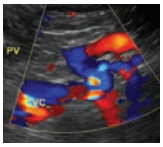
- Urinary bladder debris
- Echogenic density in the gallbladder – Rule outs include mucus versus a polyp versus a non-shadowing cholecystolith. Likely an incidental finding of unknown clinical significance and should be interpreted in combination with laboratory changes and/or physical exam findings that support cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's kidney changes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Testing for Leptospirosis is also indicated if not recently evaluated.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Zooky Masini

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

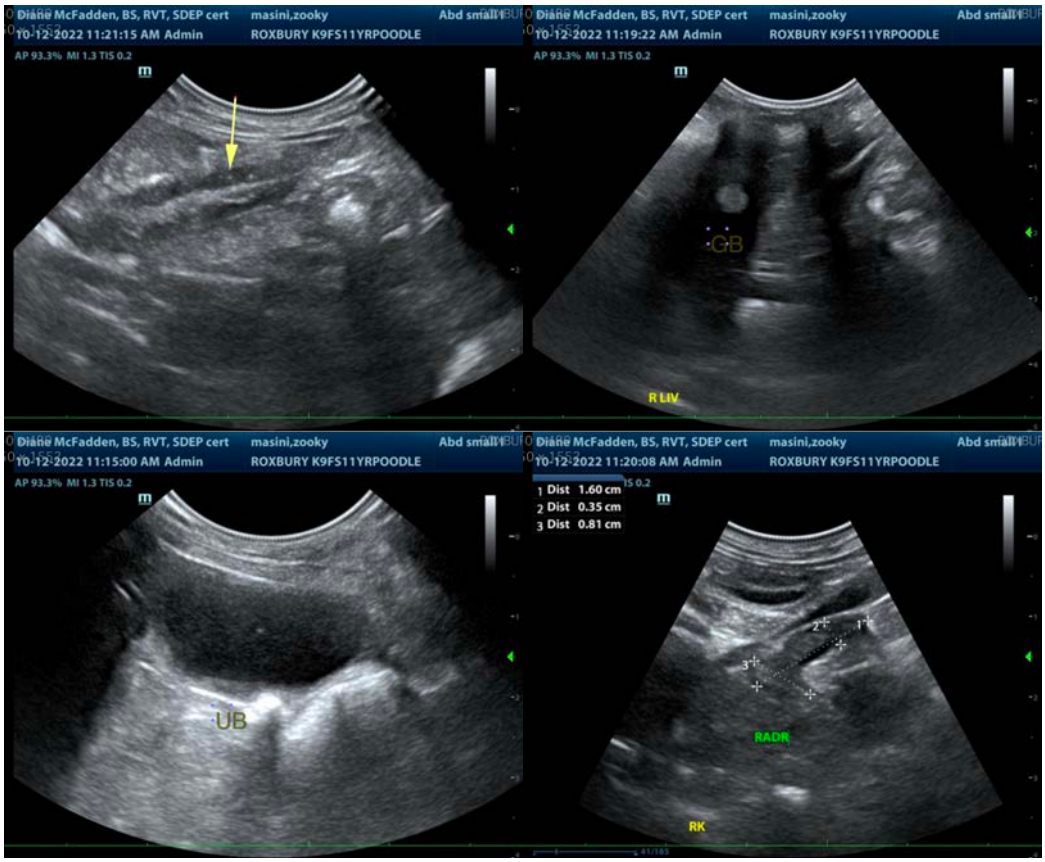
42020

DATE

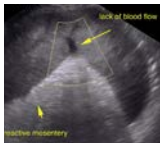
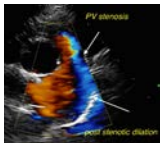
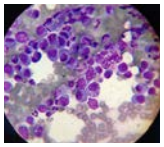
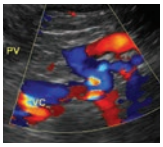
10/12/22

Given the mucosal speckling combined with the gastrointestinal signs, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, symptomatic/supportive medical management of possible gastrointestinal disease is recommended in the form of antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, and transition to alternative diets using diets on a trial-and-error basis, beginning with a low-fat diet with other considerations being a bland, easy to digest diet, or a hydrolyzed protein diet based on what the patient responds to best.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Zooky Masini

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

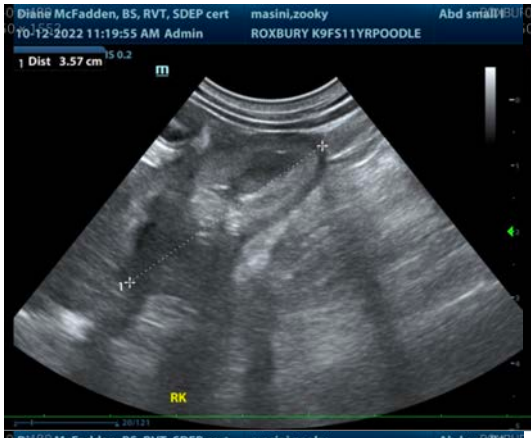
Dr. Hickenbottom

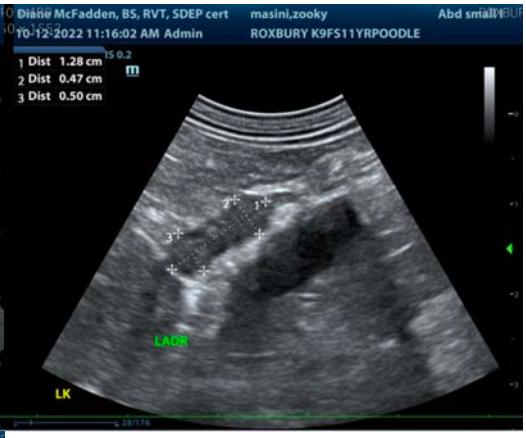
INVOICE

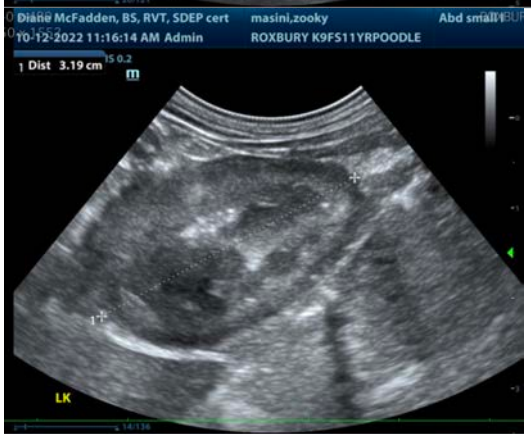
42020

DATE

10/12/22







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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com