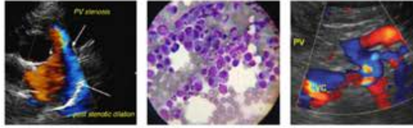
IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



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

PATIENT

Mason Kelly

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

79 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake Vet
Hospital

INVOICE

41844

DATE

10/5/22

PRESENTING CLINICAL SIGNS

6/9/22 Seen by Dogwood for rear limb weakness. No testing performed. Suspect T3 - L3 myelopathy verses L4 - S3 myelopathy. As of 9/30/22 Dr Holahan (Dogwood) recommends an abdominal ultrasound to rule out tumors as a contributor to Mason's condition. Mason has lost 10 lbs since being on Prednisone and Dr. Holahan feels he is weaker in rear limbs since June 9th. Dr. Holahan suggests slight increase in Prednisone for a 5 day period, which will be 15mg in am and 10mg in pm.
Abnormal PE/Chem/CBC/UA Results: ALT 162, ALPH 5669, eosinopenia - labwork from 9/26/22 for Dogwood consultation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.61 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The prostate is normal in size for a neutered dog and normal in echotexture and echogenicity, except for a focal 1.5 cm x 2.0 cm walled off lesion that appears fluid filled with echogenic septations and mineral noted. Normal bilobed shape is maintained, and normal differentiation from surrounding tissue is present.

The right kidney is normal in size (7.85 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, mineral or infarcts observed.

The left kidney is normal in size (7.6 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, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.35 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 0.37 cm at the caudal pole. The cranial pole is difficult to visualize.

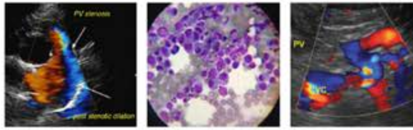
Spleen

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). A 0.3 cm hypo- to anechoic mid body, non-capsule disrupting nodule is noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT

Mason Kelly

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

79 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake Vet Hospital

INVOICE

41844

DATE

10/5/22

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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 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

- **Fluid filled prostatic lesion** – consistent with a cyst or possibly abscess, potentially secondary to chronic prostatitis. Infiltrative neoplasia such as carcinoma cannot be definitively ruled out but is considered less likely.

- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

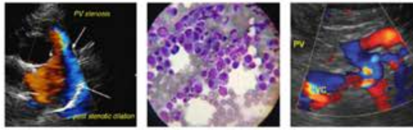
- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

- **Flat adrenal glands –** Consistent with chronic steroid administration.

- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



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

PATIENT

Mason Kelly

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

79 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake Vet Hospital

INVOICE

41844

DATE

10/5/22

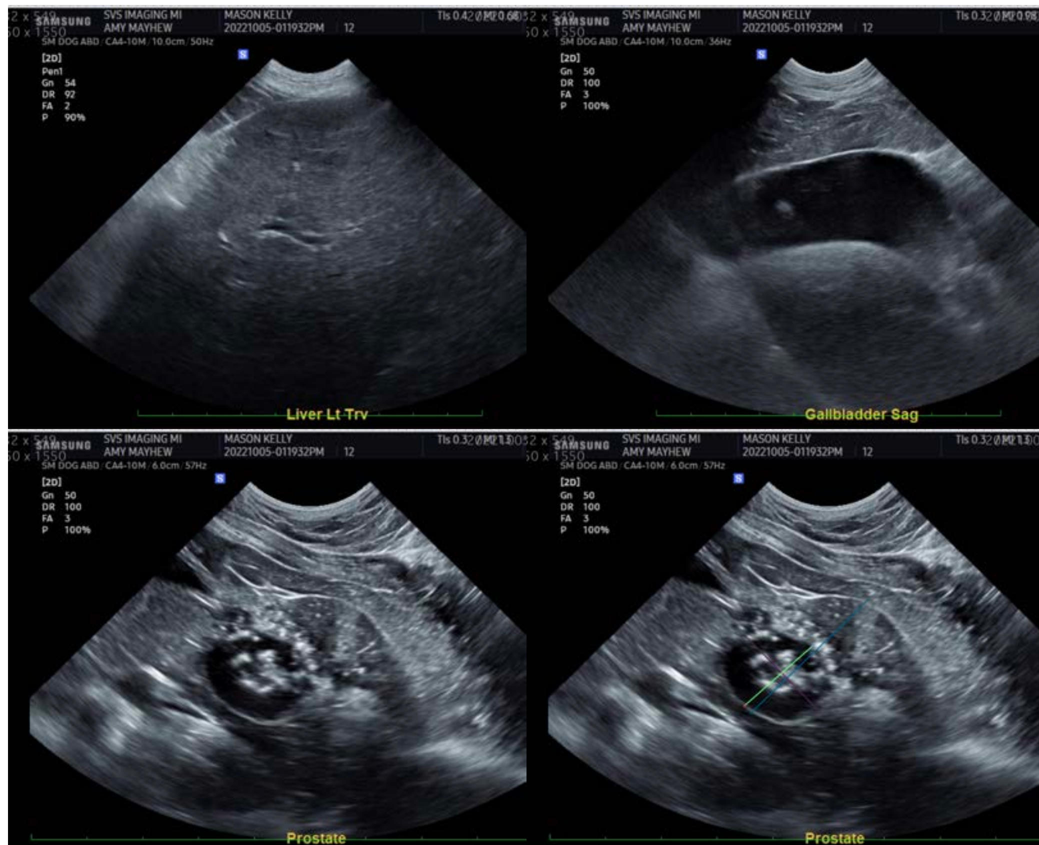
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's caudal spinal discomfort and pelvic limb weakness are likely unrelated to abdominal disease. However, given the urinary bladder wall and prostate changes, chronic bacterial cystitis and/or prostatitis could be present and could be contributing to discospondylitis and therefore resulting in some spinal discomfort and weakness. Recommendations include:

Left/right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder and prostatic carcinoma, could be considered, although based on appearance cancer is considered less likely. Therefore, other diagnostic options include a fine needle aspirate of the cystic structure for cytology and culture and sensitivity with a small risk of tumor seeding/trailing if this is cancer, again, considered unlikely.

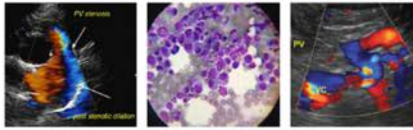
The remainder of the changes are most likely Pred induced, as are the reported laboratory changes, and even low-dose chronic Prednisone administration can result in marked muscle loss, resulting in weight loss and progressive weakness, which I personally subjectively believe is more common in Labs. Therefore, tapering off of the Prednisone slowly to the lowest tolerated dose and/or tapering off of it all together, if possible, may be warranted.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711

svsimagingmi@gmail.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mason Kelly

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

79 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake Vet
Hospital

INVOICE

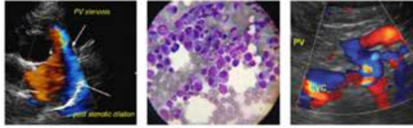
41844

DATE

10/5/22

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



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

PATIENT
Mason Kelly

SPECIES
Canine

BREED
Lab

SEX
Neutered Male

AGE
12 Years 6 Months

WEIGHT
79 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Union Lake Vet Hospital

INVOICE
41844

DATE
10/5/22

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