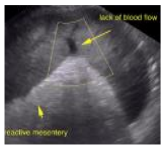

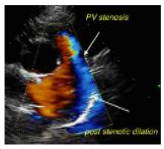

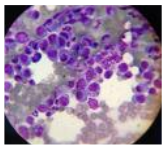
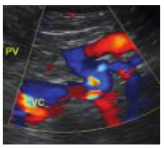

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1-800-838-4268 info@sonopath.com

PATIENT

Carly Rutt

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

53 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

17936

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: 5d history of vomiting, inappetence, lethargy. 10lb weight loss over past year (not intentional). Occasionally will eat acorns but does not typically eat other things.

Abnormal PE/Chem/CBC/UA Results: Tense on abdominal palpation, intention tremors, mm wasting in hindlimbs otherwise PE WNL. Chem: K + 3.8, Cl 105, Na/K 38 CBC: HCT 58.6, otherwise WNL UA: 2+ protein (UPC 0.1), 3+blood, 2+ bilirubin, 2-5WBC/HPF, 20-30 RBC/HPF, >10 epithelial cells/ HPF, mucous and amorphous debris present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is normal is size (4.89 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.

Right kidney is normal is size (5.89 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 measures 0.51 cm at the caudal pole. The right adrenal gland measures 0.62 cm at the caudal pole. The cranial pole of the right adrenal gland is not well visualized in these images.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

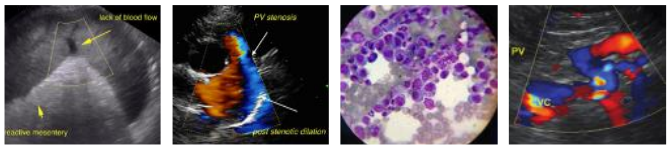
Liver

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.

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 stomach is diffusely thick, measuring 1.4 cm thick approximately with a diffusely hypoechoic wall and some early loss of mural detail.



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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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas 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 evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- 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.

- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

- A diffusely thick gastric wall with some loss of mural detail, concerning for possible infiltrative neoplasia, especially given the concurrent splenic changes, however, benign inflammatory disease or infectious disease, especially fungal if geographically appropriate, can cause similar appearing lesions and cannot be definitively ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the gastric wall and spleen is recommended if patients coagulation status is appropriate.

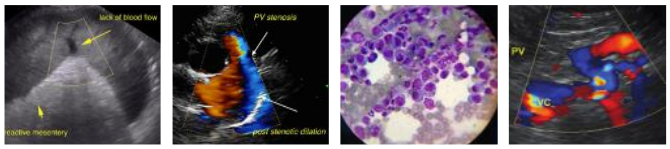
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A fecal exam is recommended if not recently evaluated.

In the meantime, while waiting for results, empirical deworming with a 5-day course of Panacur is recommended, followed by symptomatic supportive medical management in the form of antiemetics, gastroprotectants, appetite stimulants, etc.

If a diagnosis is not obtained cytologically, next steps could include upper GI gastroscopy/endoscopy for further evaluation of gastric mucosa and biopsies or, given the pain and tremors, etc. further



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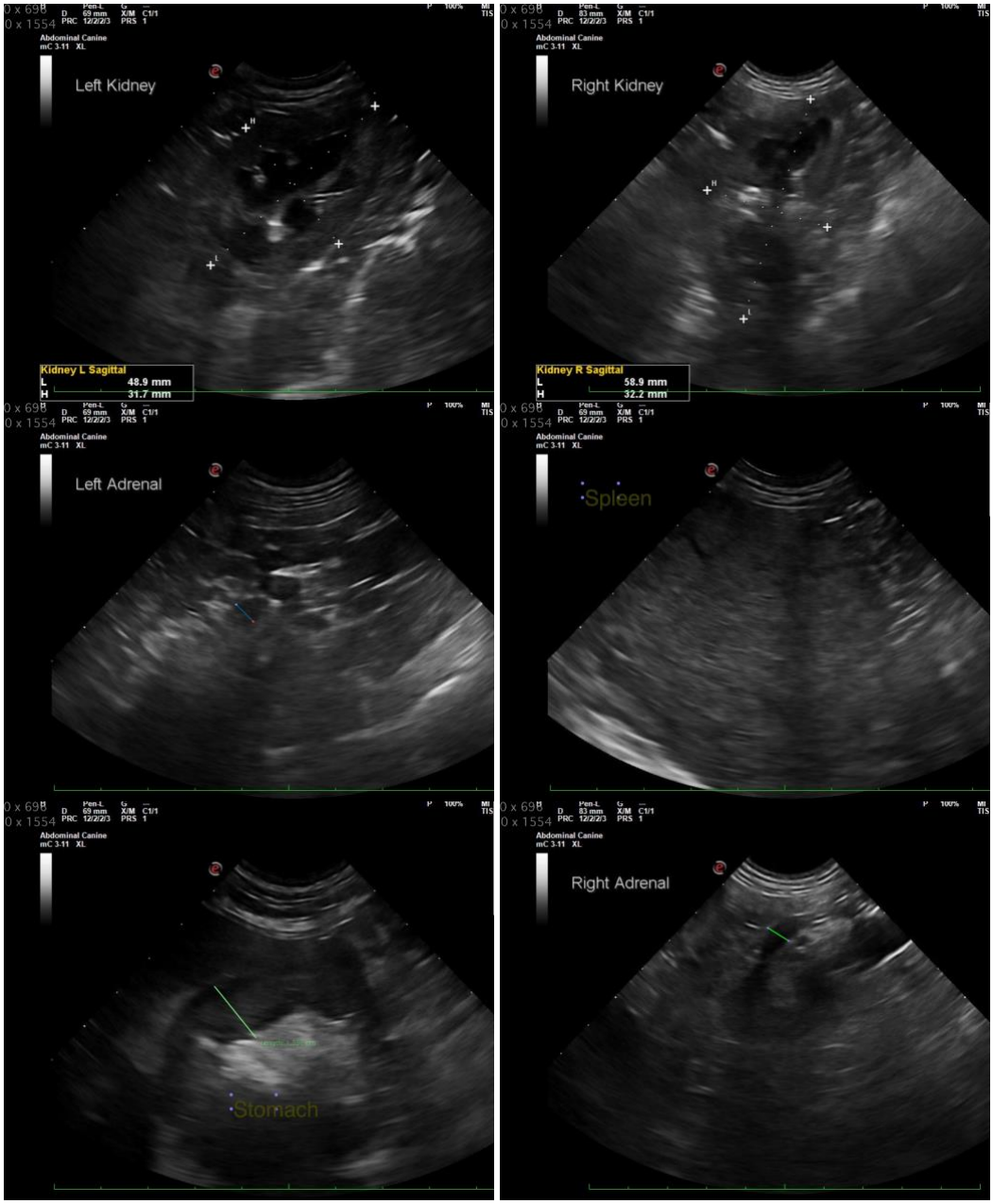
evaluation of a possible underlying neurologic cause for this patients clinical signs and weight loss etc. could be pursued.



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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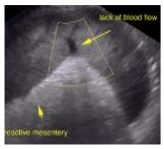
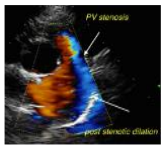
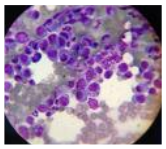
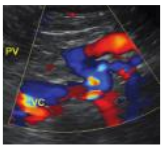
EDUCATIONAL TELECONSULTATION SERVICES™





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