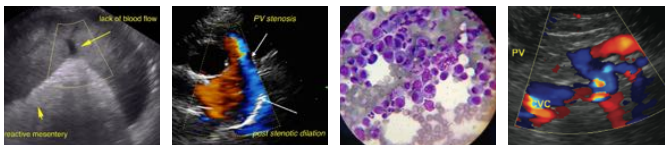
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Nick Hoffman

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

12 years

WEIGHT

9.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Cassels-Conway

INVOICE

42267

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Inappetence and weight loss 3 months (1lb in 10 weeks), rapidly worsened past 2 weeks has lost another 1lb. Vomiting 10/17/22 but not since, no diarrhea. UTI present but O unable to give enrofloxacin regularly due to appetite. Minimal response to cerenia, mild response to zofran. Baseline cortisol WNL. GI panel pending. Diagnosed with congestive heart failure 1/27/2022. Under cardiologist care on Pimobendan 1.25mg BID, benazepril 2.5mg SID, spironolactone 20mg SID, furosemide 12.5mg 1/2 am and 1pm. Developed separation anxiety and behavioral changes shortly after cardiac diagnosis, under behaviorist care. Gave trazadone 50mg 1.5h prior to AUS. History of CaOx cystoliths, previous cystotomy 3/2021. History of atopy, on Z/D diet, have used apoquel and cytopoint in past but not currently.
Abnormal PE/Chem/CBC/UA Results: 10/28/2022 Cortisol: WNL 4.2 10/17/2022 PCV 40 TP 5.3 CBC stat fasted, mild hemoconcentration Chem 17 + lytes: WNL fecal, NPS abd rads: multiple small radiodense angular shaped stones in bladder, empty stomach lumen chest rads: cardiomegaly, marked LA enlargement UA: SG: 1.024, 1+ prot, hematuria, bacteruria C/S heavy growth ecoli, sensitive to fluoroquinolones

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 (0.38 cm). Mucosa is hyperechoic and irregular. No masses are observed. Multiple, shadowing cystoliths are present. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal is size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is no evidence of pyelectasia or infarcts observed.

Right kidney is normal is size (4.2 cm),shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

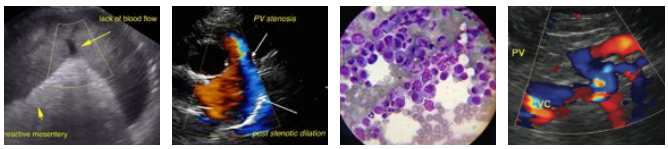
Left adrenal gland is normal in size (1.58 cm long, 0.65 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.65 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Nick Hoffman

SPECIES
Canine

BREED
Havanese

SEX
Neutered male

AGE
12 years

WEIGHT
9.2 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Cassels-Conway

HOSPITAL NAME
Central Broward AH

REFERRING VET
Dr. Cassels-Conway

INVOICE
42267

DATE
11/1/22

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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 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 free peritoneal effusion noted in these images.

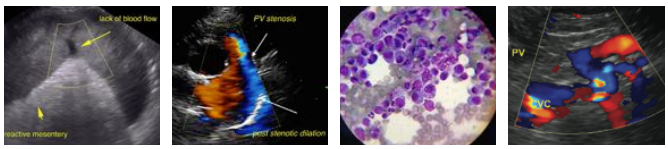
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **Bladder cystoliths.**
- **Non-obstructive nephrolithiasis, bilaterally.**
- **Gallbladder debris (canine) -** 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nick Hoffman

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

12 years

WEIGHT

9.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Cassels-Conway

INVOICE

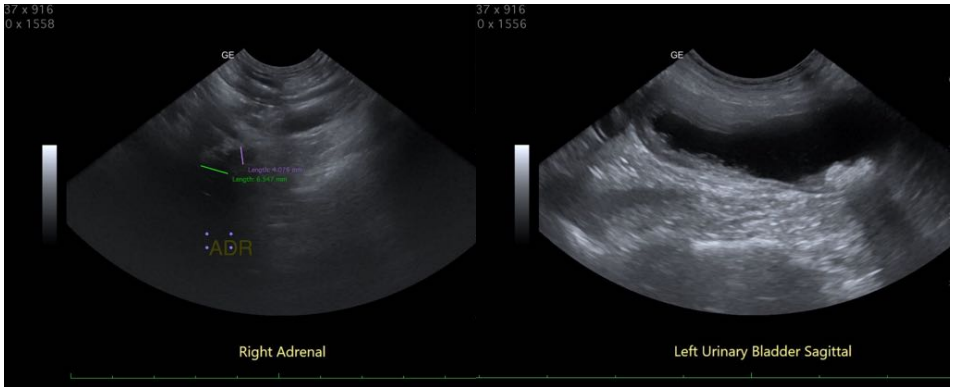
42267

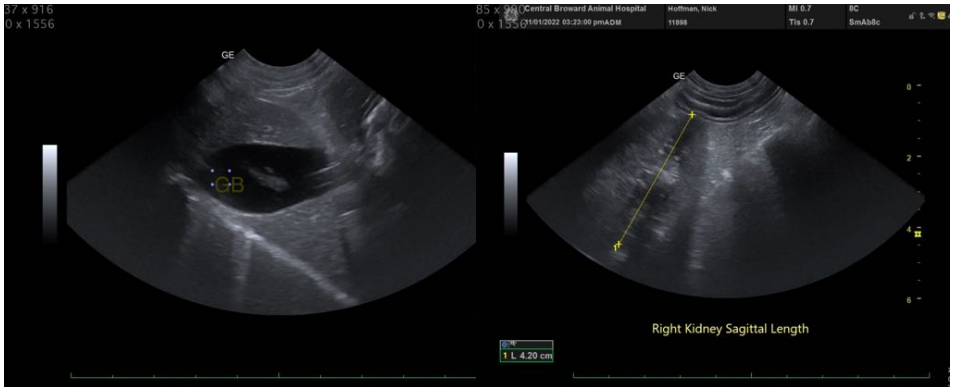
DATE

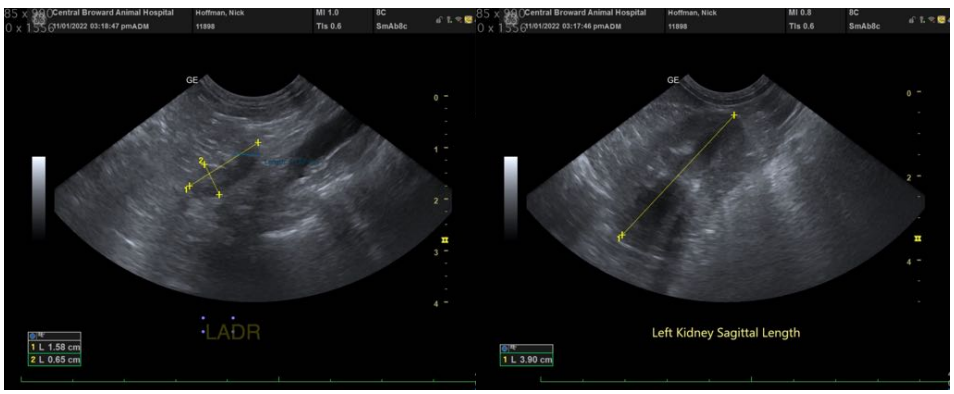
11/1/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

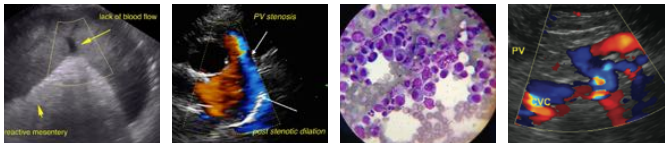
There is no ultrasonographically visible obvious cause for this patient's decreased appetite and weight loss. Further evaluation of the gastrointestinal tract/pancreas is recommended in the form of the reportedly already pending gastrointestinal malabsorption panel. In the meantime, management/treatment of the urinary tract infection is recommended in case that is contributing to the decreased appetite. Due to inappetence it is difficult to medicate orally. Recommendations include supportive/symptomatic medical management of the gastrointestinal signs in the form of anti-emetics, gastroprotectants and appetite stimulant if that works or a feeding tube placement to allow management of the urinary tract infection to see if that helps the appetite and consequently the weight loss.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nick Hoffman

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

12 years

WEIGHT

9.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Cassels-Conway

INVOICE

42267

DATE

11/1/22

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