

Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Boo Robertson
SPECIES Canine
BREED Labradoodle
SEX Neutered Male
AGE 12 Years
WEIGHT 39 Pounds

Lafaxalone/torb sedation for abdominal ultrasound part only-History: Episode a few weeks ago in which O came home and found Boo unable to use his back legs. He started to seem more normal and regained function within a few hours. She has also noticed more tremoring in his pelvic limbs lately. He was acting strange and she found some things knocked off her side table too like he fell. He was back to normal next morning. He has been eating, drinking, urinating, and defecating normally. 2.9-pound weight loss since 8/3/22. Still running/jumping. Upon examination on 11/23/22, I noted that Boo had clearly lost weight since I saw him last. He also had new mild diffuse muscle atrophy. Neurologic and musculoskeletal exam normal. Moderate periodontal disease. Several nonpainful subcutaneous masses (historically lipomas, re-aspirated several and only obtained adipocytes). No overt pain on abdominal palpation. Blood pressure was elevated at 190 mmHg Systolic; repeated today on arrival and again was 180 mmHg systolic (P anxious in clinic, but do not think can attribute this elevation solely to stress). Chronic stable heart murmur grade II/VI Radiology report from images taken 11/23/22 noted: There is no progression of cardiac size when compared with the previous study (February 2022), and the appearance of the cardiac silhouette remains consistent with stage B1 cardiac disease. This is felt not to warrant cardiac medication at this point in time. There are minimal degenerative changes affecting the coxofemoral joints which are unchanged when compared with the previous study (August 2021). The changes affecting L4-L5 were present on this study, and do not appear to have significantly altered. The cause of the weight loss / muscle atrophy is not determined by this study Physical Exam Findings/Reason for Ultrasound: Weight loss, muscle atrophy, chronic intermittent cPL elevation; chronic heart murmur - baseline echo
INTERPRETED BY Abnormal PE/Chem/CBC/UA Results: Complete labwork - CBC/CHEM/T4/CpL/UA/HWT - WNL with exception of elevated cPL (which he has had previously) and slight elevation in lipase. Heart Murmur Grade II/VI Blood Pressure: 185-190 systolic

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

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Loetitia Saint-Jacques,
LVT

Prostate is normal in size, echotexture and echogenicity for a neutered male.

HOSPITAL NAME

Advanced Pet Care of NV

The right kidney is normal in size (7.1 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.

REFERRING VET

Dr. Alexis Hazelwood

The left kidney is normal in size (5.7 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.

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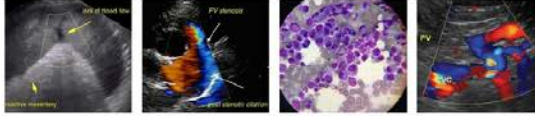
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Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measures

DATE

12/13/22



PATIENT 0.74 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measures 0.88 cm at the cranial pole and 0.79 cm at the caudal pole.

Boo Robertson

The left adrenal gland is normal in size (measurement), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

SPECIES

Canine

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Additionally, there is a 1.7 cm x 2.3 cm hypo- to anechoic, non-capsule disrupting nodule/mass in the mid spleen. Splenic vasculature appears normal.

BREED

Labradoodle

SEX

Neutered Male

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

WEIGHT

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

INTERPRETED BY

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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.

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

HOSPITAL NAME

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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

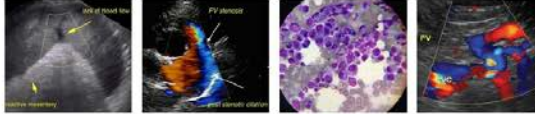
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There is no apparent lymphadenopathy noted in these images.

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PATIENT ULTRASONOGRAPHIC FINDINGS

Boo Robertson

- **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.

SPECIES

Canine

- Otherwise, unremarkable geriatric abdomen.

BREED

Labradoodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Given this patient's reported weight loss, 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.

Neutered Male

AGE

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. Additionally, especially given the concurrent episodes at home, a central nervous system lesion could be contributing to decreased appetite or weight loss, and further neurologic evaluation/advanced imaging could be considered.

12 Years

WEIGHT

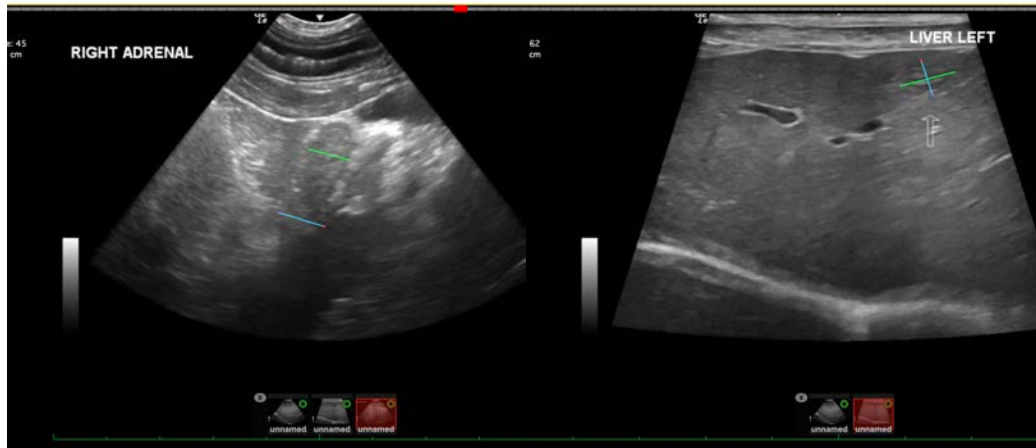
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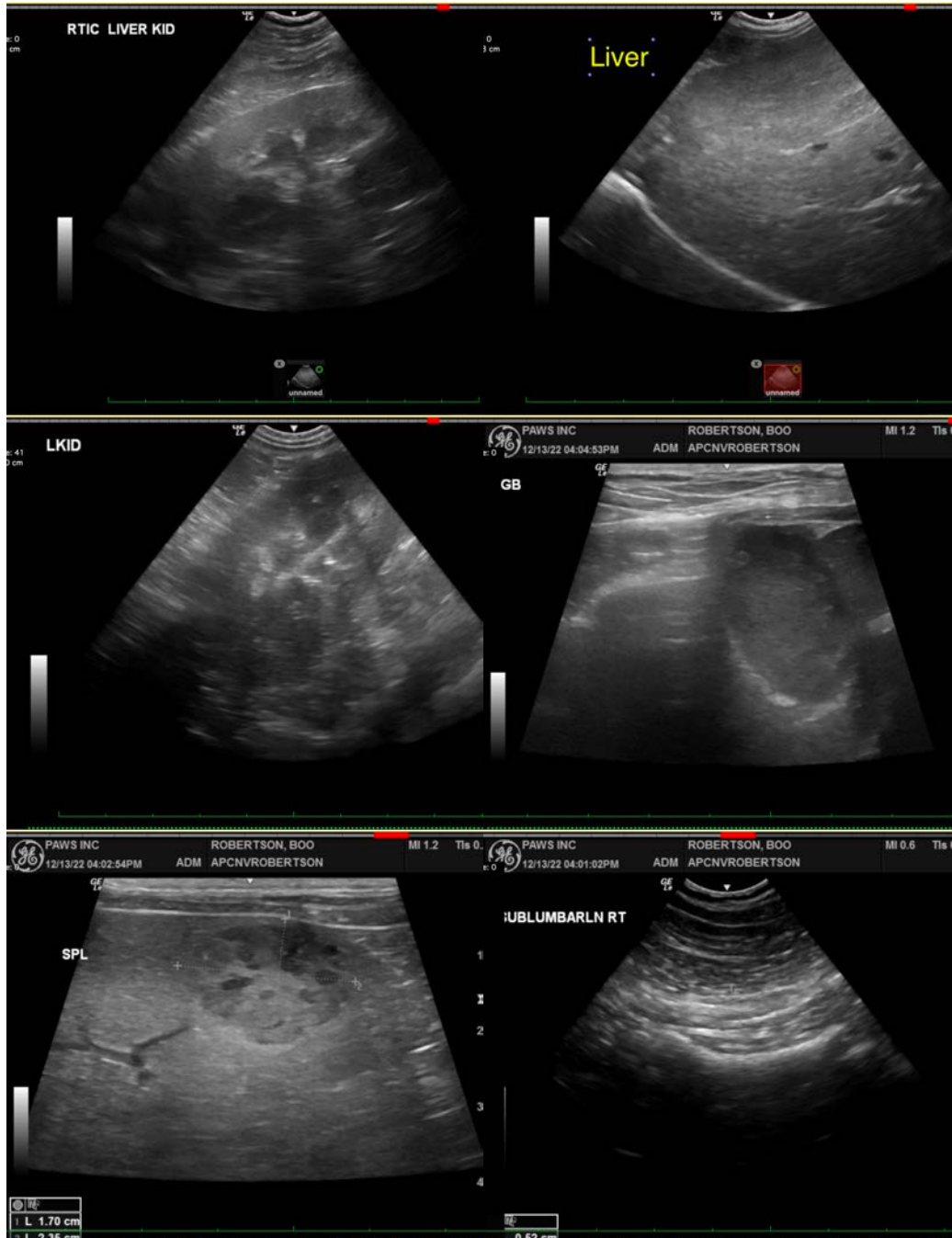
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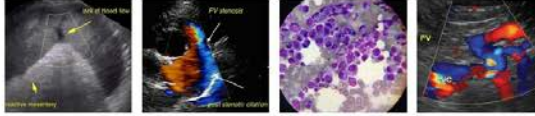
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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