



PATIENT

Suki Boshart

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

Simparica Trio 1 T PO q30d Procedure: Abdominal Ultrasound Current Problem List: Overweight Equivocal pu/pd per O Hx of bilateral CCLR with TTA performed bilaterally Fractured 208 Presenting Complaint: Presented for examination 12/21/21 O noted weight gain, lethargy and possibly pu/pd. Interested in dental, px has hx of slab fracture of 208. Performed pre-anesthetic labwork. Noted markedly elevated ALP, mildly elevated Ca++, 30 urine protein. High suspicion for endocrine disease s/a Cushing's, r/o primary hepatopathy, neoplasia, other. Recommended abdominal ultrasound to start investigating. Pertinent Diagnostic Results: 12/22/21: Senior Wellness Panel Ca 11.1 ALP 670 USG 1.029 30 urine protein Markedly elevated ALP, mildly elevated Ca++, 30 urine protein. High suspicion for endocrine disease s/a Cushing's, r/o primary hepatopathy, neoplasia, other
Abnormal PE/Chem/CBC/JA Results: did RADs of front leg prior to scan and a bone lesion was noted- RAD reports still pending...so AUS is also a metastatic check at this point

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

13 Years

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.

WEIGHT

70 Pounds

The right kidney is normal in size (6.55 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (6.28 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

The right adrenal gland is normal in size (3.47 cm long x 1.03 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size (0.66 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Truckee Meadows VH

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 0.8 cm round, hypoechoic mid body nodule noted, non-capsule disrupting. Splenic vasculature appears normal.

REFERRING VET

Dr. Rachel Kuester

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

INVOICE

35708

DATE

2/16/22



PATIENT

Suki Boshart The 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.

SPECIES *Gastrointestinal*

Canine The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Pit Bull X 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.

SEX

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

AGE

13 Years *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.

WEIGHT

70 Pounds *Free Abdomen*
There is no evidence of peritoneal effusion. Sublumbar lymph nodes are visible, measuring 0.47 cm thick. Mesenteric lymph nodes are visible, maintaining normal shape and mildly enlarged.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Hypoechoic splenic nodule – Most consistent with a benign lesion, as is seen with nodular hyperplasia or extramedullary hematopoiesis. Infiltrative neoplasia can mimic benign lesions and cannot be ruled out, but is considered less likely.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Mildly reactive mesenteric lymphadenopathy and a mildly enlarged sublumbar lymph node, both of which maintain normal shape and are most likely reactive. Metastatic neoplasia cannot be ruled out, but is considered much less likely.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Truckee Meadows VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Rachel Kuester

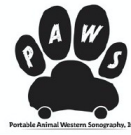
Given the reported bony lesion, hypercalcemia and increased Alk Phos are likely secondary to that. However, further evaluation of the hypercalcemia is recommended in the form of a PTH/PTHrP/ionized calcium malignancy panel to Michigan State. The hypercalcemia may be causing the PU/PD. However, if other clinical signs of hyperadrenocorticism are present, testing for hyperadrenocorticism in the form of a low-dose Dexamethasone suppression test could be considered, being careful to note that false positives are possible with a patient that is battling other conditions such as the bone lesion in this case and the hypercalcemia.

INVOICE

35708

DATE

2/16/22



Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Suki Boshart

Finally, the recommendation is to aspirate and/or biopsy the bony lesion. If thoracic radiographs have not been performed, 3-view thoracic radiographs are recommended to evaluate further for possible metastatic disease.

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

13 Years

WEIGHT

70 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

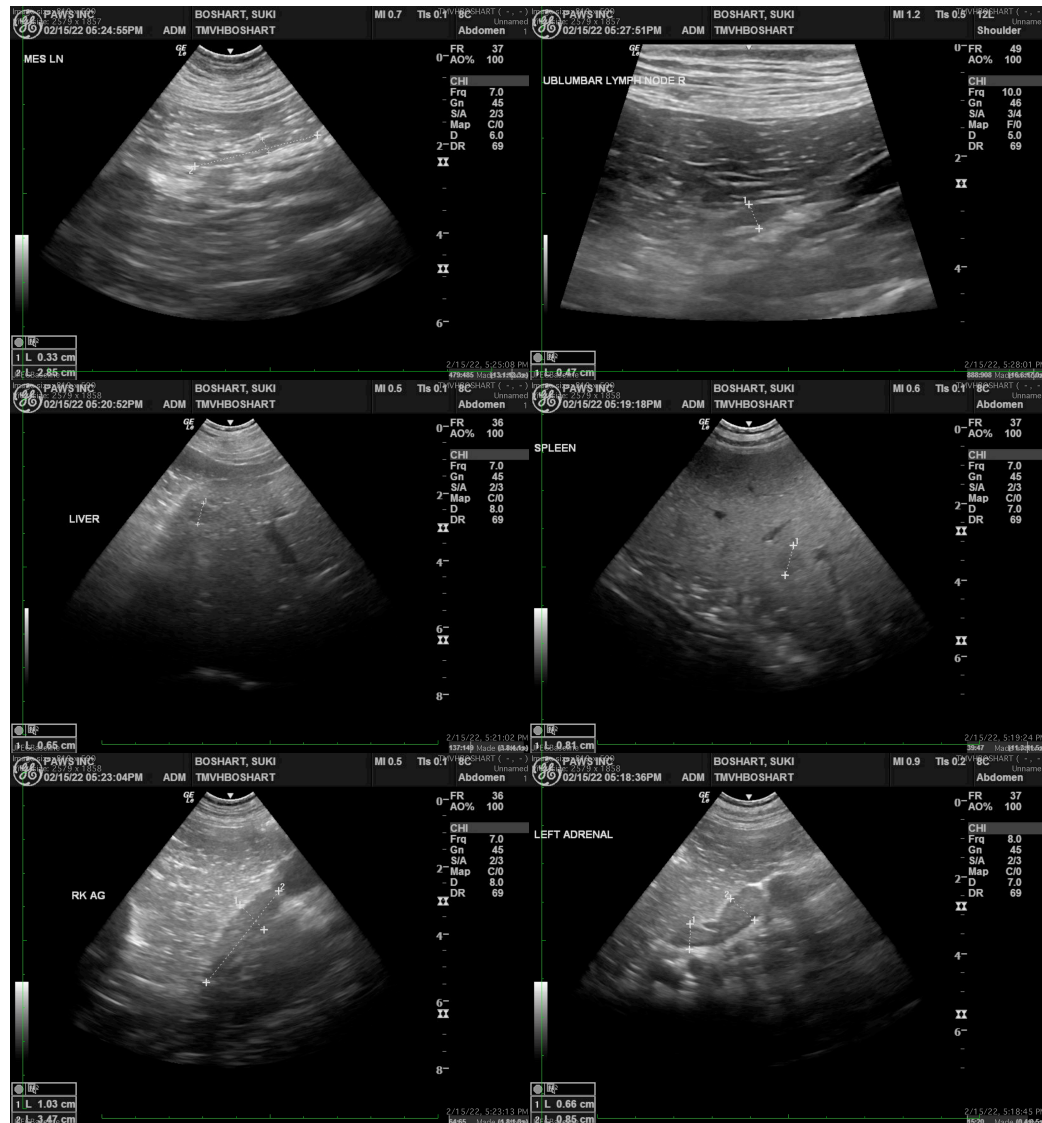
Dr. Rachel Kuester

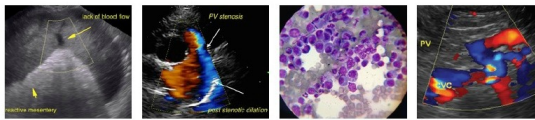
INVOICE

35708

DATE

2/16/22





PATIENT

Suki Boshart

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

13 Years

WEIGHT

70 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

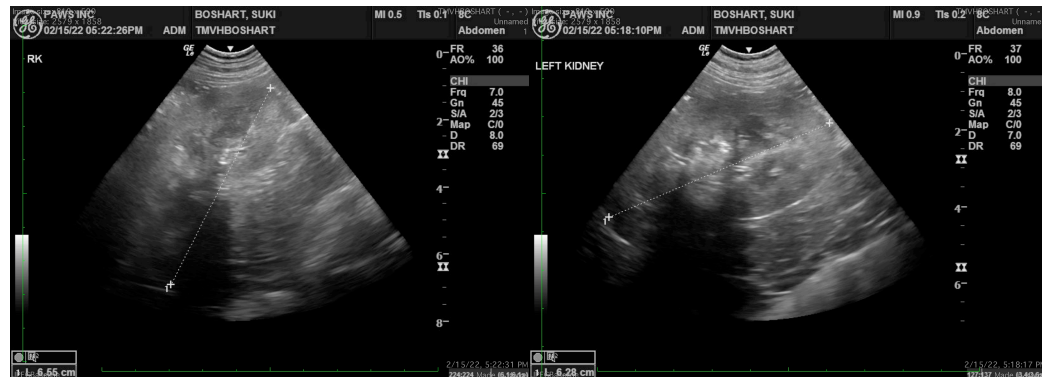
Dr. Rachel Kuester

INVOICE

35708

DATE

2/16/22



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