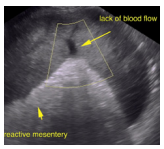

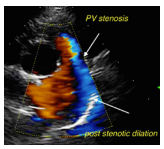

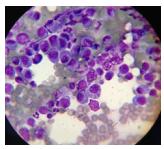
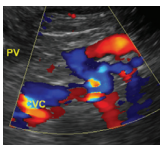

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1-800-838-4268 info@sonopath.com

PATIENT

Crow Dog Walraven

SPECIES

Canine

BREED

Karelian Bear Dog x Aussie

SEX

Neutered Male

AGE

13 Years

WEIGHT

40.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Talitha Neher

INVOICE

35846

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: presents for evaluation of OD miosis, enophthalmos, "favoring" right side of face for a few days, small cutaneous mass Primary reason for ultrasound referral: elevated hepatic values, horner's syndrome
Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: ALP 787, ALT 131 Other diagnostics available (ie. Blood pressure, radiographs, etc): N/A Abnormal physical exam findings: right-sided Horner's syndrome

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.

The area of the prostate is evaluated without evident pathology.

The right kidney is normal in size (6.6 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.

The left 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.

Adrenal Glands

The right adrenal gland is normal in size (2.5 cm long x 0.62 cm at the crania pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.3 cm long x 0.73 cm at the cranial pole and 0.84 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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 3.5 cm discrete hypoechoic, non-capsule disrupting nodule was present in the mid body. Splenic vasculature appears normal.

Liver

The 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.

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.

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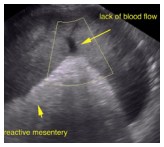

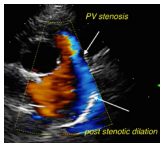

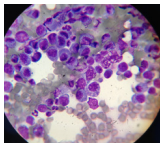
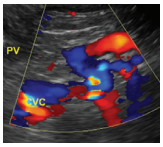

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is 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.

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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic splenic nodule – Differentials include both benign lesion such as a cyst, hematoma, nodular hyperplasia, or extramedullary hematopoiesis, as well as infiltrative neoplasia, which can mimic benign lesions and cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include testing for Leptospirosis, given the increased liver enzyme, if not recently evaluated, as well as a fine needle aspirate of the splenic nodule if patient's coagulation status is appropriate. 3-view thoracic radiographs are recommended to further assess cardiopulmonary status, look for evidence of metastatic disease, and further causes of the reported Horner's.

If the aforementioned recommendations do not result in a diagnosis, recommendations would include consultation/referral to a neurologist. If not recently evaluated, blood pressure would be recommended as well as a urinalysis, and if there is protein in the urine with an otherwise quiet sediment, a urine protein to creatinine ratio would be recommended to further investigate hypertension and/or other underlying stroke-causing conditions that can result in neurologic signs.

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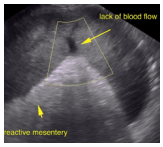

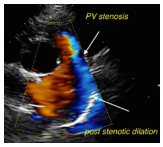

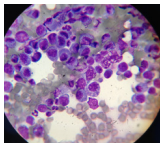
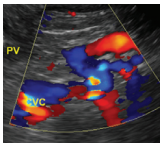

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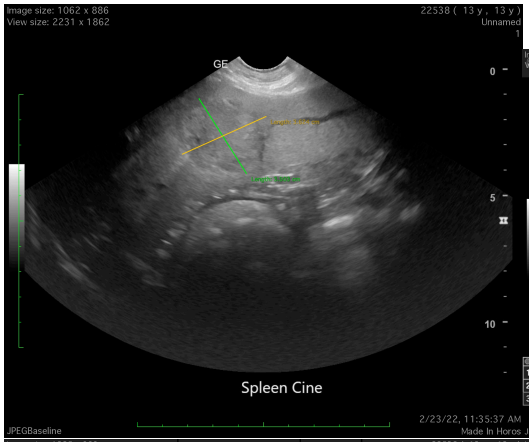

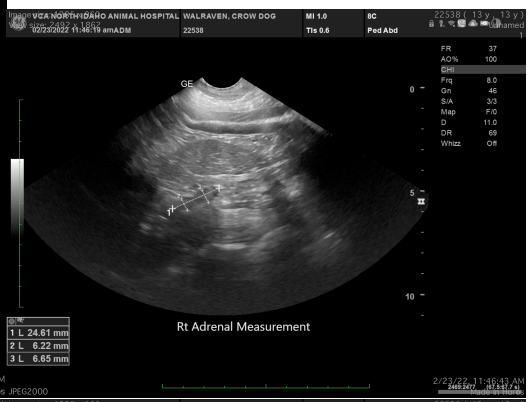

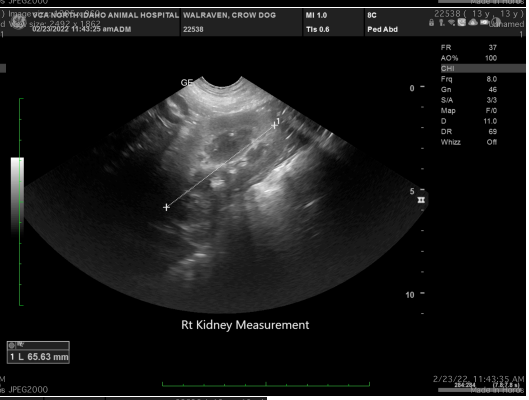

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com