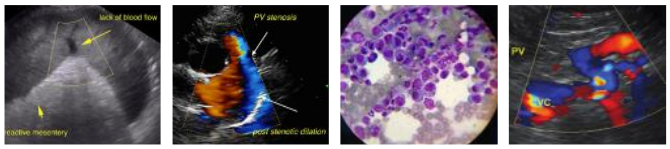
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Callie Spade

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

4 Years

WEIGHT

58

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

21620

DATE

3/13/23

PRESENTING CLINICAL SIGNS

History: 3lb weight loss on HP diet (increased food to 4.5c./day). No other clinical signs - good appetite, no vomiting, diarrhea. No longer ravenous appetite. No lethargy.

Abnormal PE/Chem/CBC/UA Results: No abnormalities on PE Thoracic radiographs - WNL Texas GI panel: cPL 1,131. TLI >50 otherwise WNL(14hr fasted sample) CBC/Chem: K+ 3.6, Na/K 40, Amylase 1561, Lipase 526 (14hr fasted sample) Fecal: negative 4dx: negative Prev. abd. u/s NSF

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 in size (5.53 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 in size (6.33 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

Left adrenal gland is unable to be fully visualized in these images.

Right adrenal gland is normal in size (0.6 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

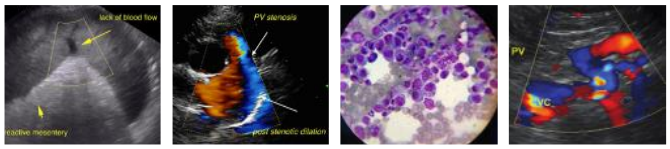
Liver

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 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 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.



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

PATIENT

Callie Spade

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

4 Years

WEIGHT

58

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

21620

DATE

3/13/23

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

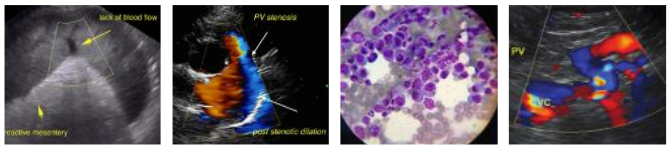
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Gallbladder debris - 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported vomiting and diarrhea, a reportedly normal folate and cobalamin level, and improvement in the previously ravenous appetite, etc., infiltrative bowel disease seems less likely, but it can't be ruled out if this patients weight loss persists despite an appropriate caloric intake. If not recently evaluated, a close careful calculation of caloric intake since switching diets is recommended to assure that there hasn't been an inadvertent decrease in appropriate calories. If calories are appropriate, potentially a different hydrolyzed protein diet could be tried, but ultimately tissue sampling may be warranted, beginning with a fine needle aspirate of the spleen, if patients coagulation status is appropriate, ultimately progressing to biopsies of the GI tract, if weight loss persists despite an appropriate caloric intake. If not recently done, empirical deworming with a 5-day course of Panacur is also recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Callie Spade

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

4 Years

WEIGHT

58

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

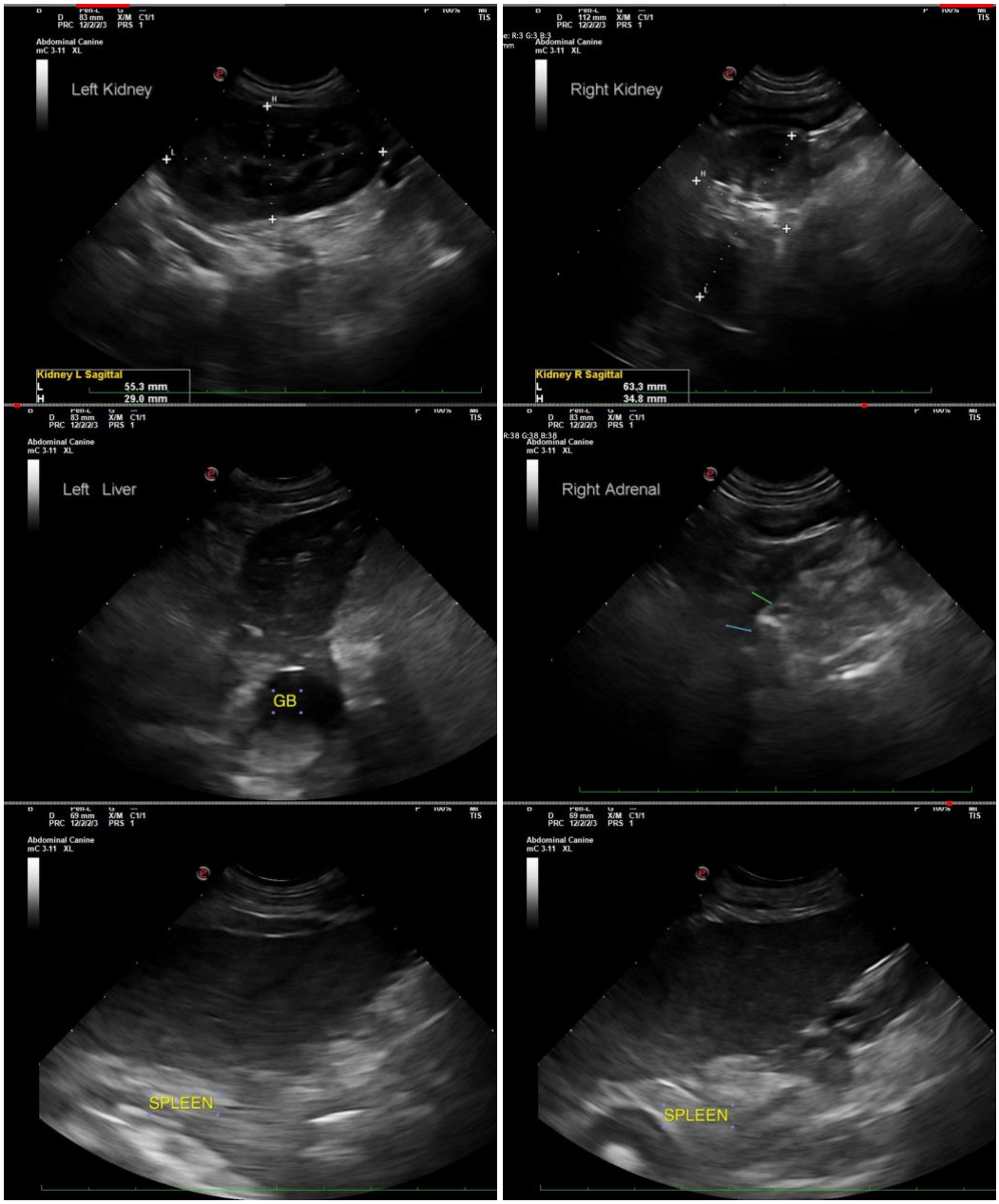
Danielle Lanz

INVOICE

21620

DATE

3/13/23



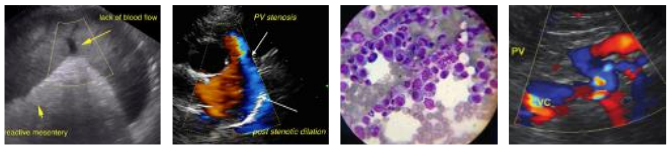
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Callie Spade

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

4 Years

WEIGHT

58

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

21620

DATE

3/13/23