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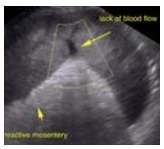
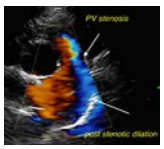
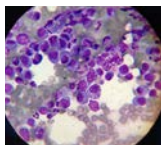
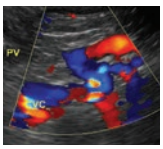

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1-800-838-4268 info@sonopath.com

PATIENT
Berkley Mason

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
11 Years

WEIGHT
87.9 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Heather Brenner

HOSPITAL NAME
Riverside AC

REFERRING VET
Dr. Heather Brenner

INVOICE
45935

DATE
3/15/23

PRESENTING CLINICAL SIGNS

Presented March 15, 2023 with 3 day history of hiding, falling, decreased appetite, worsening to the point of unable to get up and unable to stand on own rear legs- collapses. History of Lymes positive September 2022.

Abnormal PE/Chem/CBC/UA Results: March 15, 2023 febrile 104.5, laterally recumbent unable to get up on own- no desire to try to get up, unable to stand on own even with support. Abdomen tense and mass effect cranial ventrally. CBC Leukocytosis 20.29 (5.05-16.76), Neutrophilia suspect bands 14.4 (2.95-11.64), monocytosis 2.74 (0.16-1.12), Eosinopenia 0.04 (0.06-1.23), Thrombocytopenia 50 (148-484). Chem SDMA 38 (0-14), BUN 58 (7-27), Crea 2.2 (0.5-1.8), Phosphorus 8.7 (2.5-6.8). Globulin 4.8 (2.5-4.5), ALKP 257 (23-212). TT4 ,0.5 (1-4). Urinalysis USG 1.019, pH 6, 3+ Blood, inactive sediment. UPC 0.36 insignificant 4DX heartworm still Lyme Positive.

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 right kidney is normal in size (7.24 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pyelectasia noted at 0.52 cm. There is no evidence of mineral or infarcts observed.

The left kidney is normal in size (6.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pyelectasia noted at 0.55 cm. There is no evidence of mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The caudal pole of the left adrenal gland is normal in size (0.72 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

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 0.80 cm x 0.90 cm non-capsule disrupting hypo- to anechoic nodule near the tail of the spleen. 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.

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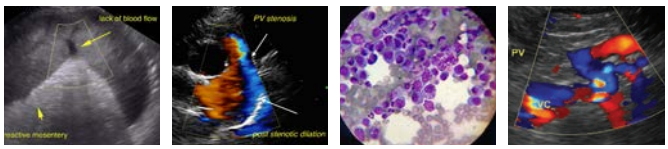

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Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion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

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

In the ventral cranial abdomen where the reported mass was suspected, there is an approximately 6.0 cm x 9.0 cm structure that is mildly heterogeneous and iso- to hyperechoic to the liver, consistent with prominent falciform fat or potentially a lipoma. Liposarcoma can't be ruled out.

PRIMARY FINDINGS

- **Bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- **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.
- The cranioventral mass described appears to be fat with prominent falciform fat versus a lipoma or even liposarcoma all being differentials.

SECONDARY FINDINGS

- **Mild 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.

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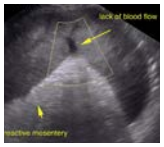
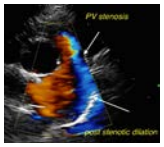
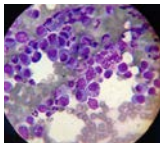
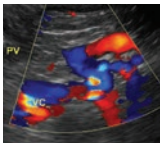

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

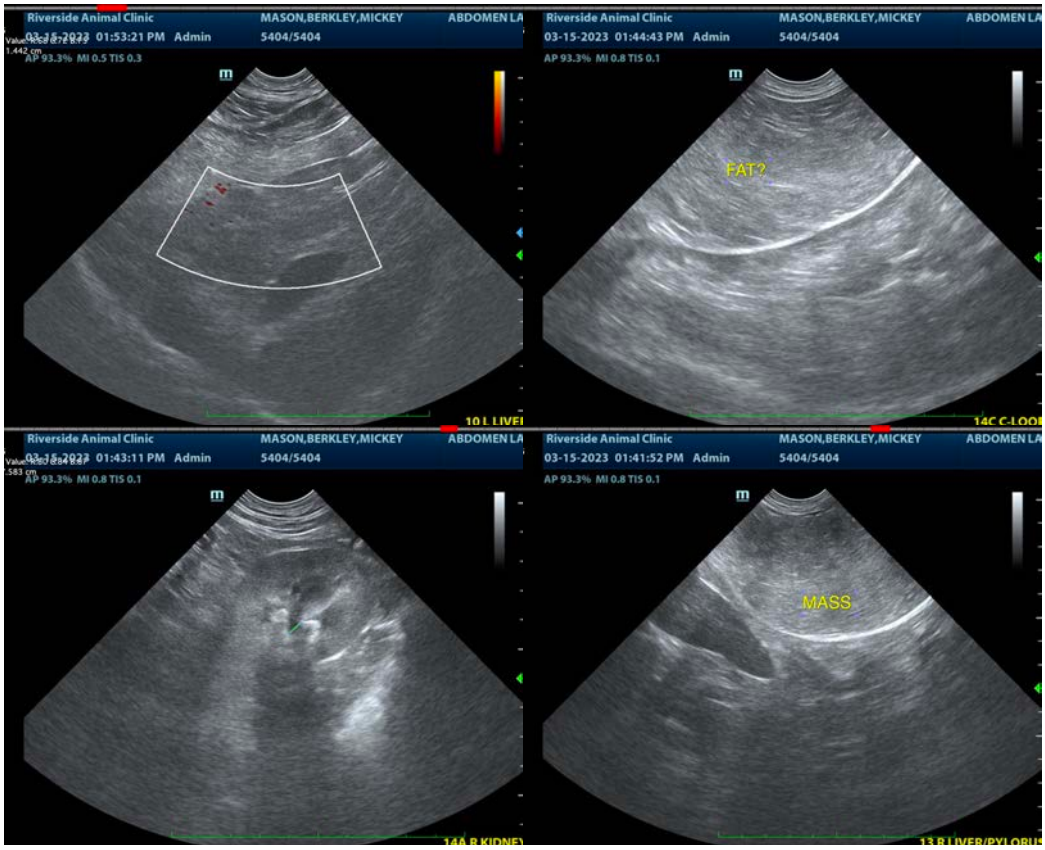
The mass palpated and described above is of unknown and likely no relation to the patient's presenting complaint, anorexia, weakness, collapse, etc. However, a fine needle aspirate of the mass is recommended for both cytology as well as culture and sensitivity if indicated based on cytology results to help rule out a more serious than suspected condition.

Testing for Leptospirosis is recommended if not recently evaluated.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

There is not a definitive ultrasonographic explanation for this patient's fever. Pyelonephritis can't be ruled out, and therefore a urine culture is recommended if not recently evaluated. Other differentials however, given the patient's reported falling over and collapse, included orthopedic and/or neurologic disease such as discospondylitis, immune mediated polyarthritis potentially secondary to the reported infectious disease, etc. Recommendations include further investigation of these differentials.

In the meantime, supportive/symptomatic medical management of possible acute on chronic kidney disease, pyelonephritis, etc. is recommended in the form of diuresis, antiemetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management if indicated, and broad-spectrum antibiotics including management for the reported positive lyme disease.



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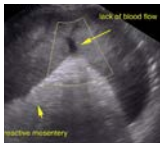
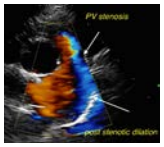
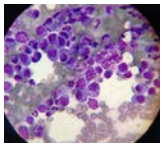
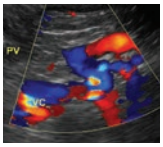

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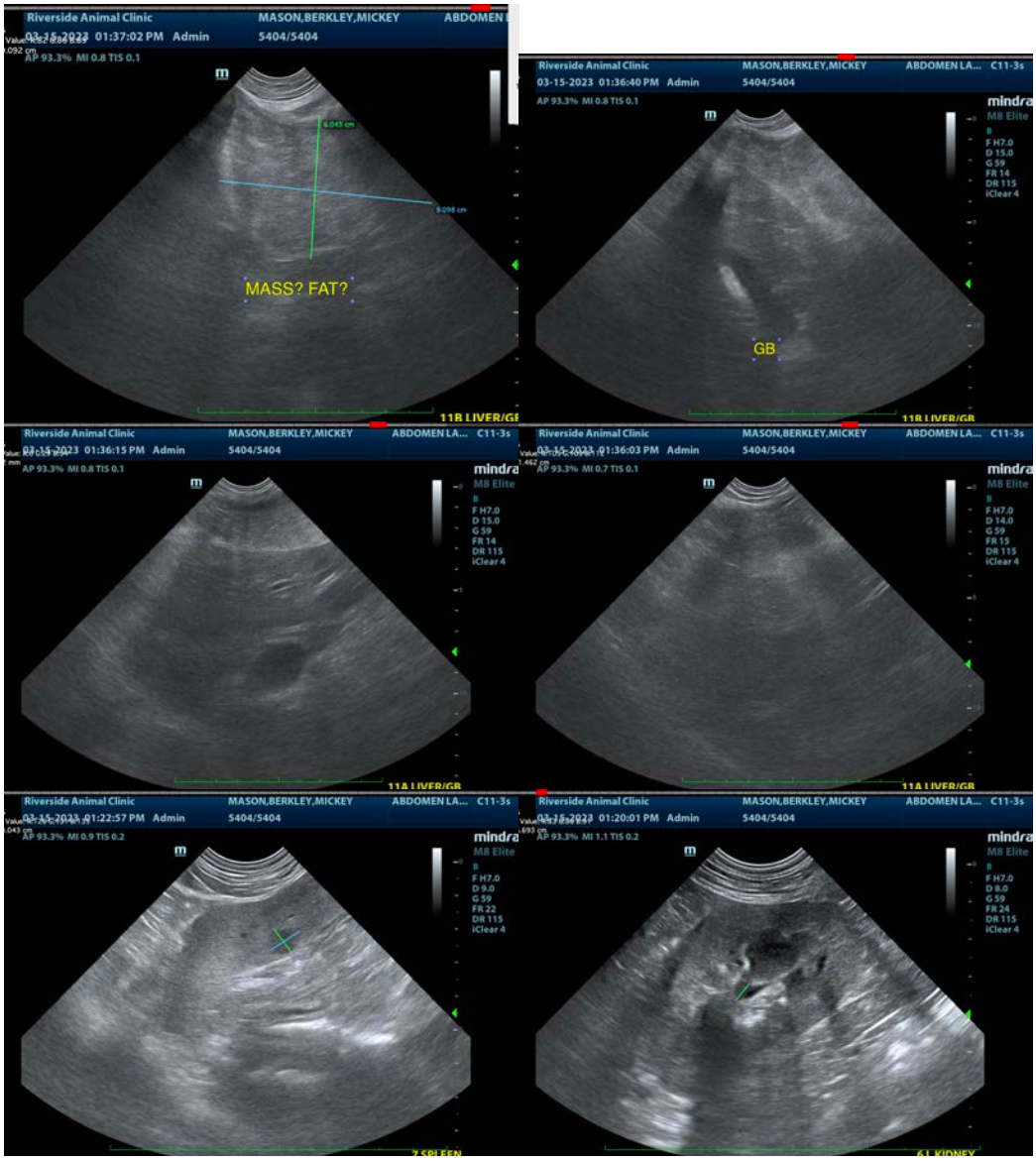

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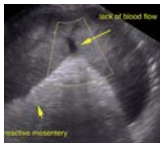
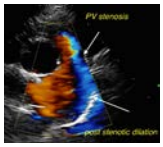
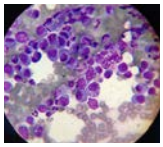
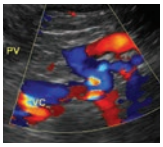

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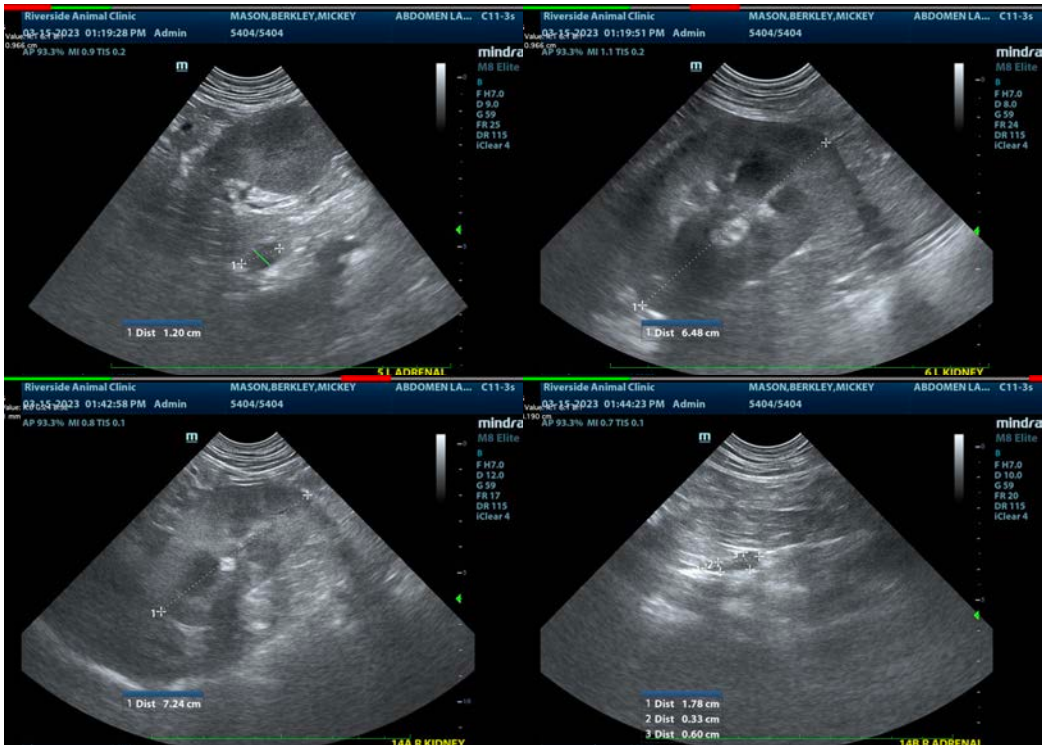

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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