SonoPath
Clinical Sonography & Telecytology
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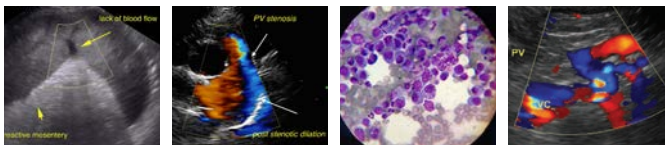


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mirabel Aweri

SPECIES
Canine

BREED
Pit Bull X

SEX
Spayed Female

AGE
1.5 Years

WEIGHT
21.2 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Emily Kalenius

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Emily Kalenius

INVOICE
46577

DATE
4/12/23

PRESENTING CLINICAL SIGNS

P is very lethargic, quivering while laying down, and had D+ outburst this evening. P is usually very hyper and crazy per O, O do give her trazadone for her energy level. P does eat blankets, kids toys, and various kind of bones. And P was fine this morning but seemed to get more lethargic daily since Sunday.

Abnormal PE/Chem/CBC/UA Results: Temp 103.5 abdominal pain and regurgitation noted on presentation. CBC – HCT 41.6%, WBC 13.23, Neut 11.5, Plt 359 Chem – Glu 138, Creat 0.9, BUN 17, TP 6.4, ALB 3.7, Glob 2.7, ALT 41, ALP 84 EPOC – pH 7.408, BE -5.4*, Na 145, K 3.9, Cl 115, Ca 1.3, Lact 0.96, BUN 16, Creat 0.8, Glu 130*, HCT 41% UA – USG >1050, pH 8, protein/glu/ket neg, 50 blood, leuk 25, WBC 2/hpf, RBC >50/hpf, no bacteria, no crystals CPL - <50 (normal)

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 (7.05 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 (6.89 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 (2.45 cm long x 0.57 cm at the cranial pole and 0.52 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 (2.18 cm long x 0.36 cm at the cranial pole and 0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

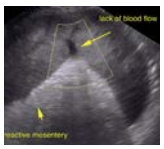
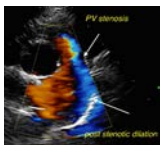
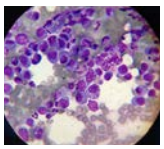
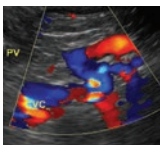
Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

Gastrointestinal

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Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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.

Diffusely, lymph nodes (including medial iliac, mesenteric, and cranial abdominal lymph nodes) are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Hypersplenism –** 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.

- **Gastritis –** Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

- **Diffuse reactive lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

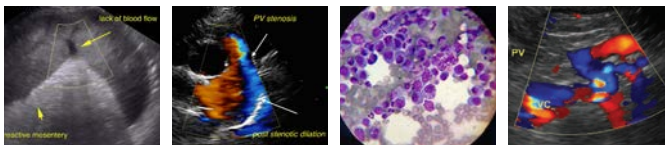
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the appearance of this patient's lymphadenopathy in a young dog is most consistent with reactive lymph nodes, infiltrative neoplasia can't be ruled out. Therefore, fine needle aspirates of the lymph nodes +/- the spleen are recommended if patient's coagulation status is appropriate.

Additionally, if not already evaluated, especially given the reported regurgitation, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Given the reported diarrhea, a fecal exam is recommended if not recently evaluated, as is a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.



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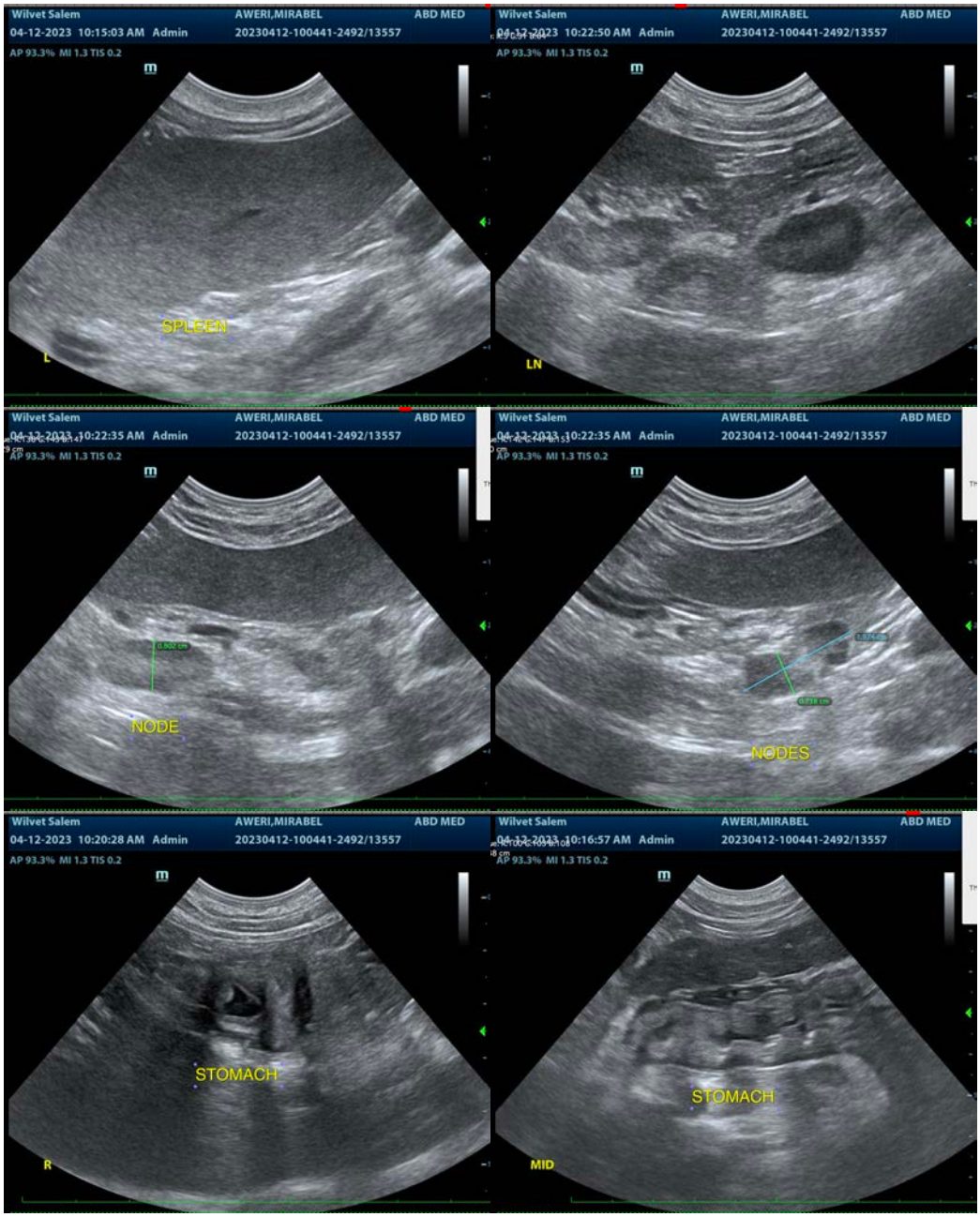
In the meantime, supportive/symptomatic medical management of suspected gastritis/gastroenteritis potentially secondary to dietary indiscretion versus other is recommended in the form of antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, an appetite stimulant if necessary, and potentially a transition in diet based on trial and error response, potentially beginning with a bland easy to digest diet or proceeding toa hydrolyzed protein diet. Some patients respond better to one brand or version of hydrolyzed protein diet over another, so several trials are sometimes necessary.



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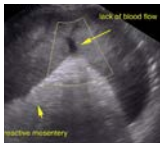
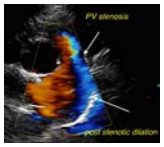
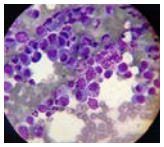
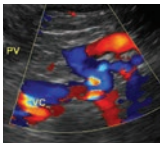

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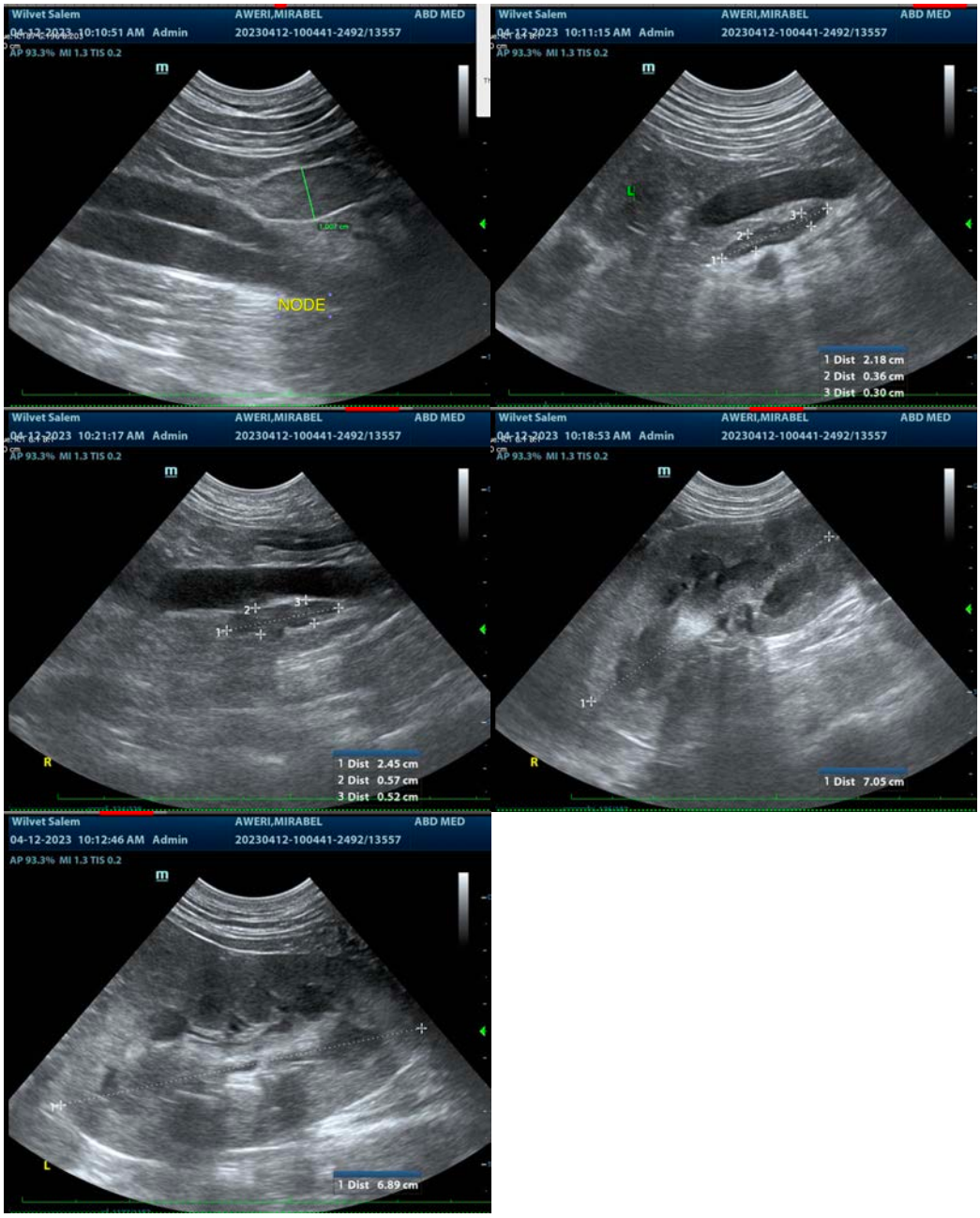

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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