PATIENT

Sugar Bear Stoodt

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Spayed Female

AGE

11 Years

WEIGHT

42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

All Friends Animal Hospital

REFERRING VET

Kathleen Tangari, DVM

INVOICE

74971

DATE

5/6/26

PRESENTING CLINICAL SIGNS

1. IMHA (2nd relapse) first episode Nov. 2022 - treated and normal CBC byo June 2023. No meds for 2 years then abnormal CBC noted on BW prior to surgical procedure - started Pred 20, mycophenolyate and clopidogrel. 2. Hypothyroidism. 3. NAK 19 - possible Addison's. r/o splenic mass or blood loss from kidneys, or bladder.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 35, retic 166, WBC 50.6, neut 38, Mono 7.99, PLT 2650. Chem: CR 0.4, Phos 6.3, K 7.8, NAK 19 (!!), ALT 265, ALP 240, GGT 22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is under distended with primarily anechoic contents and occasional echogenic non-shadowing debris. *The under distended/empty state could be in part contributing to the thick, irregular apeparnce of the wall. Apical urinary bladder wall is diffusely thick (0.53 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal is size (6.24 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 or infarcts observed. Pinpoint non-obstructive nephroliths are noted.

The left kidney is normal is size (5.78 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 or infarcts observed. Pinpoint non-obstructive nephroliths are noted.

Adrenal Glands

The right adrenal gland area is examined but it is unable to be well visualized.

The left adrenal gland is small (flattened contour), measuring 0.28 cm at the cranial pole and 0.35 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with a bright echogenic interface that demonstrates strong acoustic shadow. The pylorus is difficult to fully visualize, as is the far wall, given the shadow.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 area of the pancreas contains irregular hyperechoic pancreatic remodeling.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric 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.

PRIMARY FINDINGS

- Given the shadowing in the stomach, gastric foreign material can't be ruled out. This appears to be a post-prandial study, however, and this finding should be interpreted in combination with when patient last ate, as well as potentially recheck imaging following an additional 12-24 hours of fasting, as normal ingesta and gas could mimic the appearance of foreign material.
- Hyperechoic pancreas – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.
- Mild reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Subtly/mildly scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Moderate 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

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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.

SECONDARY FINDINGS

- Flat adrenal glands are most likely related to patient's reported steroid history.
- Pinpoint non-obstructive nephroliths bilaterally in the kidneys.
- Possible mild cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are non-specific and largely likely to be expected in a patient receiving steroids with a suspected autoimmune disease, etc. There is not a definitive ultrasonographically visible explanation for the relapse or any visible signs of hemorrhage, free fluid, etc. Patient's hyperkalemia could be in part related to hemolysis if hemolysis is present or suspected.

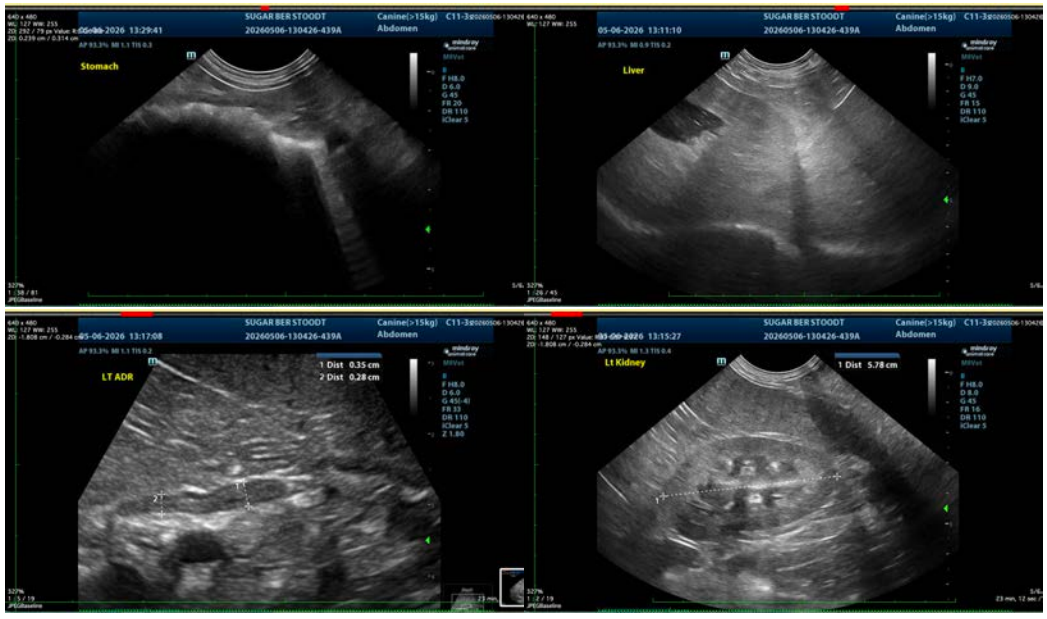
Further diagnostic recommendations include:

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.

Infectious disease evaluation could be considered.

Bone marrow sampling could be considered.

While the changes described above trend largely toward benign, if patient's coagulation status is appropriate, fine needle aspirates of the spleen and liver could be considered as well.



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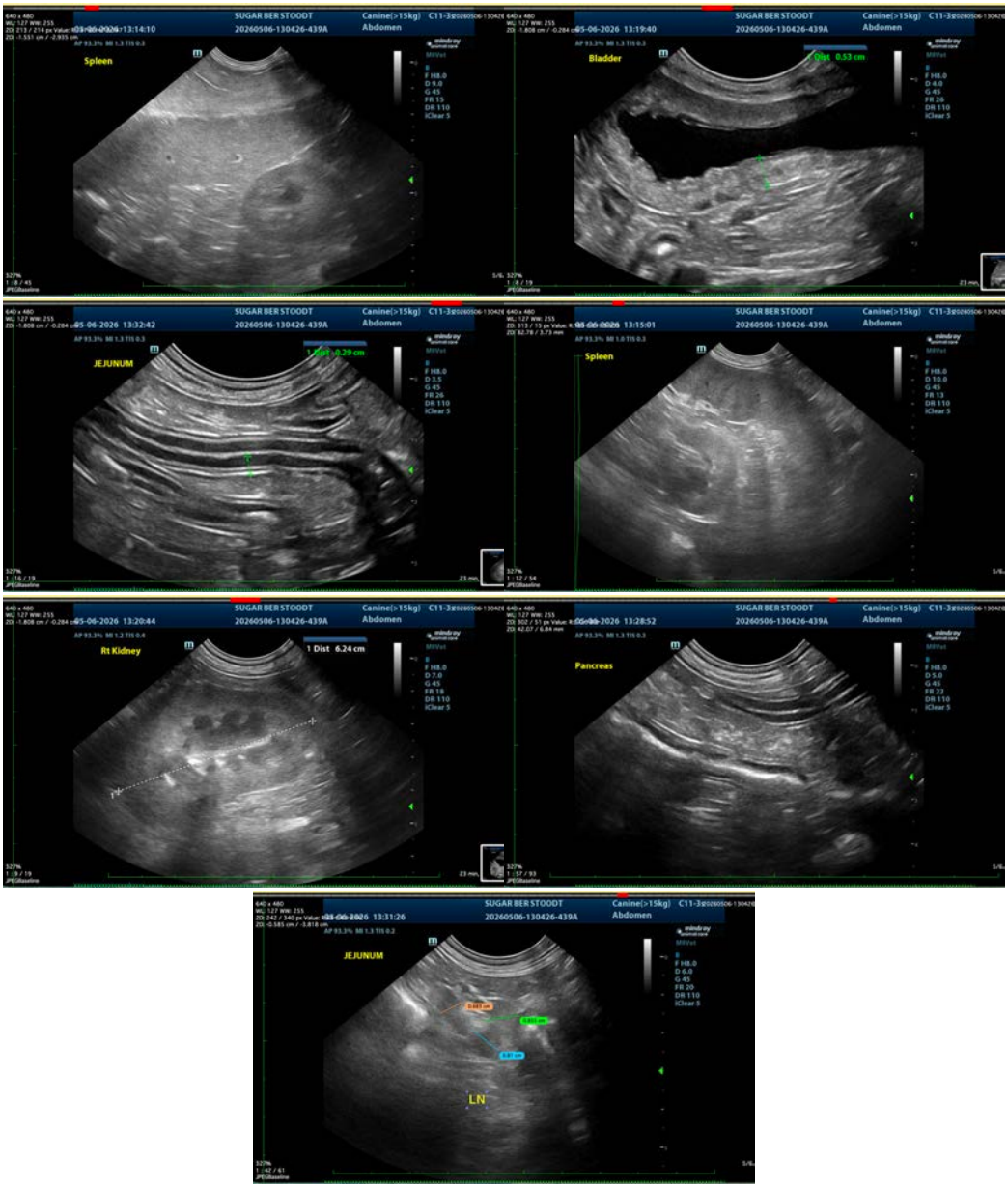

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com