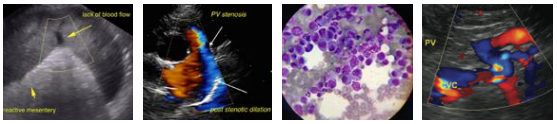

PATIENT

Prada Lawson

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

10y

WEIGHT

76lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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Dr. Popuette

INVOICE

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PRESENTING CLINICAL SIGNS

Loss of appetite, increased thirst, urinary accidents, vomiting, now has dark stools (O describes as black, has not provided sample). So far, no weight loss. This has been going on since mid - April per O. Current Medications Metronidazole, Amoxicillin, Proin, Fish Oil, Glucosamine, on a GI Low Fat diet Primary Question/Differential to Be Answered in This Exam cause of inappetence, lethargy, vomiting.

Abnormal PE/Chem/CBC/UA Results: increased alt, alk phos normal, white cells in urine. recommend metro and amoxi x 2 weeks (per vin) and recheck bloodwork, if not improving after 5-7 days recommend abdominal ultrasound. 1-year ago had soft tissue sarcoma removed from thorax.

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 (7.03 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 (7.03 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 (2.09 cm long, cranial 1.34 cm, caudal 0.7 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.15 cm long, cranial 0.73 cm, caudal 0.72 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

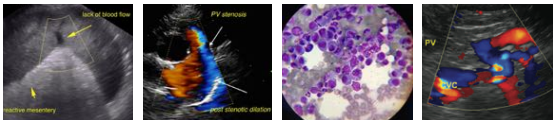
Spleen

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 0.6 cm noncapsular disrupting hypo to anechoic nodule near the tail of the spleen is noted. 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity-dependent echogenic debris. There is a large amount of mineral/sand debris both suspended and visibly adhered



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to the inner wall. Otherwise, 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 or foreign material. 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 or foreign material.

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.

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

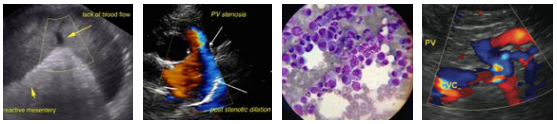
ULTRASONOGRAPHIC FINDINGS

- **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 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.

- **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.

- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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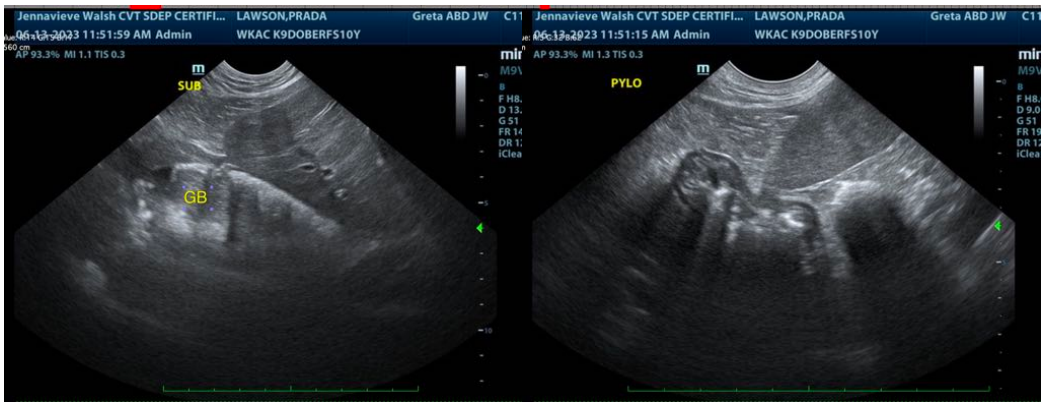
The findings described above are of unknown clinical significance and likely not contributing to either this patient's reportedly increased ALT and/or the clinical signs. Given the reported ALT combined with patient breed etc. Testing for Leptospirosis is recommended. Bile acids are recommended, if tbili is not increased. An empirical course of antibiotics and hepatic nutraceuticals may be tried empirically; however, ultimately, tissue sampling is likely warranted. FNA of the liver can be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. If round cell neoplasia is not diagnosed, a liver biopsy (including copper level assessment) may be required to definitively diagnose the underlying hepatopathy.

Additionally, given the reported melanna and vomiting full evaluation of this patient's clotting status/coagulation factors is recommended, as is a fecal exam if not recently evaluated. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI, and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, in addition to the antibiotics which are already reportedly in place other supportive/symptomatic medical management considerations include gastrointestinal support in the form of antiemetics, gastro protectants including Sucralfate, an appetite stimulant if needed, empirical deworming with a 5-day course of Panacur, etc. as well as hepatic nutraceuticals, while awaiting additional results.



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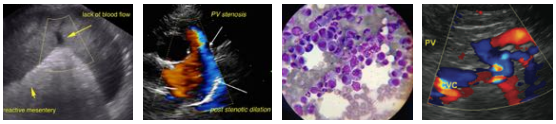

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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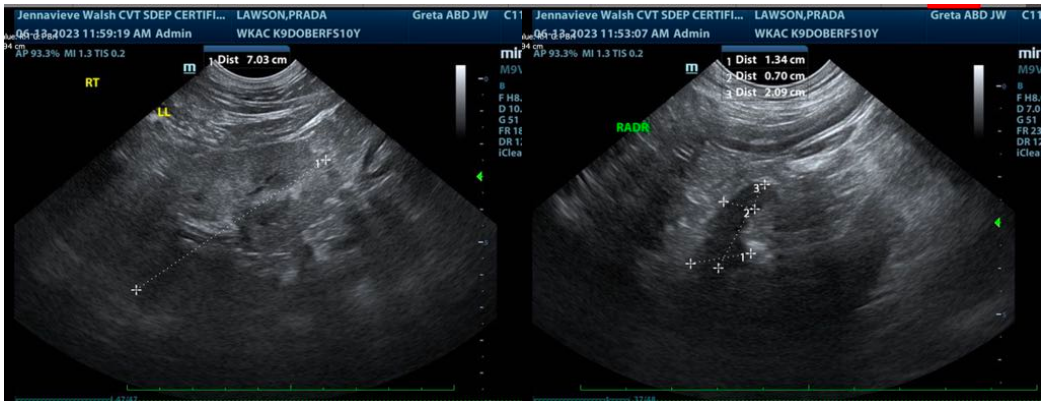

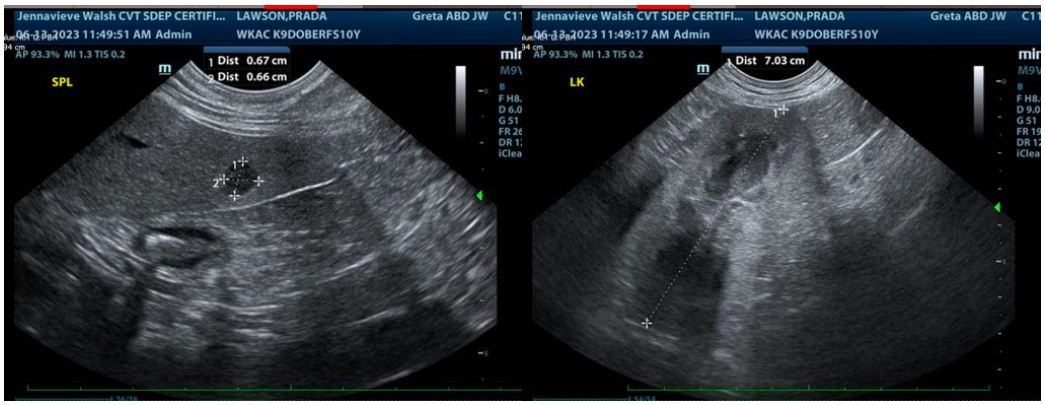

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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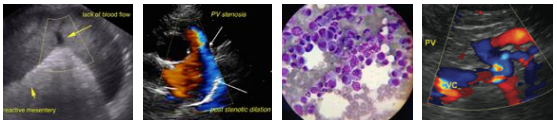

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