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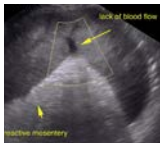
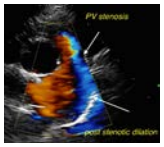
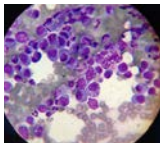
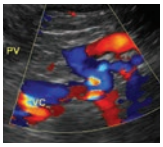

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1-800-838-4268 info@sonopath.com

PATIENT

Tracks Hippensteel

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

4 Years

WEIGHT

71 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Jack Reese

INVOICE

38793

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Several month history of periodic regurgitation or vomiting. Tracks has a good appetite, but owner notes periodic belching at home and occasional vomiting or passive regurgitation. No weight loss or diarrhea has been noted. Occasional coughing noted at home. History of mild anemia and hyperglobulinemia.
Abnormal PE/Chem/CBC/UA Results: 4/2022: RBC 4.85 (5.39-8.70) Total Protein 10.2 (5.5-7.5) Globulin 7.5 (2.4-4.0) Protein Electrophoresis: Polyclonal, suspicion for antigenic stimulation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.65 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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.9 cm) and shape, with smooth peripheral margination. There is an overall increase in echogenicity, and mild decrease in corticomedullary distinction. No pyelectasia, mineral or infarcts are observed.

The left kidney is normal in size (8.4 cm) and shape, with smooth peripheral margination. There is an overall increase in echogenicity, and mild decrease in corticomedullary distinction. No pyelectasia, mineral or infarcts are observed.

Adrenal Glands

The right adrenal gland is normal in size (2.3 cm long x 0.80 cm at the cranial pole and 0.54 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 (0.49 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size and retains normal smooth margins. Parenchyma is normal and homogeneous in echogenicity and echotexture with no focal nodules or masses 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.

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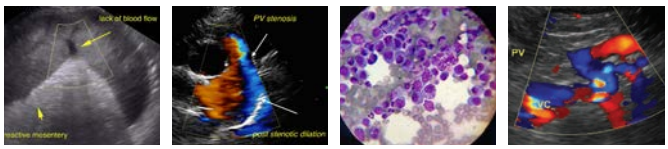

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Gastrointestinal

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 peritoneal effusion. There are enlarged, slightly hypoechoic lymph nodes medial to the spleen, measuring 0.60 cm thick, but maintain a normal elongated, tapered shape.

PRIMARY FINDINGS

- Splenomegaly – This can be associated with congestion caused by sedation, if patient was sedated, but can also be associated with diffuse infiltrative disease. Benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, etc., as well as infiltrative neoplasia disease such as round cell neoplasia should be considered, especially given this patient's hyperglobulinemia.

- Mildly hyperechoic kidneys with some decreased corticomedullary distinction – This could be a normal incidental variant in this patient. However, these changes can be seen with glomerular interstitial nephritis, toxic renal insult, or infectious disease such as Leptospirosis, and should be interpreted in combination with laboratory changes, kidney pain, etc.

SECONDARY FINDINGS

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

- Lymphadenopathy medial to the spleen – most likely reactive. Infiltrative neoplasia cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the spleen is recommended, if patient's coagulation status is appropriate.

3-view thoracic radiographs are recommended, given the history ore regurgitation, for further evaluation of cardiopulmonary status as well as further investigation of the esophagus.

A urinalysis is recommended, if not recently evaluated, with follow up urine culture if indicated based on urinalysis results.

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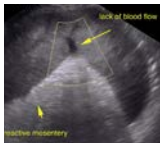
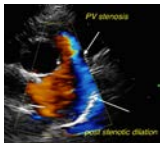
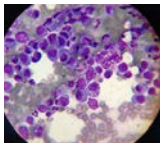
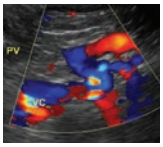

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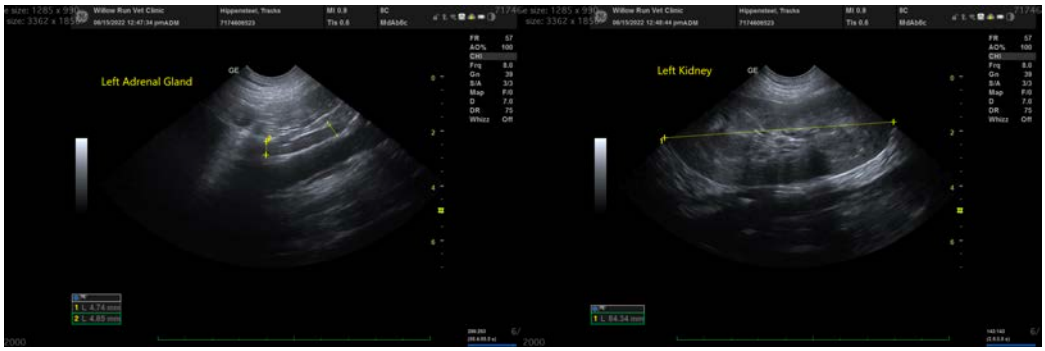
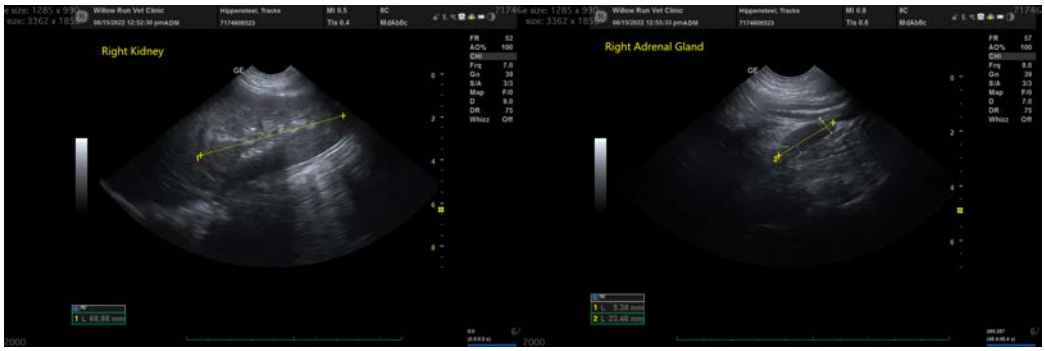
Testing for Leptospirosis is indicated, given the kidney changes.

Finally, an antigenic stimulation hunt, beginning with comprehensive infectious disease testing, including but not limited to Leptospirosis (as previously mentioned), tick borne disease, as well as less common diseases such as Toxo/Neospora, fungal disease, etc. could be considered.

In the meantime, given the cough/gag, regurgitation, etc., medical management of GERD could be considered with twice daily antacid therapy (i.e., Omeprazole).





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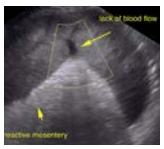
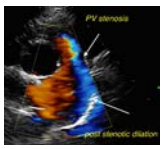
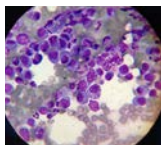
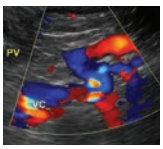

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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