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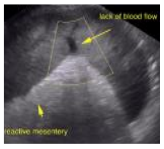
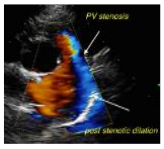
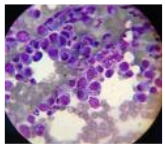
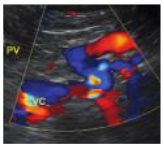
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Luvy Lederman

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

7 Years

WEIGHT

38 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

16388

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: March 2022 - seizure. MRI likely infarct, June 2022 RF and RR knuckling - MRI likely infracts. Current meds: Keppra, Clopidogrel (started last week), and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: Blood work including T4 and ACTH stim: NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. A small mineral density is noted along the dependent wall, consistent with a small cystolith. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (5.73 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. In the cranial pole of the left kidney, there is an approximately 1.0 cm discreet round structure with a hyperechoic wall and hypoechoic center, which could be benign incidental dystrophic mineralization, but a complicated cyst, chronic partially calcified hematoma, granuloma, abscess or even infiltrative nodule have to be considered.

Right kidney is normal is size (6.04 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

Left adrenal gland is normal in size (2.72 cm long, 0.47 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.83 cm long, 1.27 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

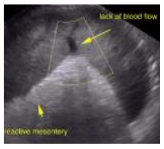
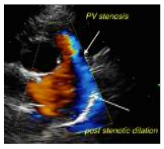
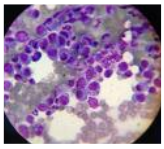
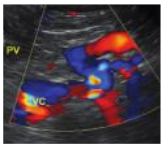
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. A 0.8 cm x 1.0 cm cyst is present in the right caudal liver.

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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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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 is no apparent lymphadenopathy.

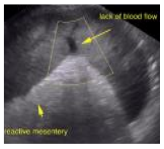
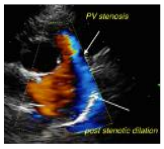
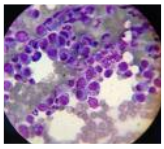
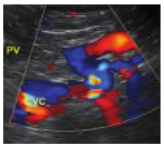
ULTRASONOGRAPHIC FINDINGS

- Liver Nodular Hyperplasia Pattern – 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.
- A small urinary bladder cystolith
- A round discreet partially mineralized foci in the cranial pole of the left kidney, which likely represents benign incidental dystrophic mineralization, however, a lesion, such as a complicated cyst, old mineralized hematoma, granuloma, infarct or even abscess or infiltrative nodule can't be ruled out. Recommendations include monitoring of the nodule with recheck ultrasound in 4-6 weeks.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the reported history of vascular events/stroke like behavior:

1. A blood pressure is recommended, if not already evaluated.
2. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
3. Hyperadrenocorticism remains a potential for this patients hypercoagulable state with the possibility of emerging hyperadrenocorticism resulting in a false negative ACTH stim. A low dose dexamethasone suppression test could be considered as a more sensitive screening for hyperadrenocorticism, however is not recommended, unless clinical signs of hyperadrenocorticism, such as polyuria/polydipsia, panting, hair loss, etc. are present. With the lack of clinical signs, recommendations include managing the hypercoagulable state +/-

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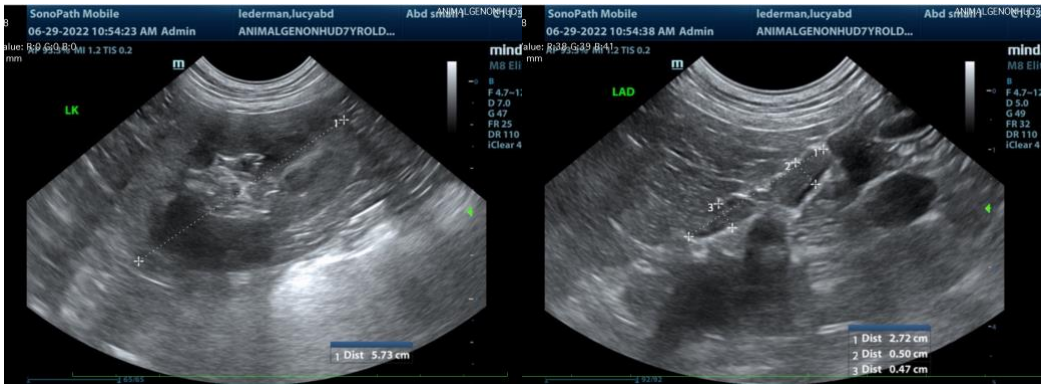
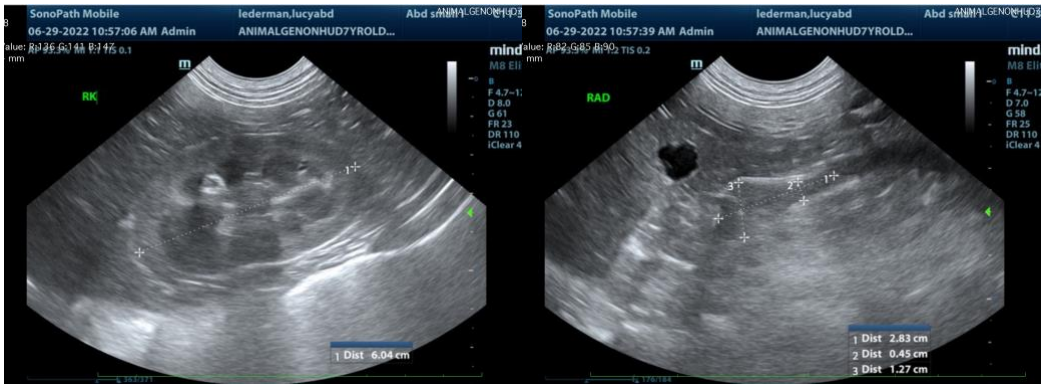
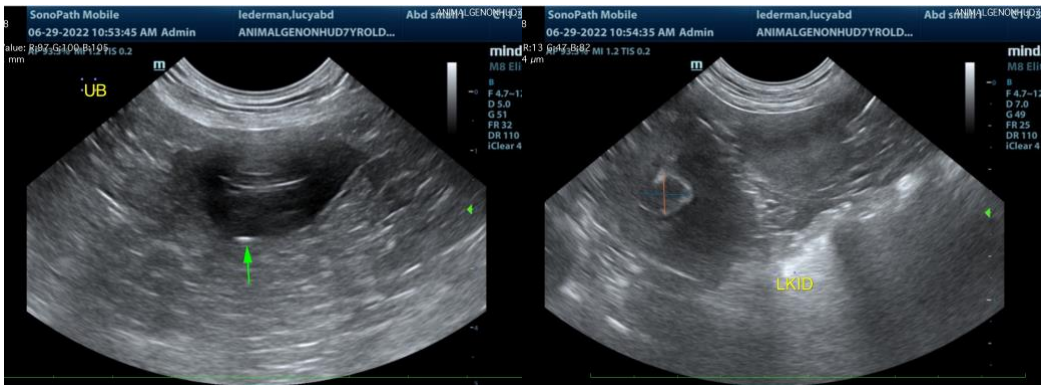
hypertension, +/- proteinuria, etc., as is reportedly in place with the clopidogrel.







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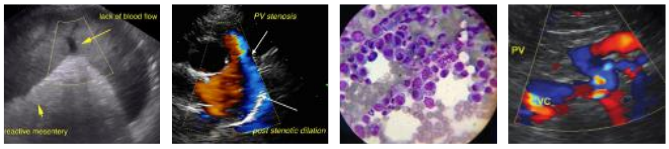

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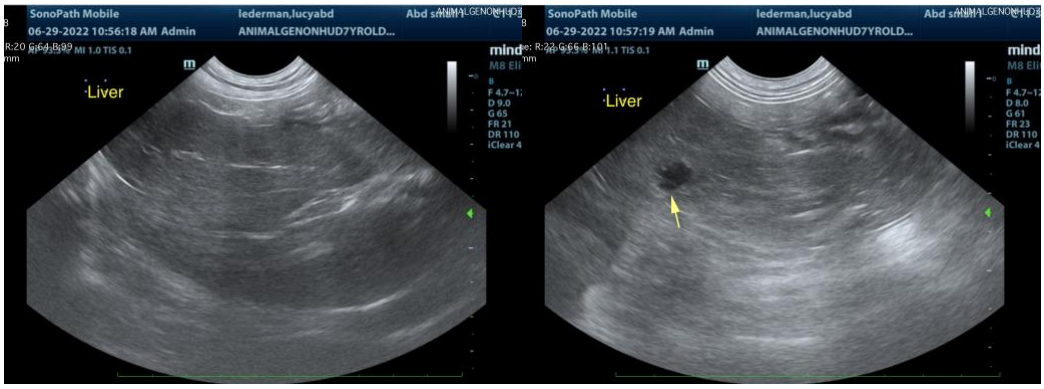

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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