



PATIENT

Charley Temple

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

4 years

WEIGHT

70 lbs

PRESENTING CLINICAL SIGNS

History: Chronic hypereosinophilic state. Dewormed multiple times. Is on heartworm prevention. Eosinophilia is often 18,000-19,000. Basophils were 1866. Responds somewhat to steroids but never gets in a normal range. Tried treating with steroids, doxycycline, multiple dewormings and twice monthly heartworm prevention.

Abnormal PE/Chem/CBC/UA Results: Mostly respiratory. Chemistry - WNL. Today, while on Pred, there are 11,420 eosinophils. UA - WNL. Chest xrays reveal a bronchial interstitial pattern. Path review biggest concern based on degree of eosinophilia is a paraneoplastic response.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

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

Left kidney is normal is size (7.4 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.

Right kidney is normal is size (6.8 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.46 cm.

The right adrenal gland is unable to be well visualized.

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Harold Mike Beard

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.

HOSPITAL NAME

Animal Care VC

REFERRING VET

Dr. Barker

Liver

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.

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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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Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

Flat left adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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Given the patient's reported history of primarily respiratory signs an endotracheal wash or BAL could be considered to look for/rule out eosinophilic bronchopneumopathy/pulmonary infiltrates with eosinophils.

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I recommend to wait 2-4 weeks following steroids prior to either of the aforementioned diagnostics if possible. In the meantime, transition to a novel or hydrolyzed protein diet could be considered to reduce potential allergen load.

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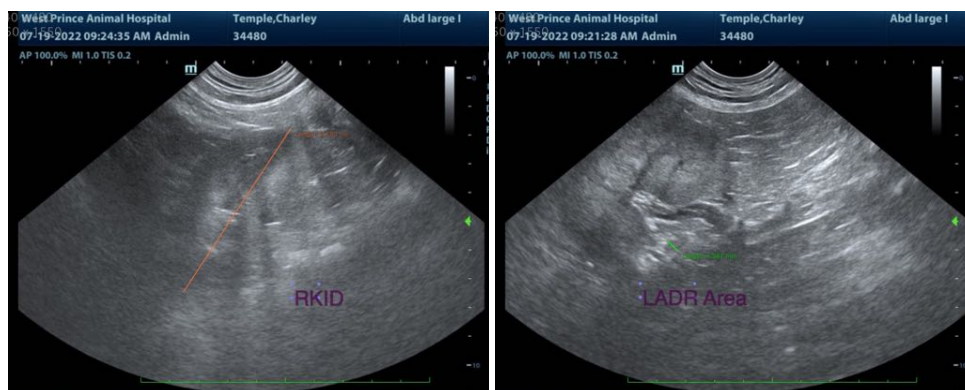
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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