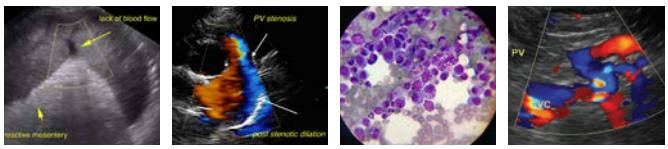
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Walter Palser

SPECIES
Canine

BREED
Goldendoodle

SEX
Neutered Male

AGE
1.5 Years

WEIGHT
56 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Susan Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Susan Lincoski

INVOICE
40670

DATE
8/23/22

PRESENTING CLINICAL SIGNS

Walter is here for abdominal ultrasound and leptospirosis testing. He was seen in July at emergency for vomit/diarrhea, at that time bloodwork showed inflammation and mild thrombocytopenia. He was treated medically with cerenia and metronidazole. At recheck here 10 days, was still having vomit, mostly in the am, either bile or his breakfast. Diarrhea was cyclic, and a negative fecal cytology. He had normal platelets and leukocyte count at that time except eosinophilia. Chemistry was normal except SDMA was 18, which was not measured at ER. He was dewormed,with panacur, and given cerenia and famotidine. Also started on ID diet. He improved clinically, but at recheck 8/11 (3 weeks) he still had mild eosinophilia and now again mild leukocytosis. Also SDMA higher. We decided to pursue ultrasound and lepto testing. Today, we sedated him with 0.2ml ace/0.5ml torb IM. A full abdomen SDEP ultrasound exam performed and uploaded to synergy for review. Lepto to idexx. Walter did great with procedure. He was negative for HW/Lyme/Erlichia/Anaplasma 6/14/22.

Abnormal PE/Chem/CBC/UA Results: 7/2 from er he was reported to have mild thrombocytopenia and leukocytosi 6/14/22 SDMA was 13 at annual visit 7/15/22 SDMA was 18, fecal negative including giardia, and Eos 1.9 k/ul 8/11/22 SDMA ws 21, Eos 1.36 and lymp 5.17 (mild elevation)

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.

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

The right kidney is normal in size (6.38 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 (5.81 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 (2.3 cm long x 1.6 cm at the cranial pole and 0.83 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

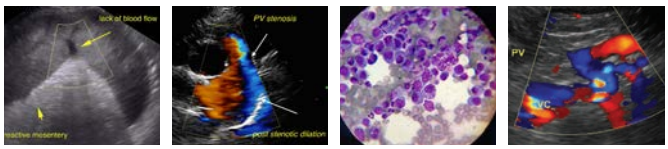
The left adrenal gland is normal in size (1.53 cm long x 0.57 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are 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



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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.

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 free peritoneal effusion noted in these images.

Mesenteric lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

- **Hypersplenism –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

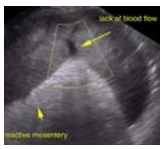
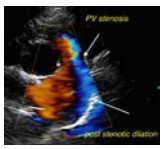
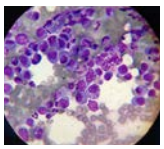
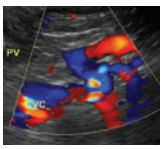
- **Mesenteric lymphadenopathy –** Likely reactive. However, infiltrative neoplasia cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reportedly increasing SDMA, completing a kidney workup with testing for Leptospirosis, urine culture, etc. (as is reportedly already pending) is recommended. If the urine sediment is quiet except for protein, then a urine protein to creatinine ratio is recommended to further quantify any proteinuria present. A blood pressure is recommended if not recently evaluated.

Given the reported gastrointestinal signs, signalment, and eosinophilia, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

If hypoadrenocorticism is ruled out, then further evaluation of the gastrointestinal tract is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to

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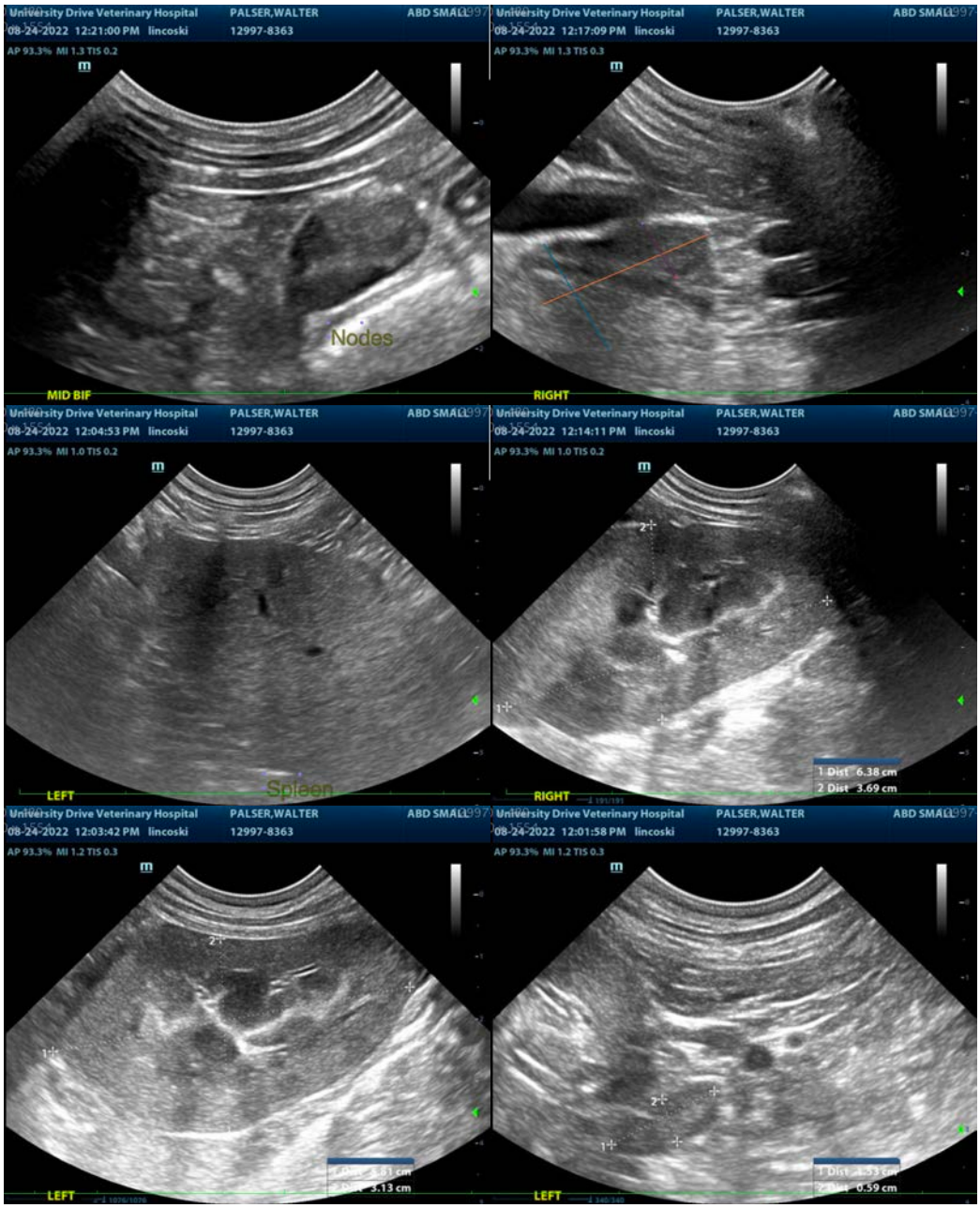
Texas A&M GI Laboratory. A fine needle aspirate of the spleen is also recommended at that time if patient's coagulation status is appropriate.

In the meantime, again given the eosinophilia, empirical deworming (which is reportedly already done) is recommended. Transition to a novel or hydrolyzed protein diet is recommended to address possible food allergy.



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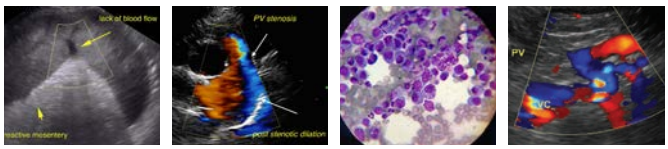

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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