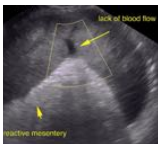
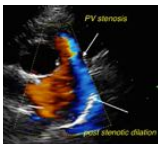
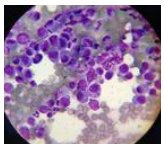
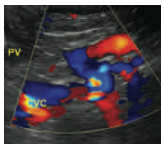
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Scout Rea

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
9.5 years

WEIGHT
34 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Todd

HOSPITAL NAME
Lambs Gap AH

REFERRING VET
Dr. Kinney

INVOICE
95065

DATE
1/10/22

PRESENTING CLINICAL SIGNS

Scout had a previous abdominal ultrasound read by Dr. Daniel on 11/15/21. He has a history of hypoalbuminemia starting in November 2021. Scout had a CCL repair in November 2021. PUPD, 4# weight loss, eating well except for 1-1-22, eating HA, on immune suppressive doses of pred, decreased pred by 5mg 12-22-21, meds: pred (15 mg BID now, but started at 35 mg per day starting Dec. 6th)), famotidine, sucralfate, metronidazole, hypoallergenic joint supp and denamarin . Concern for increased liver enzymes, hypoalbuminemia, hypoglobulinemia, and severely increased bile acids.
Abnormal PE/Chem/CBC/UA Results: 1/4/22: Neuts=13749, Lymphs=806, Eos=16, Alb=2.3, Glob=2.3, ALT=740 , AST=103, ALP=1765, GGT=170, Bilirubin conjugated=0.2, lipase=485 1/7/22: Bile acids: pre 109.7 post 67.4, unknown explanation for lower post value, however, both values extremely elevated UA: USG 1.005, negative for protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.63 cm. The right kidney measured 5.39 cm.

Adrenal Glands

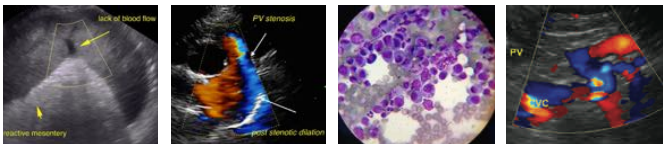
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.91 x 0.47 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** revealed an irregular cranial pole. This created a nodular effect and measured 2.0 cm with enhanced surrounding mesentery and irregular contour. This is most consistent with splenic infarct with a mild potential for underlying neoplasia. The remainder of the spleen was unremarkable. There was no evidence of splenic vein thrombosis present.

Liver

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Scout Rea

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
9.5 years

WEIGHT
34 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Todd

HOSPITAL NAME
Lambs Gap AH

REFERRING VET
Dr. Kinney

INVOICE
95065

DATE
1/10/22

The **liver** was diffusely enlarged with minor hyperechoic 1.64 cm left medial nodule and 1.88 cm left lateral nodule. The liver nodules are most consistent with lipogranulomas. Porcelain gallbladder was noted with fibrosed and mineralized wall and a minor amount of debris.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Mucosal fogging was noted throughout the small intestine. This is consistent with lymphangectasia, reactive or remodeled mesentery noted in various portions of the intestinal tract owing to adhesions. One portion of intestine revealed irregular intestinal wall with areas of loss of detail. The wall thickness measured up to 1.0 cm. This particular portion of intestine measured approximately 6.0 cm. This area meets neoplastic criteria and may be partially suppressed owing to Prednisone therapy. The mesentery revealed mixed echogenic changes with a coalescence creating a mesenteric nodule that measured 3.4 cm. This is likely owing to a history of reactive mesentery and remodeling.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Suspect splenic infarct, fairly stable. Potential for emerging splenic neoplasia/round cell neoplasia.

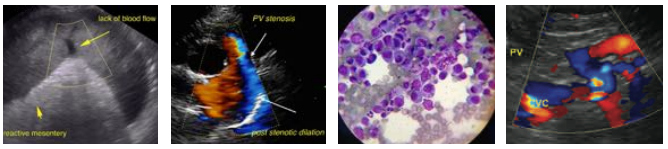
Protein losing enteropathy pattern. Minor areas of fluid stasis noted in portions of the small intestine.

Regional free fluid and adhesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for protein losing enteropathy emerging into intestinal lymphoma +/- splenic lymphoma. Given the prednisone therapy suppression of an emerging neoplastic event is a strong potential. If the albumin level is maintained > 2.0 then I recommend exploratory surgery, splenectomy and intestinal resection of any areas that have intestinal adhesions. Liver biopsy could be considered as well; however, the prognosis is very guarded. Screening FNA of the spleen and liver could be considered to assess for any obvious evidence of lymphoma. Complicated inflammatory bowel/protein losing enteropathy with intestinal necrosis is also a strong potential with splenic infarct and metabolic hepatopathy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Scout Rea

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

9.5 years

WEIGHT

34 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

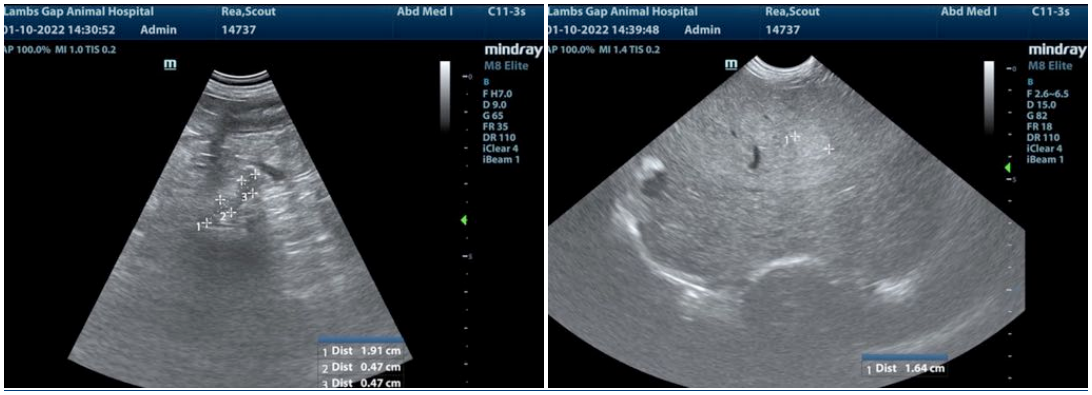
Dr. Kinney

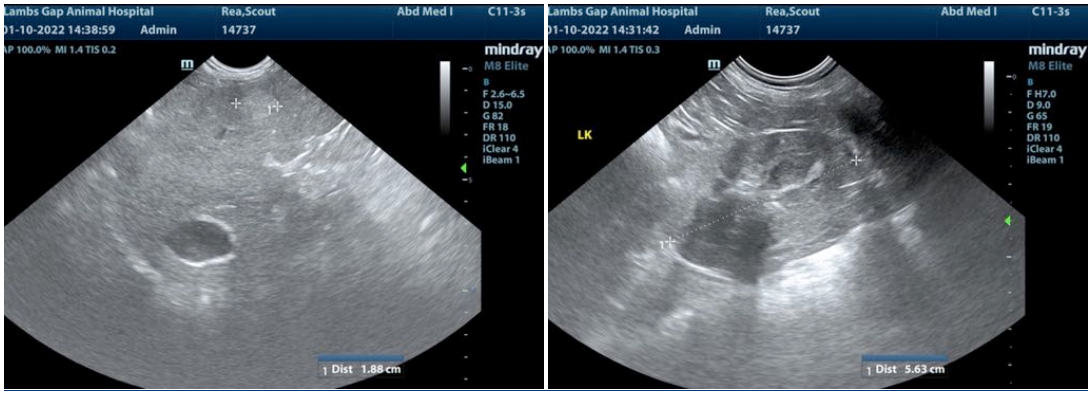
INVOICE

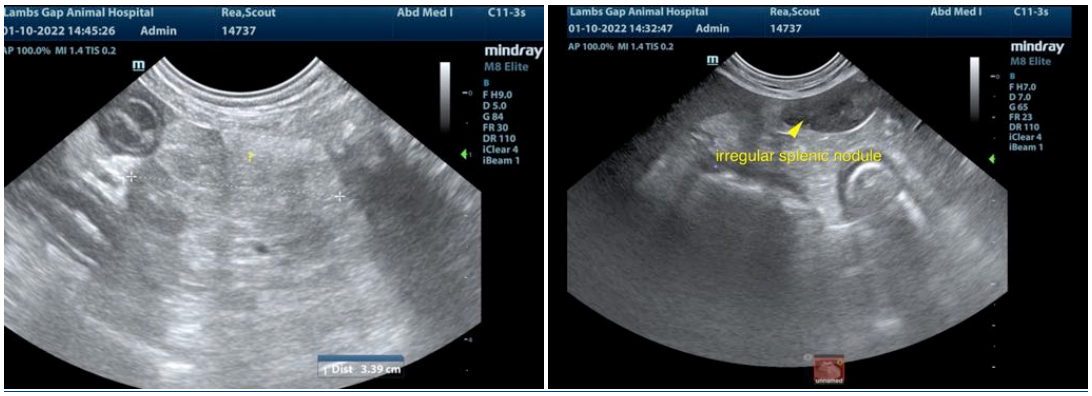
95065

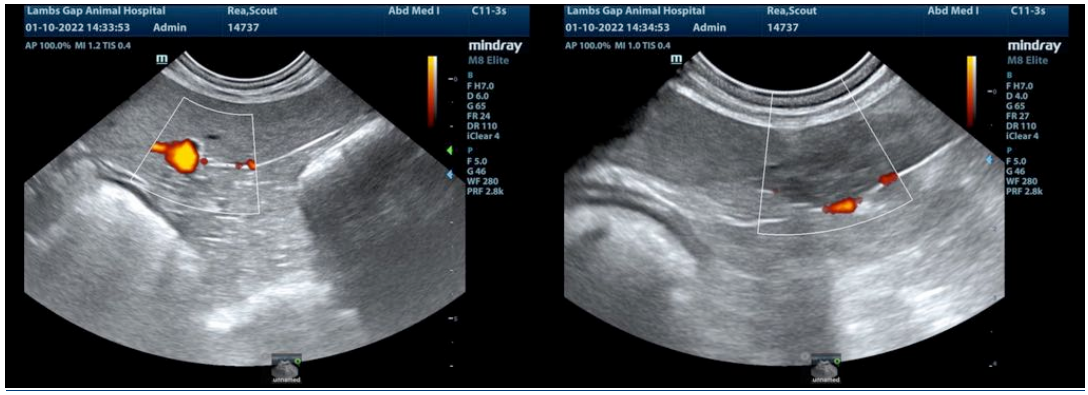
DATE

1/10/22

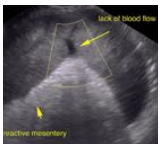
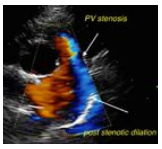
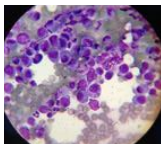
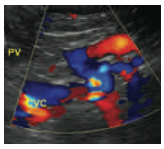








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Scout Rea

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

9.5 years

WEIGHT

34 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

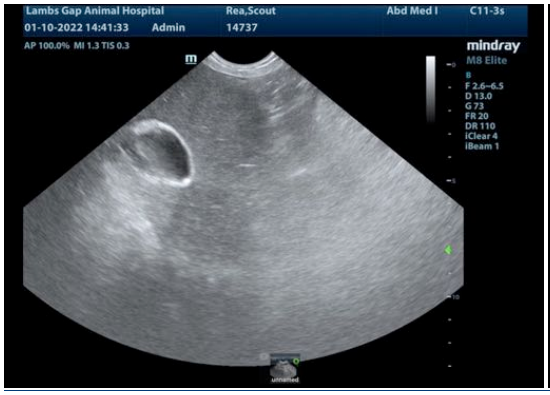
Dr. Kinney

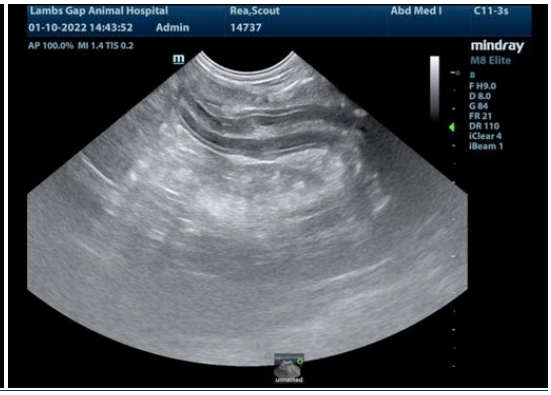
INVOICE

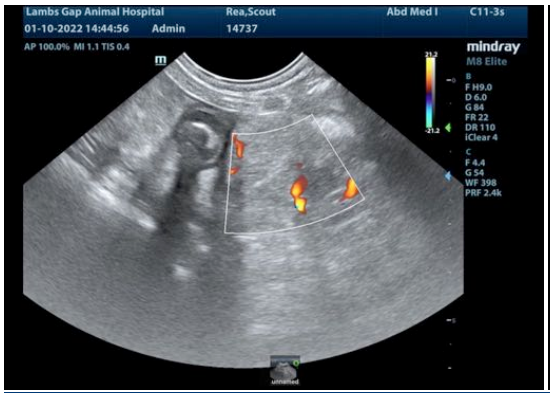
95065

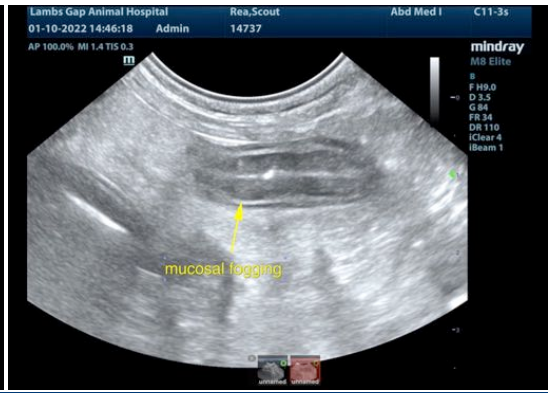
DATE

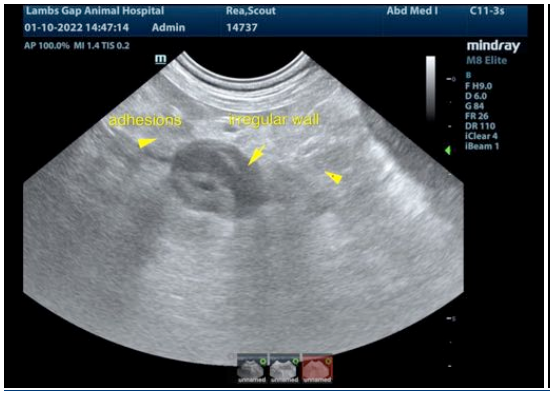
1/10/22

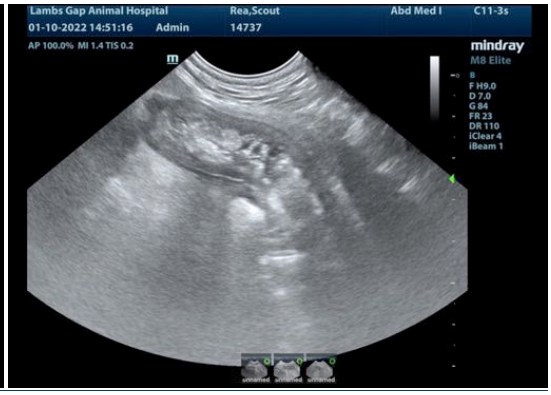










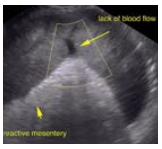


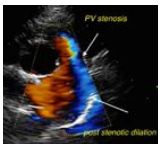
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

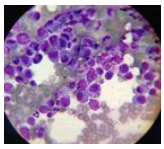
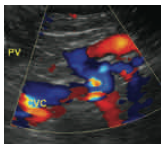
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Scout Rea

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

9.5 years

WEIGHT

34 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

95065

DATE

1/10/22

info@SonoPath.com