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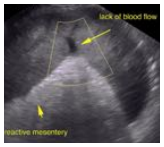

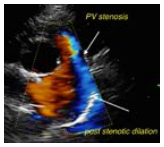

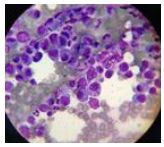
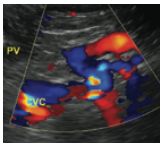

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1-800-838-4268 info@sonopath.com

PATIENT
Scout McKay

SPECIES
Canine

BREED
Border Collie Mix

SEX
Spayed female

AGE
8 years

WEIGHT
51.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Haley Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Fritz

INVOICE
43084

DATE
12/13/22

PRESENTING CLINICAL SIGNS

History: P presented for acute lethargy, anorexia, and lameness. No known hx of toxin exposure but p is outside on her own often. No v/d/c/s. O unsure about pu/pd. P on cyclosporine & prednisone to manage cutaneous lupus erythematosus - diagnosed in 2020. P was hospitalized yesterday - bw, 4dx, and x-rays done (see results below). Started on IVF, ampicillin IV , metronidazole IV, cerenia IV, and famotidine SQ. P has improved overnight. Ddx; leptospirosis, early tick borne, cholangiohepatitis, toxin, neoplasia, other. BW a few months prior to this was wnl while on cyclosporine/prednisone. No recent change in dose.
Abnormal PE/Chem/CBC/UA Results: PE: dehydrated, febrile (104.8), tachycardic, localized tongue ulcer, lip dermatitis, pink tinged nasal discharge bilaterally, tense abdomen, ulcerated skin in axillas and inguinal region (due to skin disorder), no lymph node enlargement CBC - stress leukogram Chem - ALT 176 U/L, ALP 1663 U/L, GGT 34 U/L 4dx - neg x 4 Abdominal X-rays - Hepatomegaly Chest x-rays report pending, but nsf seen

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 loss of corticomedullary definition with mild pyelectasia and thickened cortices. The left kidney measured 7.2 cm. The right kidney revealed cortical infarcts at the cranial pole. The right kidney was subnormal in size and measured 5.3 cm with slight mineralization.

Adrenal Glands

The left **adrenal gland** measured 0.9 cm and was uniform. A 1.0 cm wide structure was noted in the region of the left adrenal gland, however, resolution was marginal and cannot be completely defined. The right adrenal gland was isoechoic to the surrounding fat. The right adrenal gland measured 0.5 cm at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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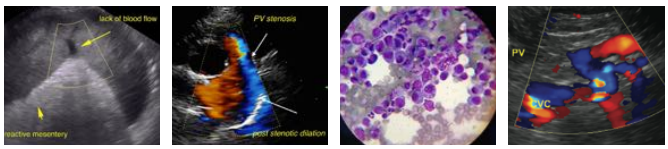

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The caudate process of the liver was particularly enlarged with uniform parenchyma. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

Subjectively benign hepatopathy.

Mild to moderate degenerative renal changes.

Possibly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is necessary to assess the left adrenal gland. There was no obvious evidence of significant disease. Full sedation and adrenal imaging would be appropriate, primarily of the left adrenal gland. Blood pressure measurements are recommended.

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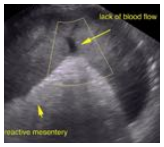
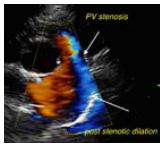
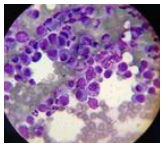
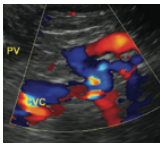

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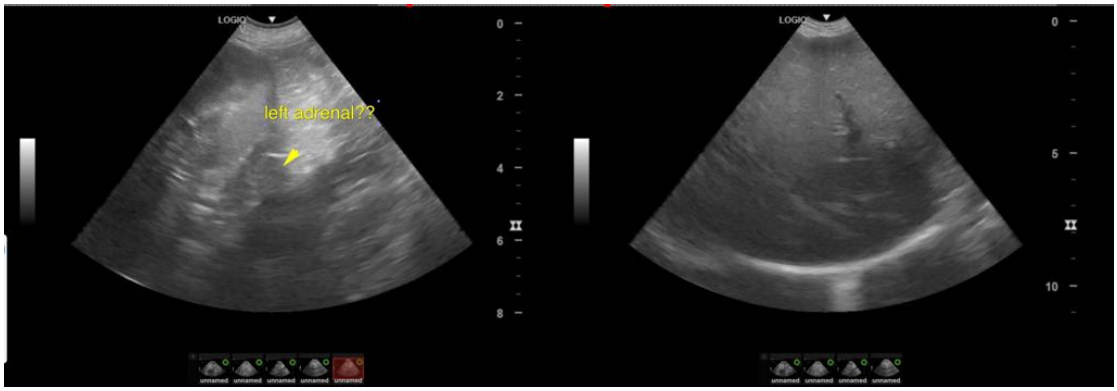

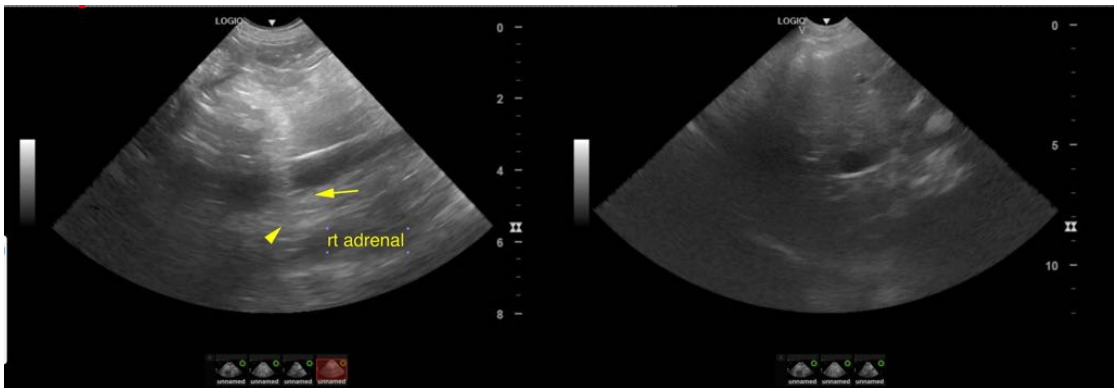

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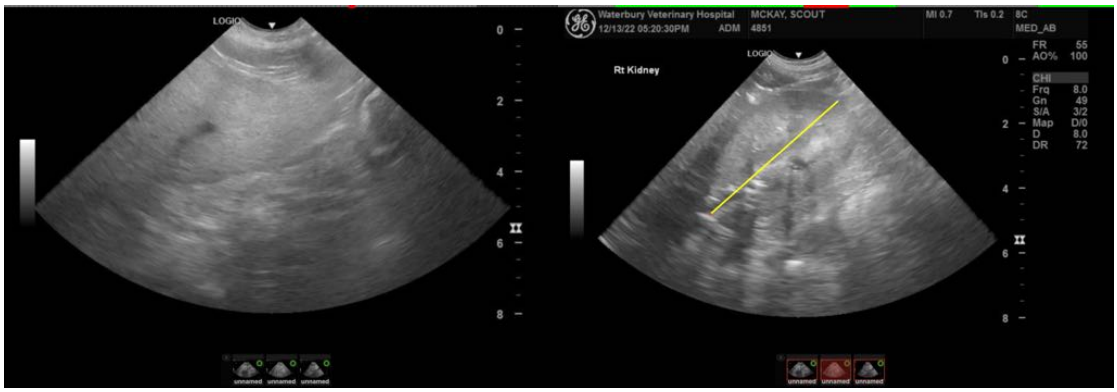

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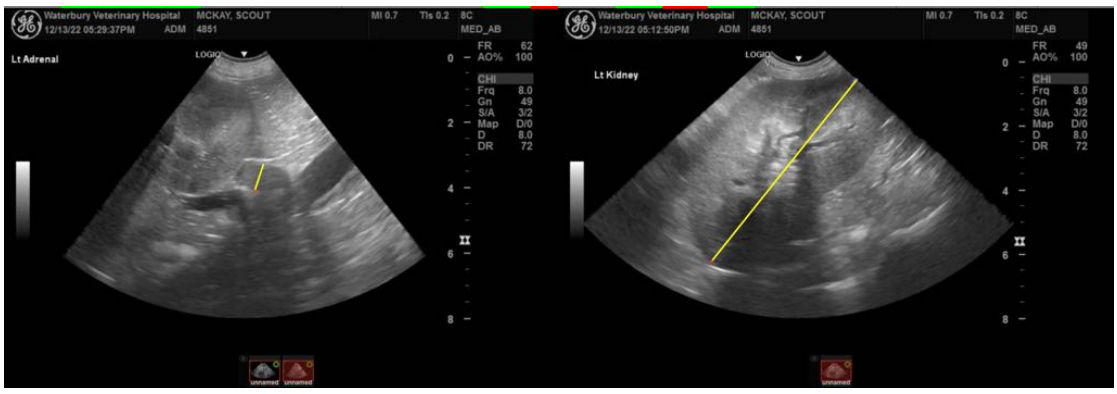

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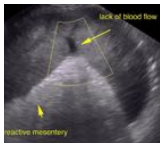
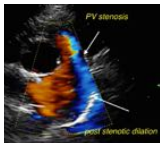
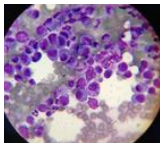
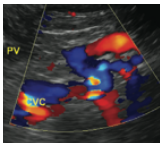

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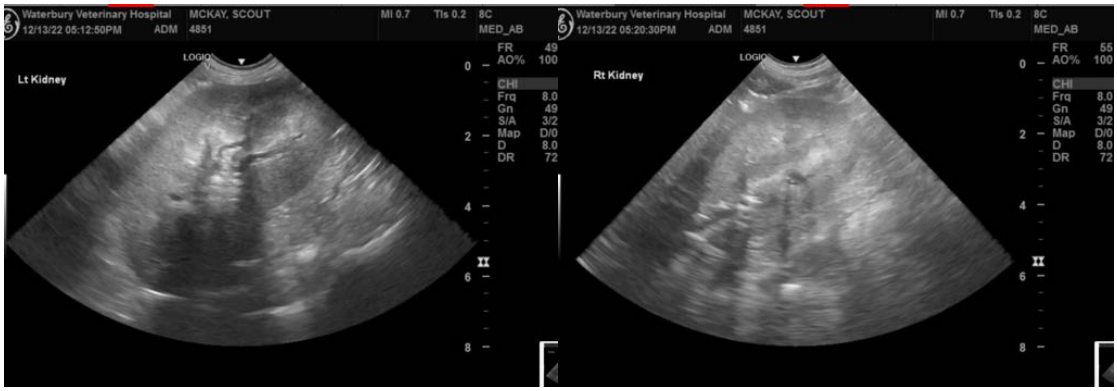

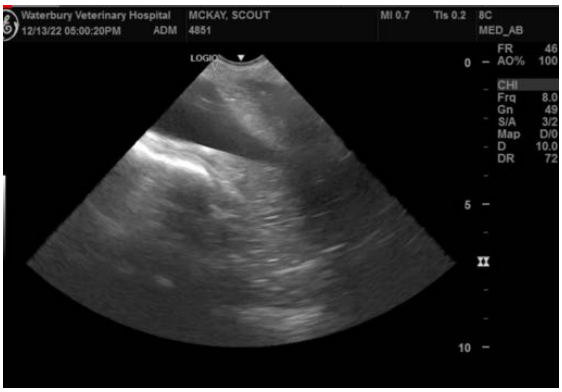

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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