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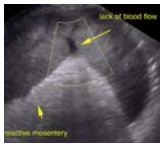
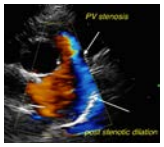
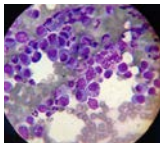
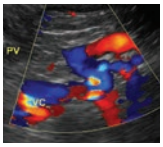

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1-800-838-4268 info@sonopath.com

PATIENT

Rocky Bradbury

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

13 Years

WEIGHT

72 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. John Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. John Bucha

INVOICE

40937

DATE

10/4/22

PRESENTING CLINICAL SIGNS

2017 patient did have a Mast Cell removed - patient is not on the Mast Cell protocol Previous patient weights: 2016 till April 2021 - weighed high 80s to low 90s Summer of 2021 - 83 lbs July 2022 - 79 lbs Sept 2022 - 77.7 lbs 10/4/22: Weight: 72 lbs T: 103.4 P: 120 R: Panting BCS: 4.5 /9 -Patient presented today because he has been drooling heavily, having trouble eating due to excessive drool. Owner stated patient hasn't had vomiting or diarrhea but hasn't been eating much to no food. Weight loss owner has noticed since September. -Arthritic; loss of muscle mass present -Multiple masses present over the body -Bilateral nuclear sclerosis -Moderate periodontal disease -Suspect patient has laryngeal paralysis - due to noticeable stridor heard upon exam **Gave patient Gabapentin 800mg: 1.5 tablets and Trazodone 100mg: 2 tablets orally in-clinic prior to work-up - when ultrasound was started patient was also given Torbugesic: 0.7cc IV (7.0mg) **

Abnormal PE/Chem/CBC/UA Results: Examined the back of the throat while patient was sedated - no obvious masses or abnormalities noted - patient was only lightly sedated so examine did not go back to the larynx. Radiographs (included) Full Abdominal Ultrasound (included) Chem Panel CBC Urinalysis collected via Cysto CpL Snap HWT /Lyme /EH /AP Snap: AP positive - all others negative Global Ultrasound **All lab work is scanned in and attached to case - including Global Ultrasound comments** Treatments /Medications started: -LRS 825cc SQ -Entyce 3.2cc SID -Doxycycline 300mg: 1/2 BID - 30 days -Rx Biotic: 2 scoops BID -RC Recovery Food

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears slightly irregular and thickened, measuring at 0.59 cm. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any mass lesions or calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.89 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.7 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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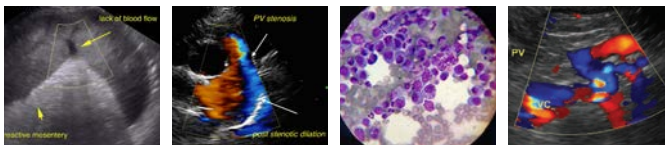

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Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly distended with fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.44 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

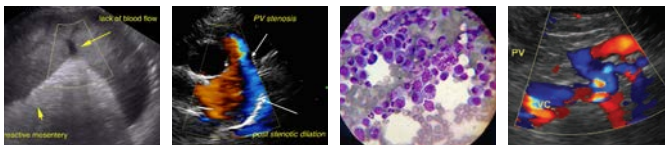
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly irregular/thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.



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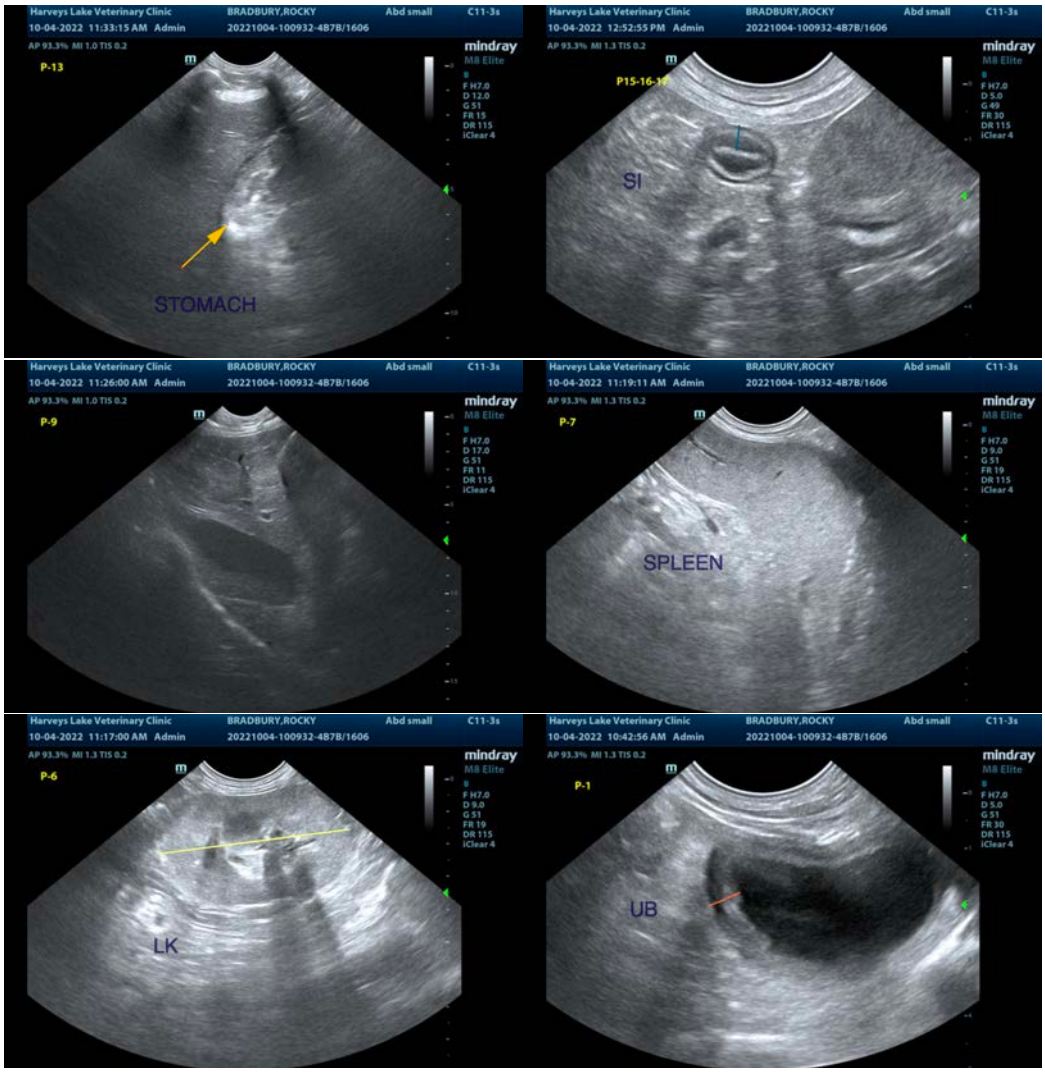
- Mild fluid dilation of the stomach – Correlate with feeding history. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or a partial outflow tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the excessive drooling or anorexia noted. Consider the possibility of profound nausea or an esophageal lesion. There was a small amount of fluid visualized within the gastric lumen, but full evaluation of the gastric wall is not possible due to some intraluminal gas. Consider upper GI endoscopy to evaluate the esophagus, stomach, and to perform a laryngeal exam under anesthesia.

The spleen appears somewhat mottled, consider a fine needle aspirate.

The urinary bladder wall appears mildly thickened and irregular. This could be due to lack of adequate urine distention. Recommend urinalysis and culture.



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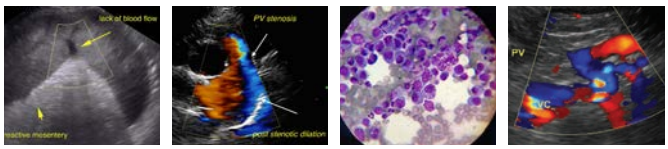

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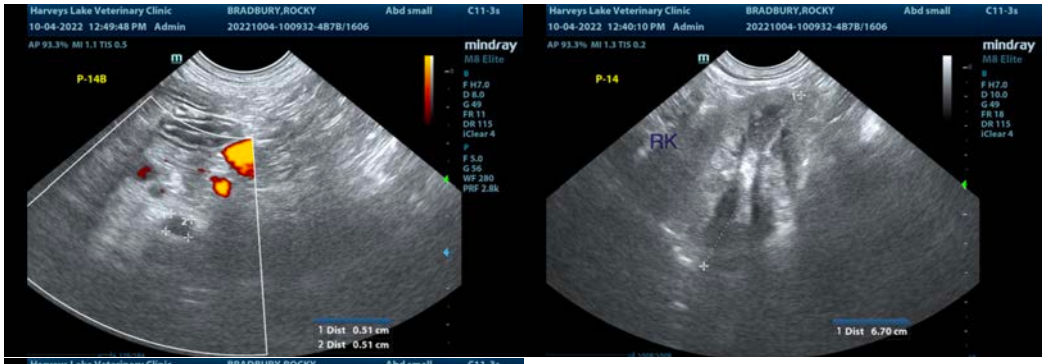

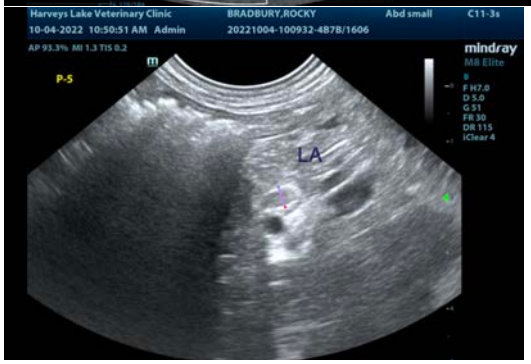

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com