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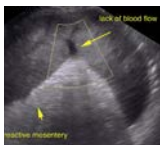
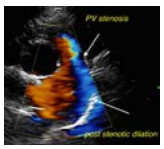
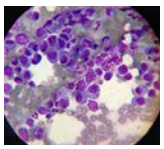
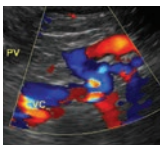

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1-800-838-4268 info@sonopath.com

PATIENT

Silas Hoblit

SPECIES

Canine

BREED

Kuvasz

SEX

Neutered Male

AGE

3 Years

WEIGHT

99.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Vet Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

42916

DATE

11/22/22

PRESENTING CLINICAL SIGNS

acute onset seizures, thrombocytopenia, regenerative anemia first noted 6/21; referred to OSU IM service - after extensive testing ultimately diagnosed with either IM disease or histiocytic sarcoma. Started on prednisone, mycophenolate and keppra. Seizures resolved; anemia/thrombocytopenia resolved. Chronic diarrhea developed - has been an intermittent concern since then despite EN diet, strict hydrolyzed diet trial x 8 weeks, probiotics, metamucil and panacur. Fecal testing negative; maldigestion profile showed decreased cobalamin levels, otherwise WNL (currently on initial 6 week injection cycle of cobalamin - so far no improvement in diarrhea). Able to wean successfully off pred 4/22 as platelet count/anemia remained WNL; unable to wean off mycophenolate and now patient has thrombocytopenia (55k) w/ decreased estimate; slight hypochromasia and polychromasia on RBC w/ no anemia despite max dose of mycophenolate (15mg/kg PO BID) Owner declined re - starting pred d/t significant side effects; elected to try to see if adding in azathioprine might help. Started azathioprine 10 days ago; 5 days ago patient became acutely lethargic, decreased appetite; vomiting; worsening diarrhea. patient febrile today @ 103.3; no visible petechiae anywhere. Did have hx of ER visit 8/22 where elevated renal values were noted; those have resolved and haven't returned. Thoracic rads performed today: Mineral density in stomach, otherwise NSF. BW w/ resting cortisol pending today.

Abnormal PE/Chem/CBC/UA Results: Febrile today, dramatic progressive weight loss, otherwise NSF on PE Thrombocytopenia w/ decreased estimate, RBC changes, otherwise NSF on BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.47 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is not clearly visualized.

The left kidney has a normal shape and size (7.85 cm). Overall echogenicity is normal with adequate 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 (7.85 cm). Overall echogenicity is normal with adequate 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 0.39 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 0.47 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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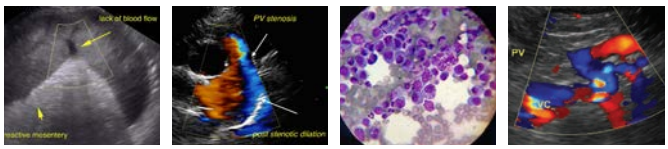

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Spleen

The spleen is large. 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 contains minimal luminal contents. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Thickened irregular 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.
- 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.
- Free abdominal fluid – Recommend sampling for fluid analysis and cytology +/- culture.

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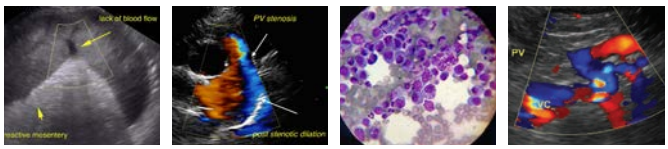

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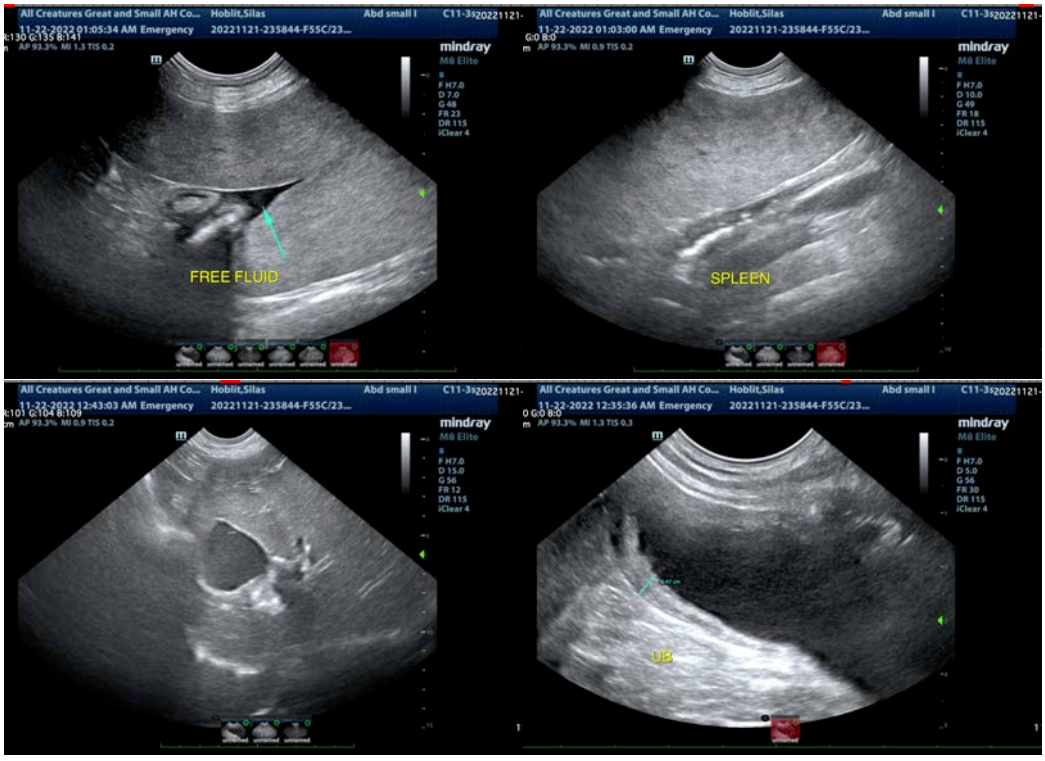
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious source for the fever reported was not visualized, although the bladder wall appears thickened and irregular, which could be consistent with cystitis. Recommend urinalysis and culture. Additionally, there is some free fluid in the abdomen. Recommend sampling of this fluid for cytologic analysis +/- aerobic and anaerobic cultures. The spleen appears mottled, recommend a fine needle aspirate of the spleen provided coagulation parameters will allow this safely.

In these cases, it can be difficult to determine if the symptoms are due to the primary disease or due to the medications and treatments implemented. Azathioprine and Mycophenolate have the same mechanism of action, so they are typically not used together, as this does not improve efficacy but increases the risk for toxicity significantly. One of the primary side affects of Mycophenolate is diarrhea in dogs, so I would recommend reducing the Mycophenolate to 10 mg/kg and discontinuing the Azathioprine, or discontinuing the Mycophenolate and continuing the Azathioprine. Additionally, these drugs are immunosuppressive and can be myelosuppressive.

I am always very concerned when an immunosuppressed patient develops a fever, so recommend 3-view thoracic radiographs, looking for pneumonia, lesions, etc. You could consider blood cultures and the recommended sampling and culture of the urine, abdominal fluid, and a fine needle aspirate of the spleen, as well as broad-spectrum antibiotics to cover for sepsis. If the suspected fever can be treated, a change in immunosuppressant therapy may need to be considered for the future.



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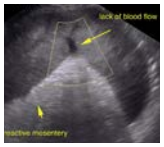
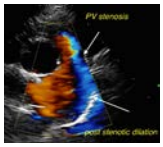
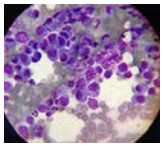
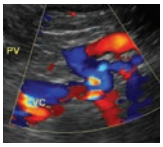

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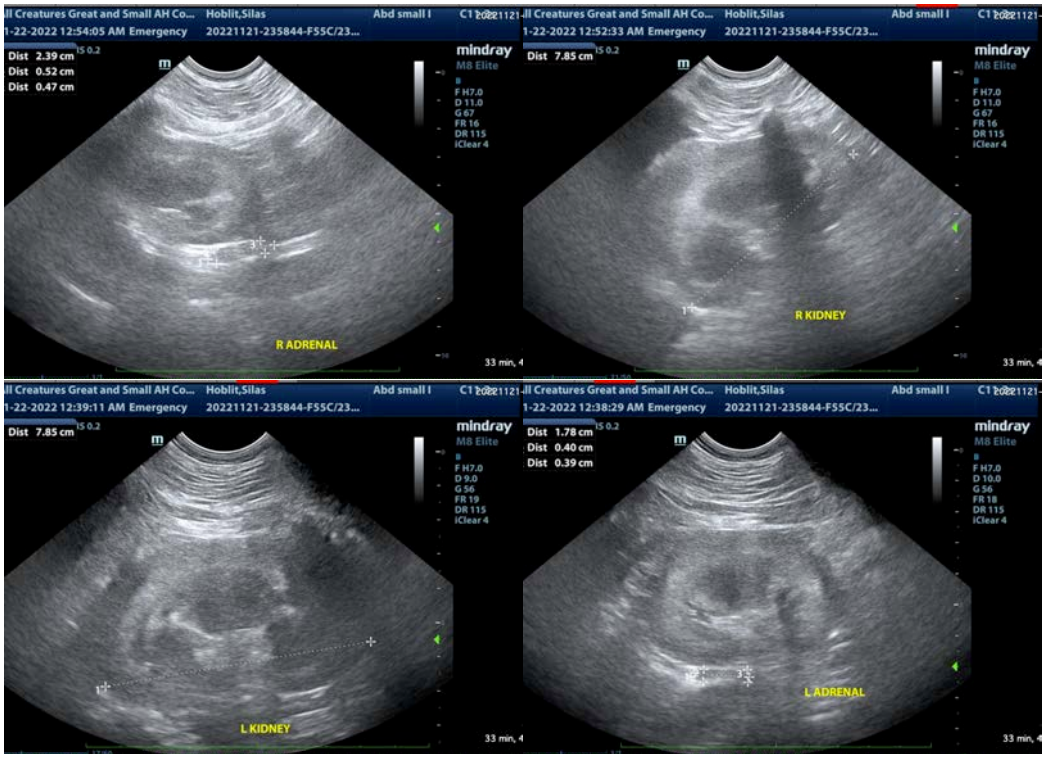

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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