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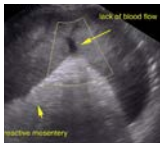
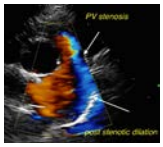
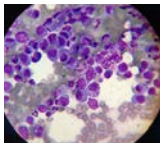
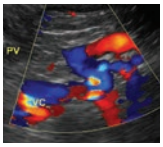
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Soca Rohrbacher

SPECIES

Canine

BREED

German Shepherd X

SEX

Spayed Female

AGE

11 Years

WEIGHT

41 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Deml

INVOICE

42633

DATE

11/8/22

PRESENTING CLINICAL SIGNS

HISTORY: Soca, an 11 yo FS German Shepherd mix, presented for evaluation for lethargy and a suspect fever. O notes P started acting lethargic on Sunday and that it progressed and became worse over the past day. P did not eat this morning but was eating a small amount prior. O notes possible shallow breathing. P was at the groomer on Saturday but otherwise P has no travel history outside of Las Vegas. O recieved P when she was 2-3 yo and P was spayed prior to this point. There is another dog in the house who seems unaffected. P lives on land. On exam P presented with a 104.9 fever, tachycardia at 180 bpm and lethargic. No other abnormalities. Today after shaving P for ultrasound; red, raised, multifocal dermal nodules (pinpoint to pea sized) were discovered on the abdomen.

Abnormal PE/Chem/CBC/UA Results: On exam P presented with a 104.9 fever, tachycardia at 180 bpm and lethargic. No other abnormalities. Today after shaving P for ultrasound; red, raised, multifocal dermal nodules (pinpoint to pea sized) were discovered on the abdomen. Neutrophilia: 19.54 (3-12) Lymphopenia: 0.92 (1-4.8) Normal platelets on original CBC Today after seeing the nodules a CBC was ran again in house and P has developed a thrombocytosis: 65 (165-500) PT and PTT were normal Tick serology is pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.4 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 (5.7 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 0.57 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.

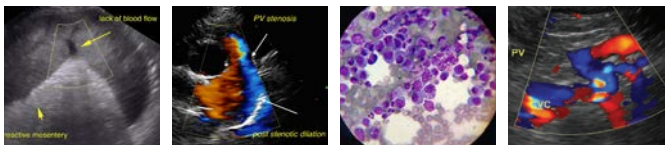
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

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



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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. Jejunum wall measures 0.29 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 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

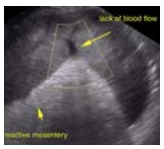
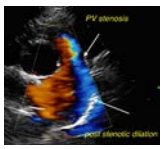
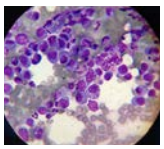
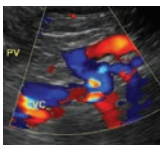
- Heterogeneous, hypoechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This could also be consistent with age related remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears somewhat heterogeneous on today's scan. Correlate with liver enzyme values. If there is no significant elevation in liver enzymes, this could be within normal limits for this older individual.

As no distinct focal lesions are visualized to explain the fever on ultrasound, consider looking in other areas.

- Recommend 3-view thoracic radiographs
- Recommend a cardiac ultrasound if a new murmur is present.
- Recommend an eye exam, looking for evidence of uveitis.
- Given the skin lesions, consider consultation with a veterinary dermatologist, as a biopsy and histopathology +/- culture may be indicated.

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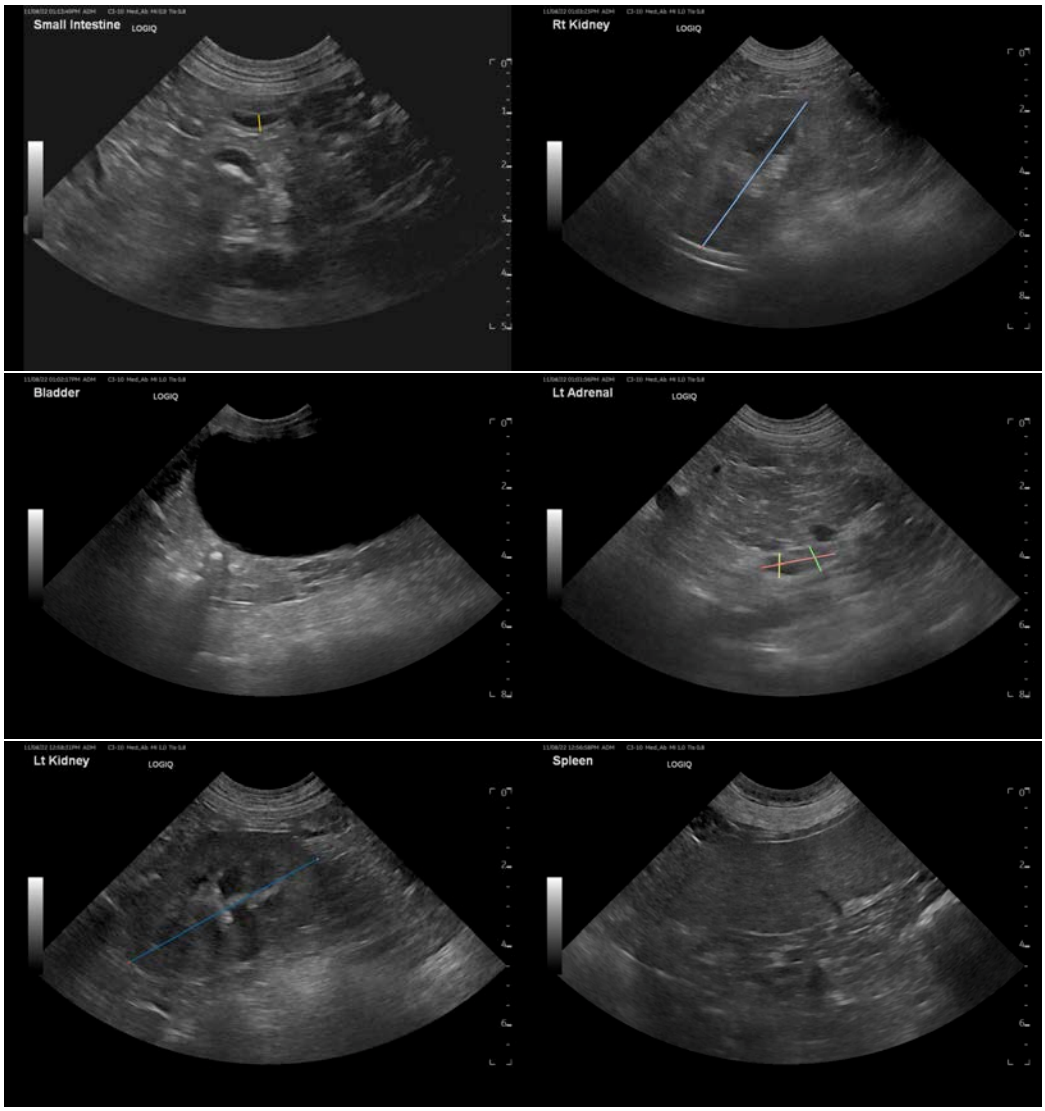
- Recommend infectious disease testing, looking for evidence of tick-borne disease (I like the canine comprehensive panel with NC State's vector borne disease lab).
- Additionally, if fungal disease is on your differential list, consider crypto titers and any other fungal disease endemic to your area (MiraVista Lab)
- Lastly, if no evidence of infectious disease is present (including urinalysis and culture), and there is no back pain or evidence of discospondylitis on lumbar films, then consider looking for immune mediated disease, consider a joint tap with cytology and culture, etc.



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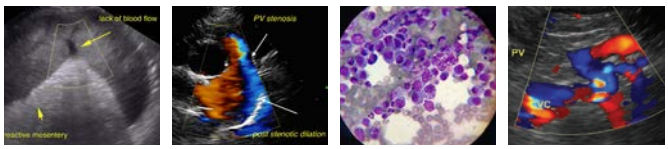

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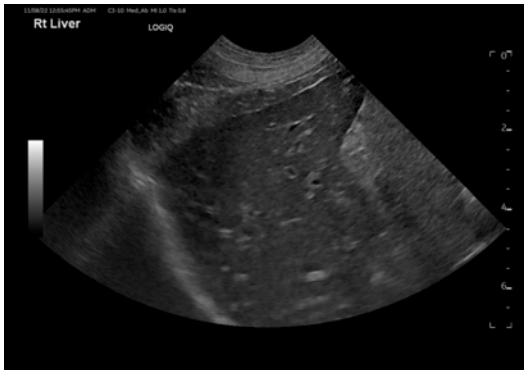

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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