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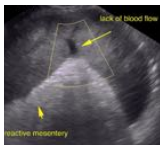
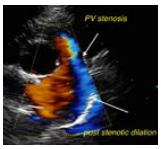
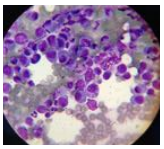
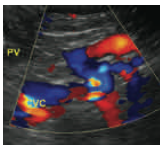

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PATIENT
Lily Lally

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
6 years

WEIGHT

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Ramapo Valley

REFERRING VET
Dr. Duhr

INVOICE
94900

DATE
12/23/21

PRESENTING CLINICAL SIGNS

Not herself, lethargic, PU/PD, spit up (vomited) 3x on 12/21/21.
Abnormal PE/Chem/CBC/UA Results: Creat 2.1 (H 1.6), SDMA 18.4 (H<14), Calc 14.7, USG 1.012.

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 (6.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.97 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.5 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 0.6 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.

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. There is one small, hypoechoic nodule visualized that measured 0.4 cm.

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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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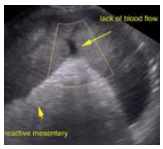
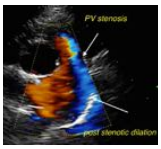
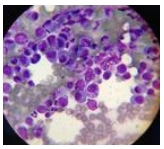
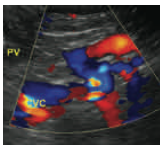

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Gastrointestinal

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an enlarged iliac lymph node that measured 0.95 cm in width. An additional caudal abdominal lymph node measured 1.26 cm. The omentum is of normal uniform echogenicity.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

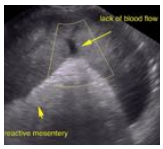
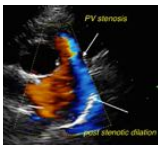
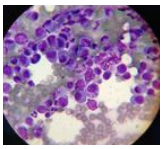
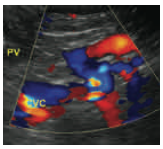
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mild/moderate caudal abdominal lymphadenopathy. Differentials would include inflammation, infection or neoplastic change.
- Small, hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The iliac lymph node is mildly enlarged. This is concerning with the history of hypercalcemia. A good

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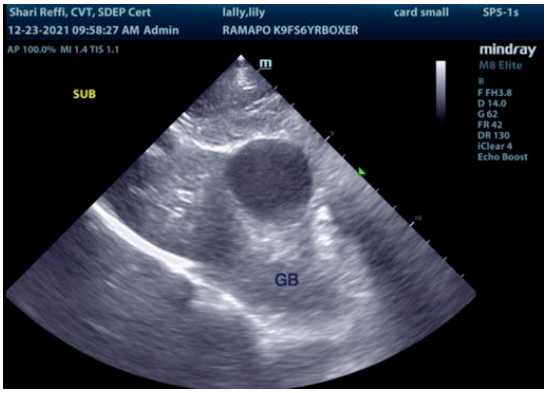
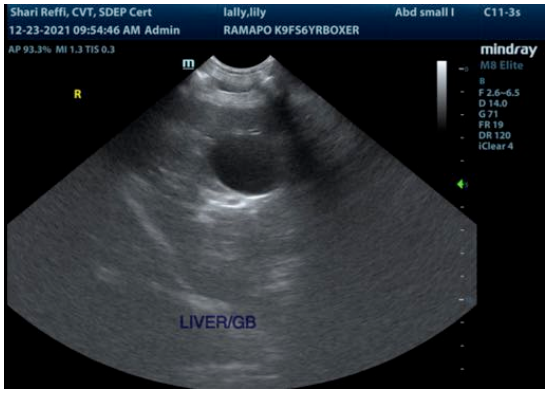
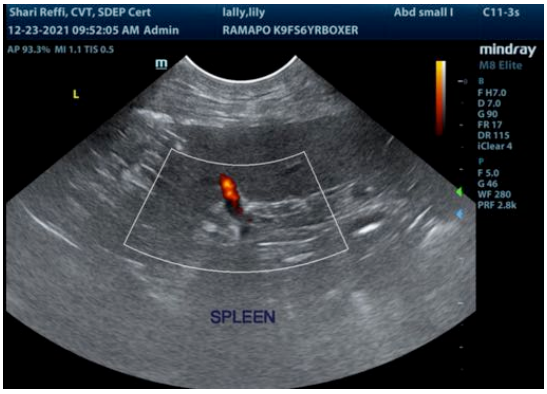
rectal exam is recommended to try to identify any evidence of an anal gland tumor. Additionally the peripheral lymph nodes should be carefully palpated and aspirated if there is any evidence of enlargement.

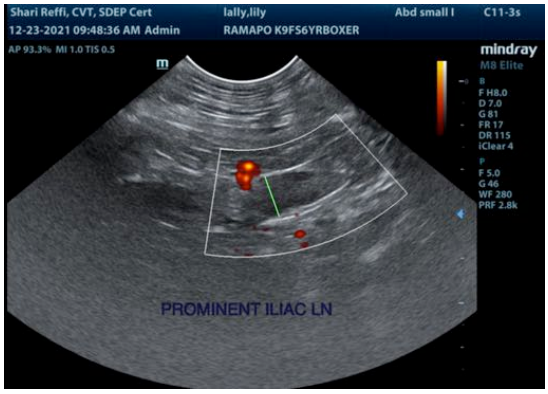
The primary differentials to consider with the hypercalcemia reported would be hyperparathyroidism, lymphoma/neoplasia, Addison's disease or lab error. Consider:

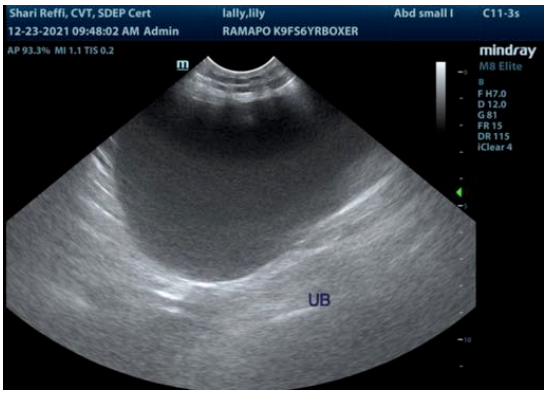
- ACTH stimulation test or baseline cortisol.
- I recommend hypercalcemia malignancy panel to Michigan State for an ionized calcium PTH and PTHRP level.
- Recommend good oral and rectal exam searching for any mass effects.
- Recommend three view thoracic radiographs.
- Additionally there is a small, hypoechoic nodule in the spleen. A splenic aspirate could be considered.

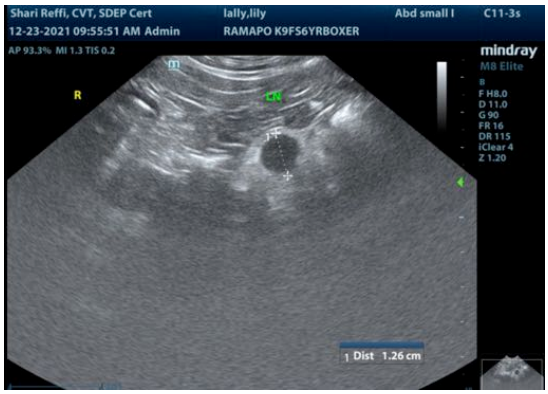












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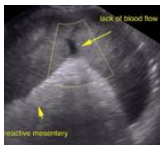
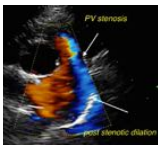
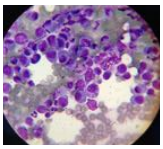
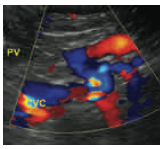

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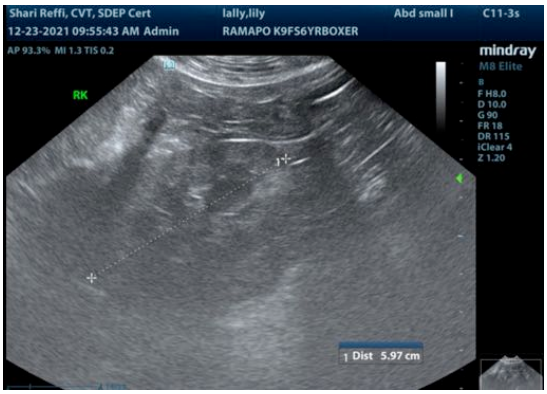

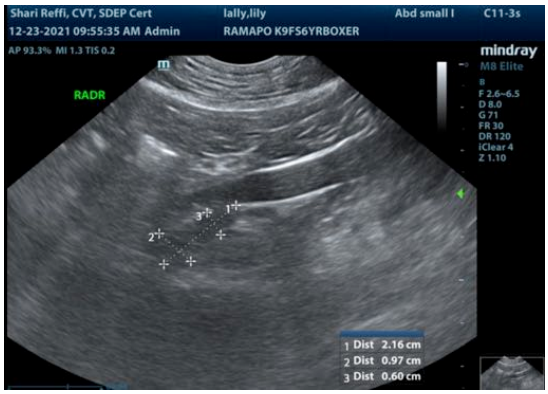

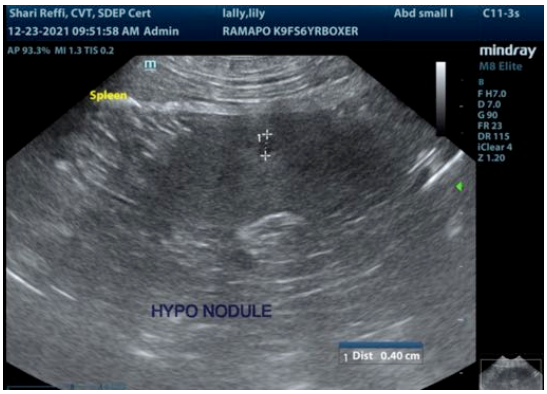

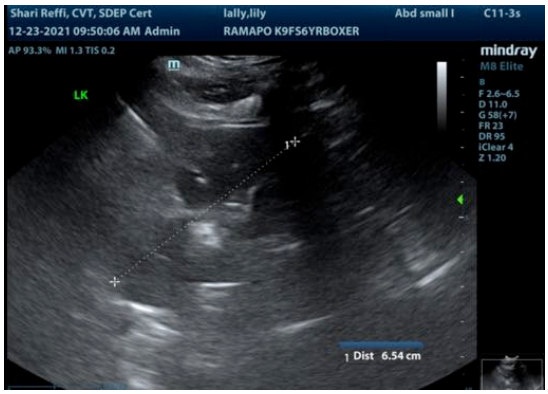

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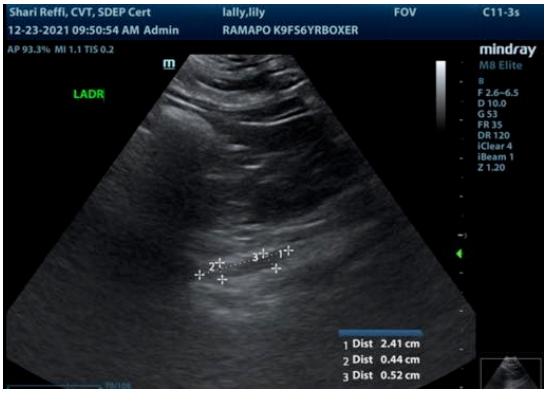

REFERRING VET

Dr. Duhr

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.

INVOICE

94900

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kathleen.sennello@sonopath.com

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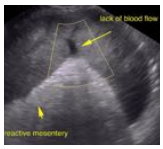

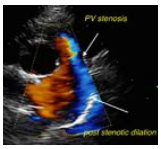

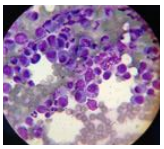
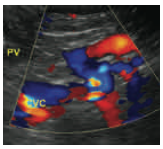

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