SonoPath
Clinical Sonography & Telecytology
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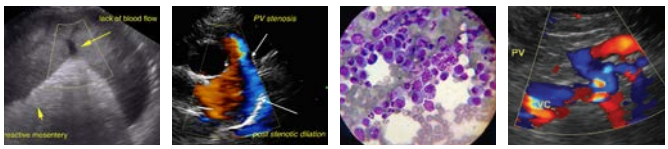

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1-800-838-4268 info@sonopath.com

PATIENT
Luckey LaClair

SPECIES
Canine

BREED
Standard Poodle

SEX
Neutered Male

AGE
9.5 Years

WEIGHT
67 Pounds

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

IMAGING PERFORMED BY
Dr. Judy Schroeder

HOSPITAL NAME
Animal Health Associates

REFERRING VET
Dr. Andrew Tesh

INVOICE
45898

DATE
3/14/23

PRESENTING CLINICAL SIGNS

Luckey has a history of IMT dating from 12-11-2019. He achieved remission on prednisone, but side effects were intolerable. He had a recurrence of symptoms in 2021 and AUS was performed (read by you 2/11/21) which showed some concerning splenic changes. Patient was not responsive to mycophenolate and was started on azathioprine/melatonin, which has been well tolerated and platelet counts have remained good. Over time ALP has risen, and on most recent BW ALT was also mildly elevated.

Abnormal PE/Chem/CBC/UA Results: ALP 1117 U/l (this was 997 last year) ALT 250 U/l (was 67 last year) Platelets 187K/ul Patient is on azathioprine 50 mg EOD and melatonin 6 mg bid Patient was also noted to have an irregular arrhythmia today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely thickened and irregular, measuring approximately 0.1 cm in thickness. Additionally, there is some dependent hyperechoic shadowing material visualized in the urinary bladder, most consistent with occasional small stones/sandy debris, etc. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.19 cm) with occasional pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.72 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 0.63 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 normal/borderline large and slightly irregular. The blood flow through the hilus and splenic parenchyma appears normal. There are diffuse pinpoint hyperechoic mineralizations visualized within the parenchyma as well as a hypoechoic nodule measuring 1.17 cm.

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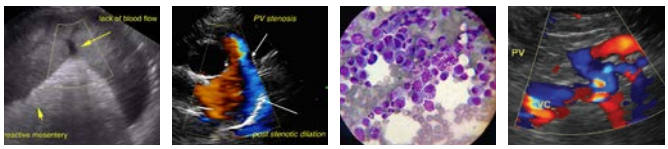

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Liver

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 primarily anechoic with some hyperechoic dependent debris, most consistent with small mineralizations. 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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.35 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

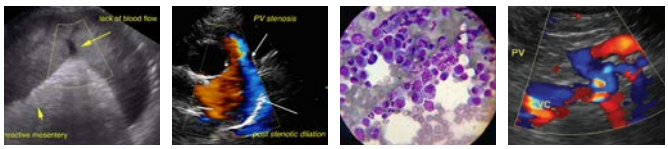
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The iliac lymph nodes appear somewhat prominent with a mottled lymph node measuring 1.0 cm in diameter and an additional lymph node measuring 0.49 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Thickened urinary bladder wall with dependent sandy debris/small stones – Recommend a urinalysis and culture and continued monitoring of the bladder wall and the associated mineralizations. These findings are most consistent with bacterial cystitis, but an underlying neoplastic process cannot be definitively ruled out.

- Slightly irregular spleen with pinpoint hyperechoic foci and a hypoechoic nodule – 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. The pinpoint hyperechoic foci are most consistent with dystrophic mineralization.

- Prominent/mildly enlarged iliac lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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SECONDARY FINDINGS

- Sandy debris/mineralizations visualized within the gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

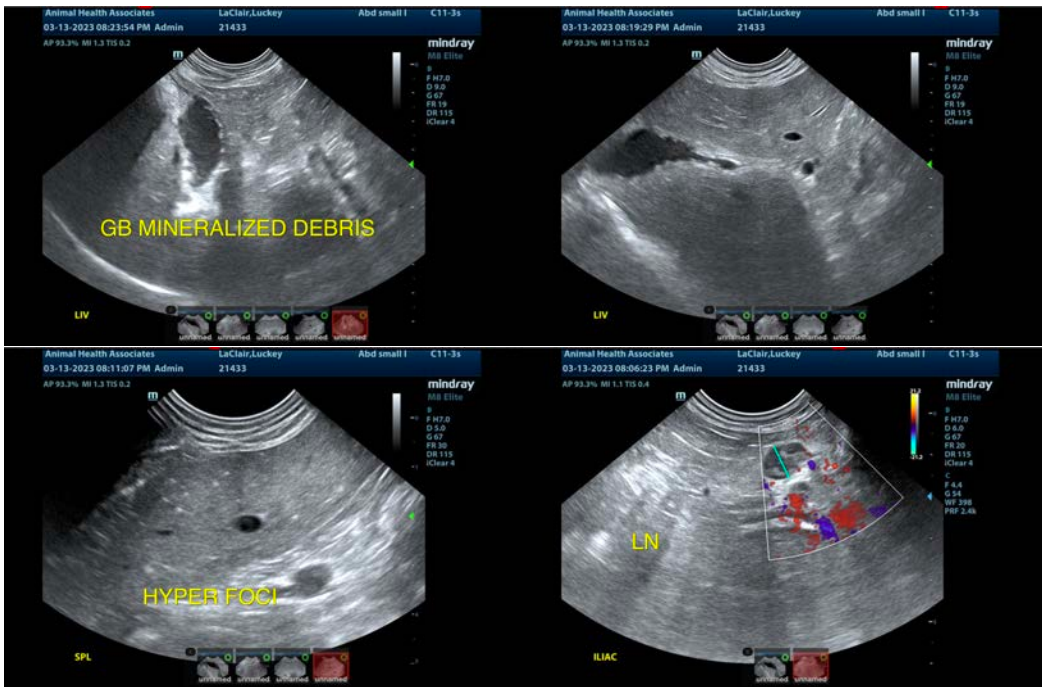
No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. Azathioprine has been shown to have some issues with hepatoxicity in some individuals. This typically develops within the first 6 months of treatment and usually resolves with cessation of the medications. Classically, this would cause a significant ALT elevation, so correlate with your timeline and clinical signs. If this is suspected, consider tapering the Azathioprine and see if the melatonin alone can hold the platelet count. If this is not suspected, as it does not fit perfectly with this scenario, then you could consider a liver function test and possibly a fine needle aspirate of the liver, looking for evidence of a vacuolar hepatopathy, round cell neoplasia, etc. I do not suspect significant liver enzyme elevations from the mild changes observed in the gallbladder.

The changes observed on today's scan are relatively similar to the previous scan 2/2021. The spleen looks somewhat irregular with diffuse pinpoint hyperechoic foci, most consistent with dystrophic mineralization. There is a focal hypoechoic nodule seen on today's exam. If possible, a fine needle aspirate should be performed, or at the very least continued monitoring with ultrasound.

The urinary bladder appears significantly thickened with small stones/sandy debris. Recommend a urinalysis and culture and reevaluation of the urinary bladder after treatment. If urine culture is negative, then there could be some concern for a neoplastic process, although this appears relatively diffuse for a mass effect.

The medial iliac lymph nodes are large and somewhat mottled. This was observed on the previous scan as well, so the significance of this is unknown. Consider continued monitoring, as sampling would likely be very difficult.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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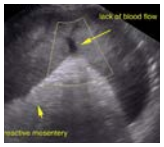
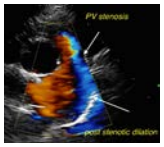
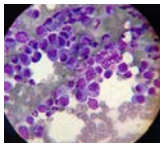
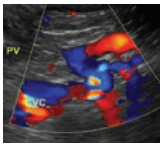

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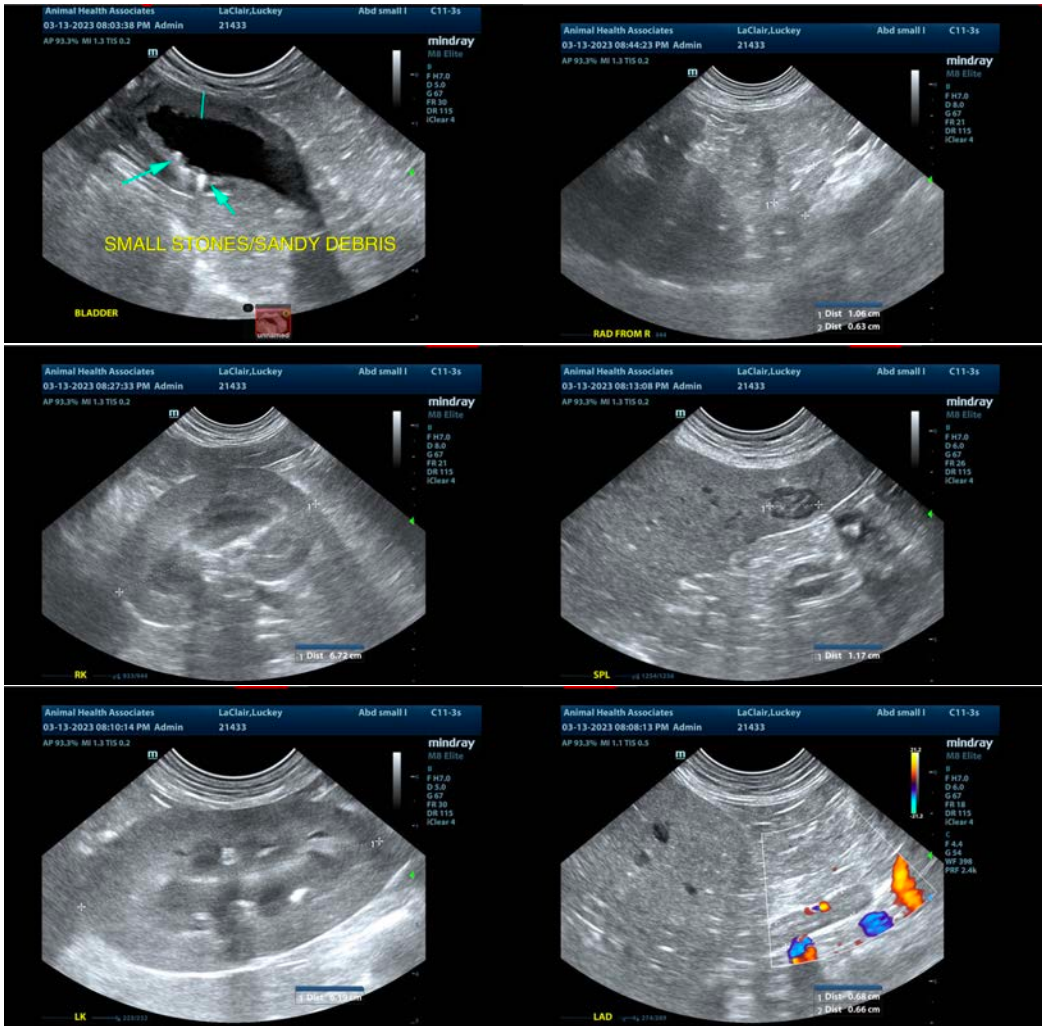

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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