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Clinical Sonography & Telecytology
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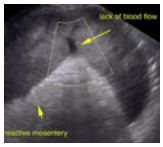
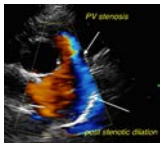
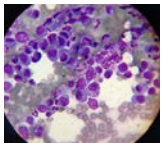
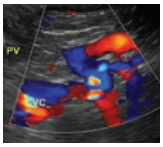

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1-800-838-4268 info@sonopath.com

PATIENT

Bayleigh Felten

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

7 Years

WEIGHT

42.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

46091

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3/22/23

PRESENTING CLINICAL SIGNS

not eat-last night or this a.m. resists walking last night vomit yesterday-food from a.m. coming up stairs last night-stopped 1/2 way up and collapsed and fell down stairs quiet for days since daughter's dog gone

Abnormal PE/Chem/CBC/UA Results: T-102.2 F HR 110bpm mm-white abd-prominent spleen? weak Murmur 2/6 L 1/6 R CBC: decreased RBC 25.7% macrocytic hypochromic=regenerative increased Reticulocytes 172.6 WBC increased neut, mono decreased PLT-36 Chem: Glc 61, Tbil 1.6, Alkp 256, K 3.4, ALT 4783, AST 1878. Current Lepto vaccine.

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 (6.24 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 (6.46 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 0.38 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 0.34 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 large 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 large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 with anechoic intraluminal material. The wall of the gall bladder is prominent with a double layered effect with a hyper- and hypoechoic region measuring approximately 0.34 cm in thickness. The bile duct is normal/not visible.

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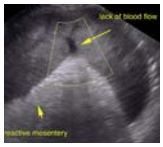
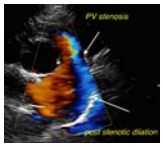
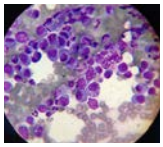
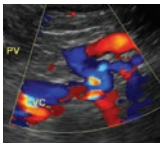

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Gastrointestinal

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, 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

- Large, 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.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Slightly thickened gallbladder wall with hypoechoic "halo sign" – AUTOTEXT GB HALO SIGN

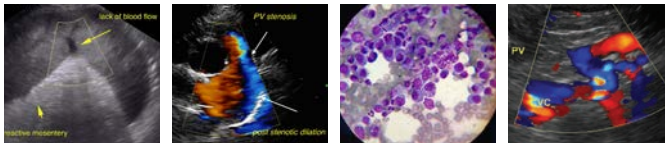
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic with no focal lesions observed. These are non-specific findings. Correlate these findings with recent medications, exposure to toxins, etc. Additionally, if coagulation parameters and platelet counts are in a safe range, consider a fine needle aspirate of the liver.

Likewise, the spleen is large and mottled. Recommend a fine needle aspirate of the spleen, looking for evidence of possible underlying round cell neoplasia, a regenerative response, erythrophagocytosis, etc.

It is unclear at this time if this is an autoimmune/destructive anemia, or if there could be an underlying neoplastic/toxic event, etc. Recommend a pathologist review of a blood smear, looking for spherocytes, red blood cell parasites, etc., and consider screening for Leptospirosis despite vaccination.

If the patient is significantly clinical for the anemia, red blood cell transfusion may be necessary, and some of the ALT elevation could be secondary to hypoxia due to the anemia. Recommend intensive supportive care, following parameters (CBC/Chem panel), consider screening for infectious diseases,



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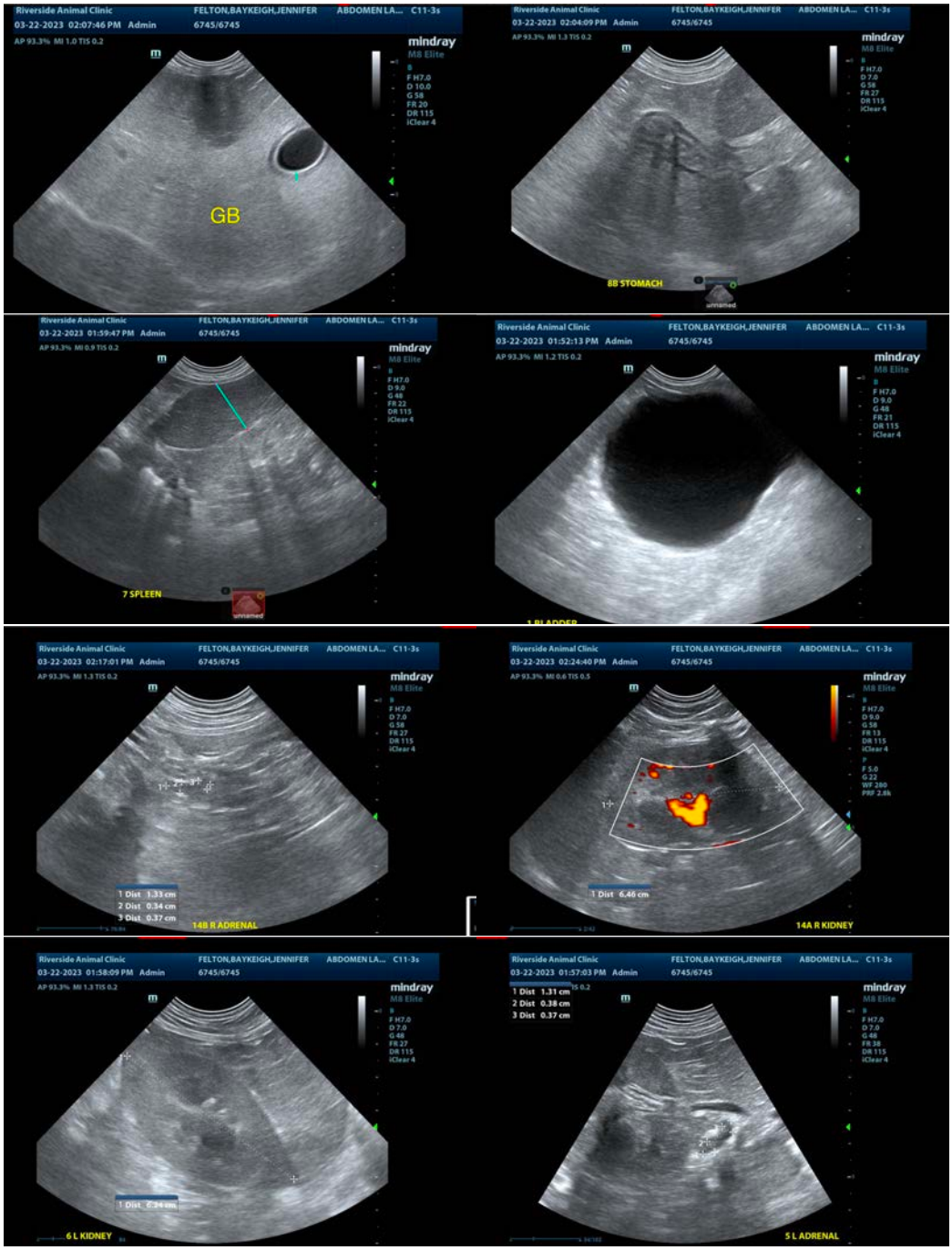
and if additional diagnostics are suggestive of IMHA, consider treatment for this.

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



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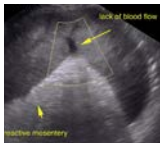
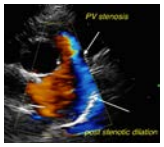
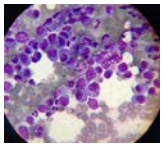
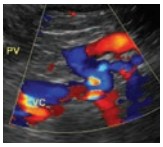

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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