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Clinical Sonography & Telecytology
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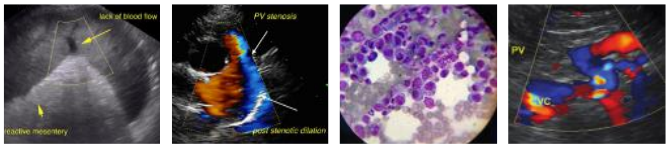

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pooh Bear Chamberlin

SPECIES

Canine

BREED

Yorkipoo

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

REFERRING VET

Justin Vaughn

INVOICE

15131

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: initially examined 4/29/22 for evaluation of LWB lame LR for the last 2 weeks. Suspect CCLR on initial rads; sent home with vetprofen and gabapentin. Sedated rads/OA exam done 5/6/22: negative cranial drawer Rad report: 1. Mild degenerative joint disease of the coxofemoral joints. This may be contributing to the clinical symptoms. Rest and anti-inflammatory therapy is indicated. 2. Unremarkable stifles. Intra-articular ligamentous injury such as tearing of the cranial cruciate ligament would be considered unlikely. Soft tissue injury as a cause of the clinical symptoms should still be considered. Medical management is indicated. Examined again 5/9/22 for constipation; lameness still persistent but improved. Constipation has resolved w/ W/D diet and miralax 5/10/22 patient stopped eating and has become lethargic. Examined again 5/11/22: patient febrile @ 103.6; still WB lame LR. Chronic hx of allergies - managed w/ cytopoint.

Abnormal PE/Chem/CBC/UA Results: exam today - Both rear feet erythematous w/ moderate yellow/flaky discharge interdigitally; mildly swollen both rear feet Enlarged popliteal LN's both rear legs WB lame LR foot today BW done 5/11/22: SC: Mild elevation ALP. All other UR CBC: Monocytosis. All other UR. UA: USG 1.023. IS. UPC 1.2 Accupex neg x 4.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.13 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal. Small nonobstructive nephroliths were present.

The right kidney has a normal shape and size (3.79 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.49 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 0.55 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. No focal parenchymal abnormalities are visualized.

Liver

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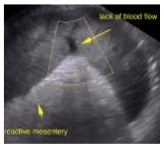
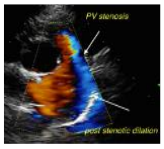
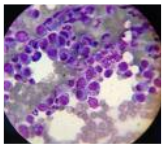
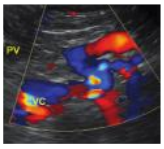

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is mildly distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with a moderate to large amount of ingesta and gas. 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 layering 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 (0.37cm in wall thickness) and the jejunum measured as normal (0.31 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/region of 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 no free fluid. There is prominent isoechoic iliac lymph node, measuring 1.3 cm in diameter and the omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Large to moderate ingesta within the gastric lumen. Correlate with feeding history. If the patient was adequately fasted, consider delayed gastric emptying or partial gastric outflow tract obstruction (none observed).
- Prominent iliac lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This lymph node is isoechoic and most consistent with a reactive lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. There is no obvious mass effects to explain the symptoms reported.

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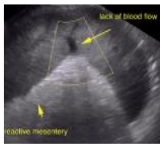
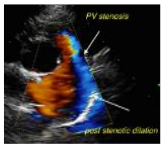
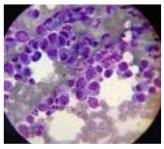
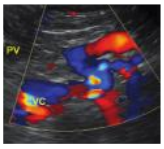

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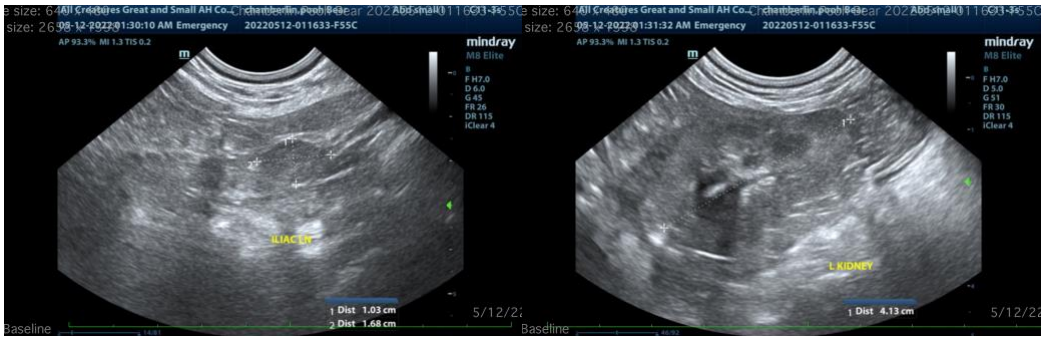
Based on this presentation, I would be concerned about vasculitis and generalized inflammatory disease/infection.

- Consider an extensive vector borne disease panel (I prefer a canine comprehensive panel to NC State's Vector Borne Disease Lab).
- I recommend a fine needle aspirate of an enlarged peripheral lymph node.
- Consider consultation with a veterinary dermatologist, as it may be helpful to biopsy the abnormal tissue described on the paws.
- If there is back pain, consider a urinalysis and culture to look for evidence of discospondylitis.
- I recommend lumbar films and three-view thoracic radiographs.
- I recommend good digital rectal exam to evaluate the anal glands, sublumbar lymph nodes, etc.
- If joint pain or swelling is appreciated, consider joint taps for evaluation for fluid analysis and cytology of joint fluid in addition to aerobic and anaerobic cultures.



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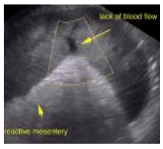
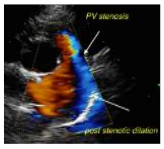
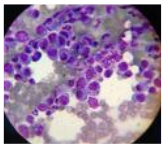
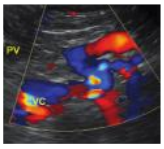

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com