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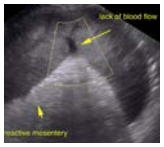
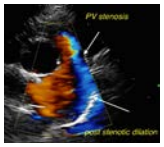
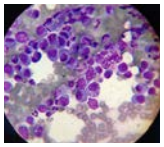
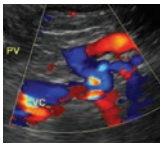

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1-800-838-4268 info@sonopath.com

PATIENT
Joey Brooks

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
6 Years 1 Month

WEIGHT
12.75 Pounds

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

IMAGING PERFORMED BY
Dr. Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Harasimowicz

INVOICE
40756

DATE
8/25/22

PRESENTING CLINICAL SIGNS

New client to us this month. Owner has had since 6/2019. P has had seizures since about 3 months after adoption. Has had neuro consult and was diagnosed with petit grand mal seizures (no advanced imaging noted) - was started on phenobarbital (16.2 mg PO BID). P also receives 50 mg gabapentin in the evenings before bed. Has mild seizure approximately once every 3 months. Hx of PU/PD/PP and elevated ALP at previous vet. P is very aggressive and all exams, blood work, etc. are done under domitor/butorphonal sedation

Abnormal PE/Chem/CBC/UA Results: P obese (BCS 9/9 with distended abdomen and thin hair coat on ventral abdomen and flanks. Comedones along both inguinal regions. Grade 2/4 dental disease. BW on 8/11 showed normal CBC (plts WNL), Chemistry showed elevated ALP (1269) with normal ALT and TBili. T4 - 1.3. Phenobarbital levels 'subtherpeutic' at 12.7 . P had urinated on owner prior to sedation and we could not obtain sample. Obtained sample during this visit - results 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 prostate is normal in size (0.80 cm) 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 (3.94 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.5 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.53 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 0.39 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.

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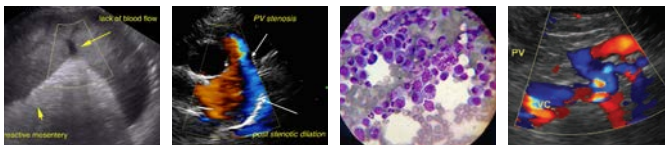

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Liver

The liver is large, and normal in echogenicity 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.

The gall bladder lumen is moderately 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 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 0.30 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.

PRIMARY FINDINGS

- 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. This could be secondary to chronic Phenobarbital therapy.

SECONDARY FINDINGS

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for a patient that is on Phenobarbital therapy. Unfortunately,

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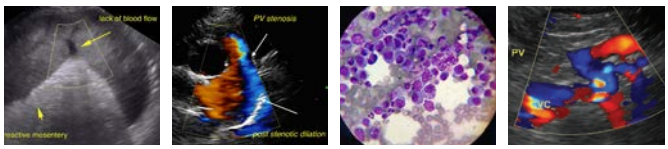

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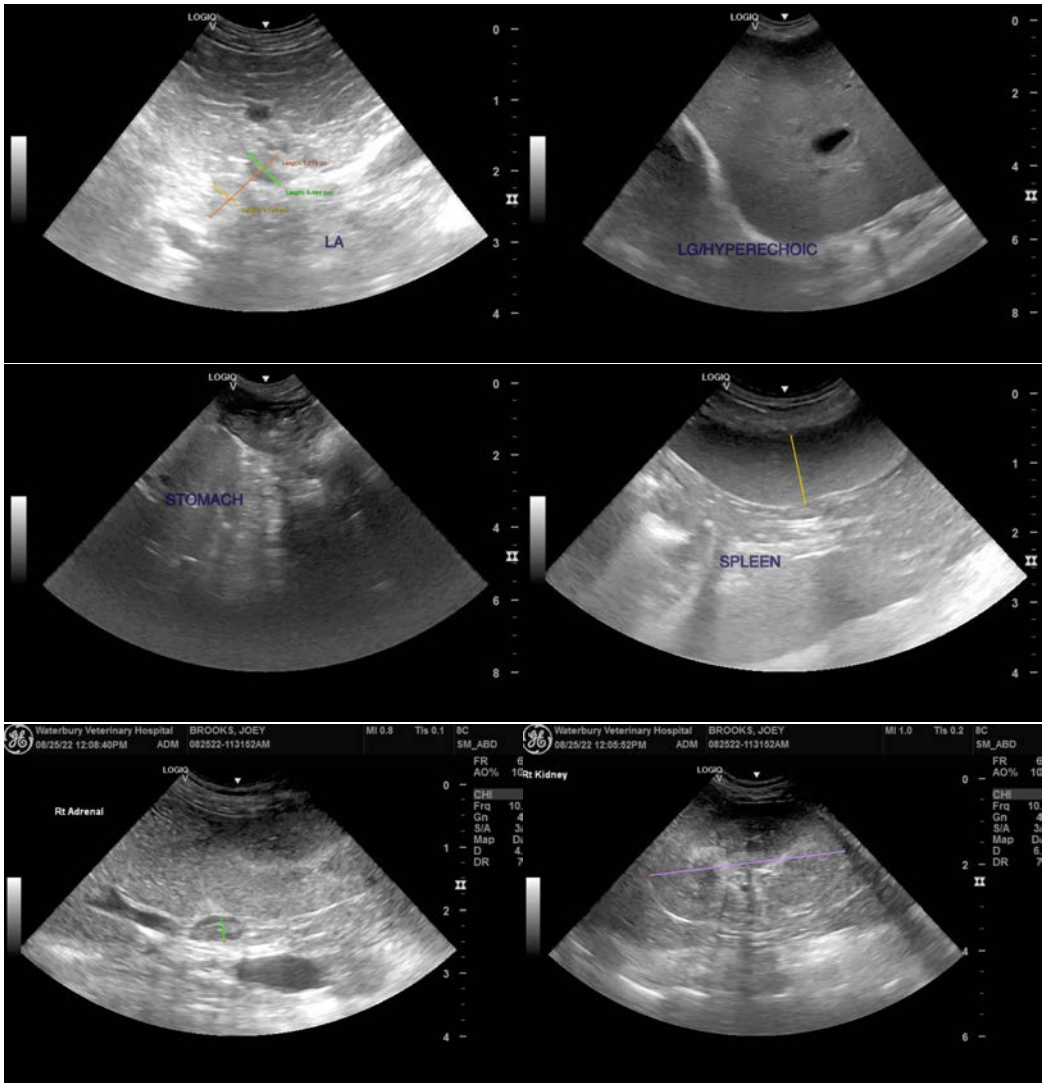
Phenobarbital has a lot of side effects, and as patient's get older, it seems to mimic Cushing's disease and seems to accelerate the aging process (loss of muscle mass, poor haircoat, etc.). This is a small dog, so if their owner is willing to consider alternate anti-convulsant therapy such as Zonisamide or Keppra, then that could help to clarify what symptoms could be due to the Phenobarbital therapy versus underlying Cushing's, etc.

Currently, the adrenals are relatively normal in appearance, but this does not definitively exclude Cushing's as a possibility. Consider consultation with Joey's veterinary neurologist if an alternate seizure plan is desired, as there is always the possibility of breakthrough seizures when any seizure protocol is changes.

A liver function test and fine needle aspirate of the liver could be considered if there is concern for a primary hepatopathy, but this could all be secondary to the Phenobarbital therapy.



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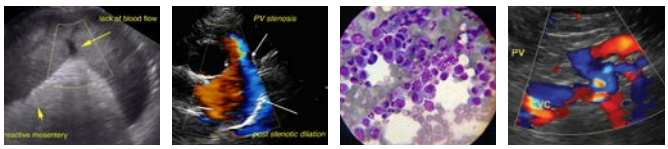

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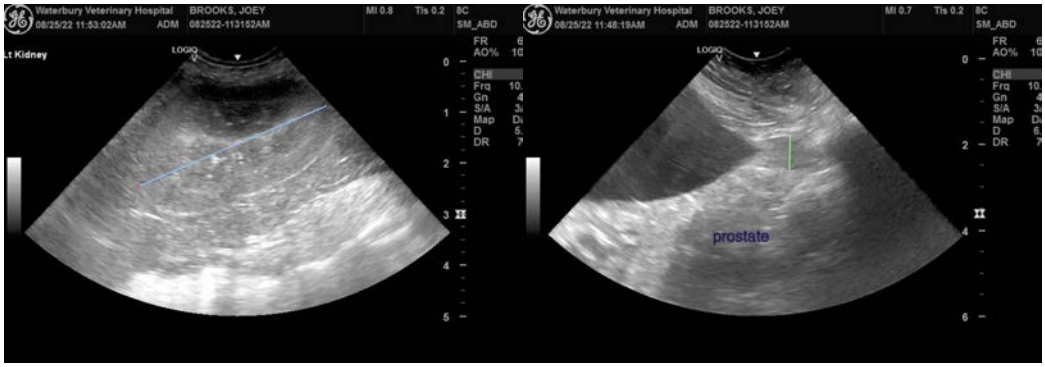

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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