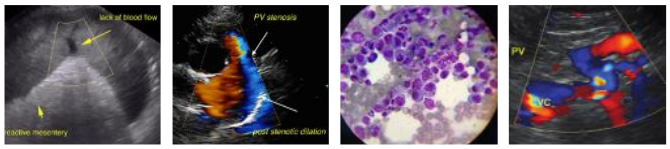
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

14569

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Pet has chronic history of joint disease(acl tears, MPL's, FHO) does have history of presumed pancreatitis episodes and atopy current issues: presented to ER over weekend with 24 hour duration of anorexia, panting/shaking/ painful with abdominal palpation, lethargic, diarrhea with some blood, stranguria and pollakiuria. xrays at e clinic showed loss of detail in cranial abdomen and possible splenic mass and liver edges looked abnormal/rounded diagnostics done today are below - azotemia, abnormal snap pli, elevated liver enzymes u/a is pending current meds: carprofen for chronic arthritis, apoquel, was given cerenia injection yesterday, metronidazole, adequan injections is not lepto vaccinated but spends very little time outside due to his joint issues.

Abnormal PE/Chem/CBC/UA Results: creat: 2.4 (0.5-1.8) bun: 96 (7-27) phos: 7.3 (2.5-6.8) Alt: 731 (has chronic history of elevated alt but usually only in the 100-200's) alkp: 867 (chronic history of elevated alkp- usually around 700) snap pli: abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well filled. The wall is mildly irregular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass. A mild amount of effusion was noted surrounding the urinary bladder.

The prostate is homogenous and measures 9.5 mm, which is within normal limits for a neutered male.

The left kidney is within normal limits (5.88 cm) in size for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia.

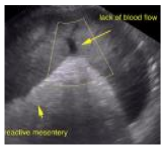
The right kidney is within normal limits (5.89 cm) in size for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia.

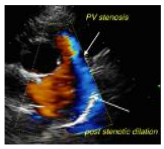
Adrenal Glands

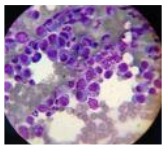
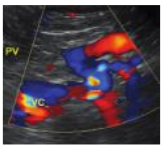
The left adrenal gland measures 0.70 cm at the cranial pole, 0.76 cm at the caudal pole, and 2.1 cm in length. Overall, the gland is "plump" and enlarged for a dog of Percy's stature. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. The changes may be due to hyperplasia secondary to stress, chronic illness or hyperadrenocorticism (pituitary dependent), as well as the development of a benign adenoma. There are no signs of metastases or thrombi in the phrenicoabdominal veins or the surrounding vasculature of either gland.

The right adrenal gland measures 0.63 cm at the cranial pole, 0.65 cm at the caudal pole and 1.83 cm in length. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. It, too, is "plump". There are no signs of metastases or thrombi in the phrenicoabdominal veins or the surrounding vasculature of either gland.

These findings are not considered clinically significant for the moment, however, the adrenal glands should be re-evaluated in the future.





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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

14569

DATE

4/4/22

Spleen

The head of the spleen is mildly irregular. A hyperechoic nodule, measuring 2.6 mm in diameter x 4.6 mm in length is observed within the body. It is most likely fibrosis or nodular regeneration.

An accumulation of free fluid is noted surrounding the head. The majority of the spleen is homogeneous with a smooth capsule, normal architecture and echotexture, however, a large, well-defined mass, which disrupts the integrity of the capsule, is observed mid body. The mass measures 6.12 cm in length x 5.99 cm in diameter. A hyperechoic region that shadows is present within the splenic mass; it measures 6.58 mm. There are other small, punctate, mineralized foci dispersed throughout the mass as well, which may be due to mineralizations. The latter do not cast a shadow. Cavitary lesions are absent. There is no obvious evidence of a thrombus within the splenic vasculature. The mesentery surrounding the spleen is severely hyperechoic and an accumulation of anechoic fluid is present.

Liver

Possible hepatomegaly, however, liver borders are smooth and relatively sharp. The liver is mildly, but diffusely hyperechoic. The diffuse hyperechogenicity is a non-specific change, which may be due to the effusion or may occur secondary to a vacuolar hepatopathy. The latter may be due to stress (chronic illness) or hyperadrenocorticism. Other differential diagnoses include hepatitis or cholangitis/cholangiohepatitis. In addition to it being mildly hyperechoic, it is mildly heterogeneous with the presence of multiple, diffuse hypoechoic nodules of variable size. Certain lobes are more heterogeneous than others. The nodules appear most consistent with nodular regeneration, which is a benign, age-related change often observed in senior patients. No abnormalities are observed with the hepatic vessels.

The gall bladder is markedly distended and dilated with a mild to moderate amount of echogenic material (i.e., sludge). Most of the sludge is free floating, except for a small amount that has settled by gravity, as well as the occasional inspissated nodule, which appears adhered to the wall. The wall is not thickened or hyperechoic.

Gastrointestinal

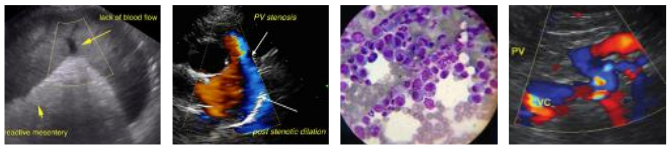
The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis. Fluid and gas are present in the lumen of the stomach. The mesentery surrounding the stomach is markedly hyperechoic and a very small amount of anechoic free fluid is present. An ileus is suspected in the stomach.

Fogging of the mucosa of the small intestines is present, as well as mild stippling. This may be due to inflammation, and possibly, edema. Thickness is within normal limits. A large amount of ingesta and fluid are present in the duodenum. Mucosal fogging and stippling are also present in the duodenum and the muscularis appears more prominent/thicker than normal.

Pancreas

The left limb is diffusely, but mildly, hypoechoic. The surrounding mesenteric fat is hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.

The right limb is severely hypoechoic and markedly heterogeneous, with both hyperechoic foci, dispersed haphazardly throughout the parenchyma, as well as hypoechoic nodules of variable sizes. The surrounding mesenteric fat is also hyperechoic, suggestive of saponification. Although the nodules and



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

14569

DATE

4/4/22

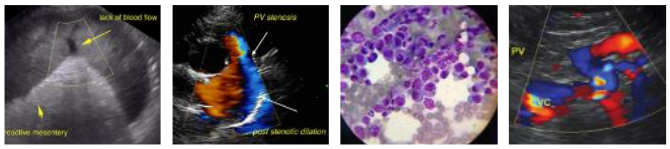
hyperechoic foci may be due nodular hyperplasia and areas of fibrosis, respectively, one cannot exclude active pancreatitis with neoplasia.

Free Abdomen

In two views evaluating the liver, a portion of a cavitary structure adjacent to the spleen is visualized. It measures approximately 1.5 cm, however, it is only noted on those two images during the entire ultrasound. It is impossible to tell whether the structure is part of the spleen or the liver, or possibly a cystic lymph node.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass of unknown etiology. Its homogeneous appearance makes hemangiosarcoma unlikely. Extramedullary hematopoiesis cannot be excluded.
- Signs of acute pancreatitis are present. The right limb of the pancreas has multiple nodules of variable size that are hypoechoic. Although these may be due to nodular hyperplasia, neoplasia, however, pancreatic carcinoma with abdominal effusion cannot be excluded.
- The mildly heterogeneous appearance of the liver may be due to nodular hyperplasia, however, one cannot exclude hepatitis, including an immune-mediated cause or secondary causes, such as an infectious cause, exposure to medications, adverse reaction to a medication, etc. Cholestasis is also likely present. Cholangitis/cholangiohepatitis and cholecystitis cannot be excluded. Although classical lesions suggestive of neoplasia are not visualized, it remains possible.
- The cavitated "mass effect" noted on two views of the ultrasound may be due to a mass within the spleen, liver or it may be a cystic lymph node. A re-evaluation of Percy in a ventral/dorsal or standing position may be worthwhile.
- Very mild degenerative changes of both kidneys are noted, which are suggestive of age-related degeneration.
- The plump and enlarged adrenal glands may be due to a hyperplasia secondary to stress or the development of a benign adenoma. They may also be an incidental finding for pituitary dependent hyperadrenocorticism that has not become clinical (and may never become clinical). There are no signs of a mass. A re-evaluation of the adrenal glands may be performed in 2-3 months. Further diagnostics for hyperadrenocorticism are NOT recommended.
- Mildly irregular apex of urinary bladder
- Although the definition of the wall layers of the gastrointestinal tract are preserved, the mucosa is more prominent than usual, i.e. inflammation is suspected. The mesentery surrounding certain bowel loops is hyperechoic, also suggestive of inflammation. The latter may be due to abdominal effusion, as well as active pancreatitis.
- The presence of sludge within the gallbladder is most likely clinically insignificant; however, cholestasis cannot be excluded based on the patient's elevated liver enzyme activities. Signs



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

14569

DATE

4/4/22

of cholecystitis are not appreciated. It is worthwhile asking the clients if Percy has a tendency to demonstrate signs of gastroesophageal reflux.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture and sensitivity are suggested to exclude a urinary tract infection due to the mildly irregular bladder wall.

Analgesia for visceral pain, such as buprenorphine, is suggested,

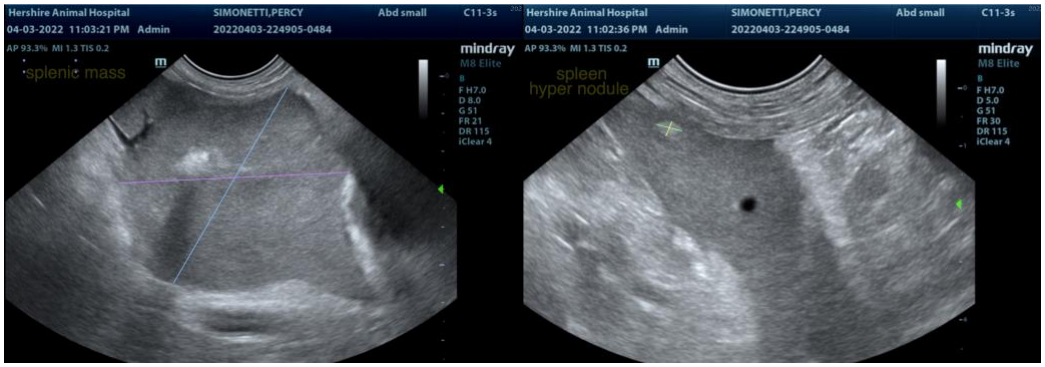
Treatment for pancreatitis is also recommended, however, pancreatic carcinoma with abdominal effusion is possible.

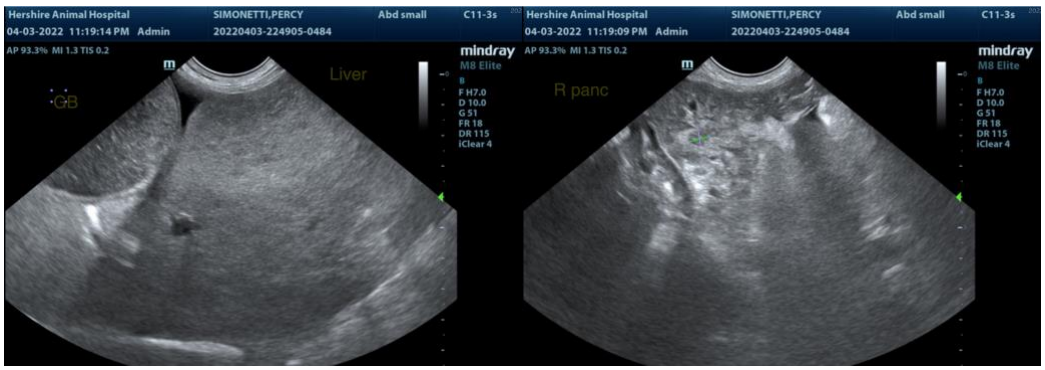
Radiographs of the thorax (three-views) are recommended to exclude metastases.

Abdominocentesis is suggested to determine whether the effusion is blood vs. vasculitis.

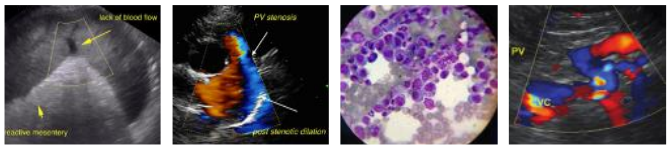
A coagulation profile is recommended, in addition to 1-3 injections of vitamin K, even if the results of the PT/PTT are within normal limits.

Fine needle aspirates of the pancreas, spleen and liver may be performed before going to surgery.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

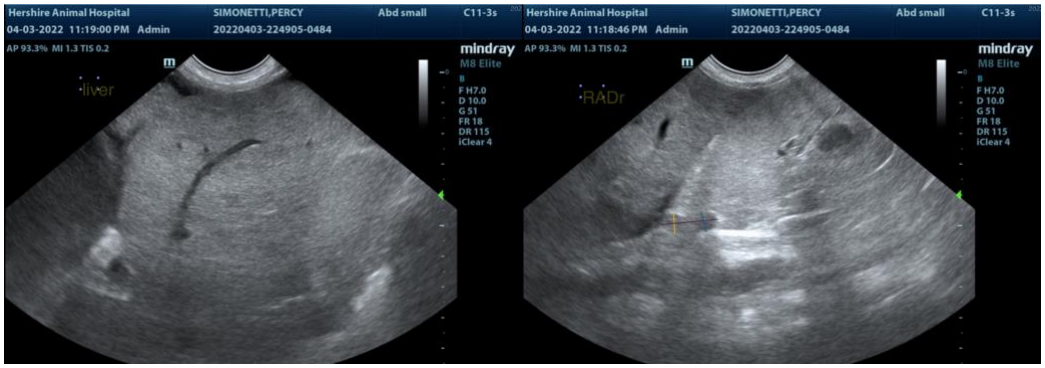
Meghan Myers, VMD

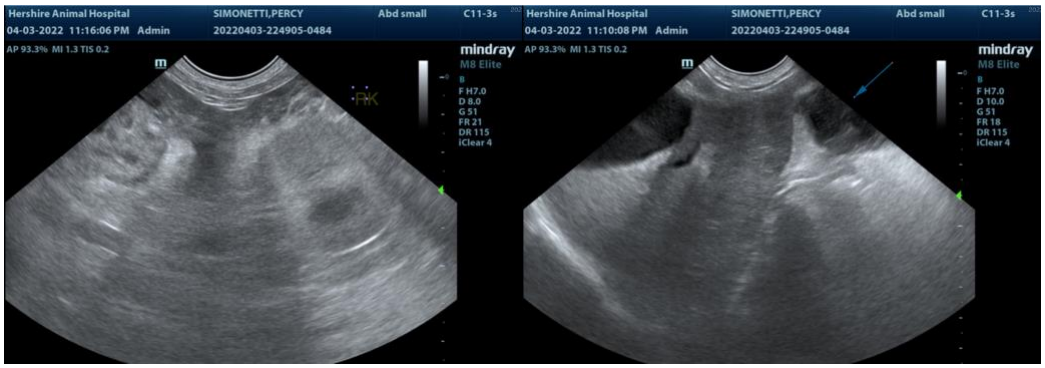
INVOICE

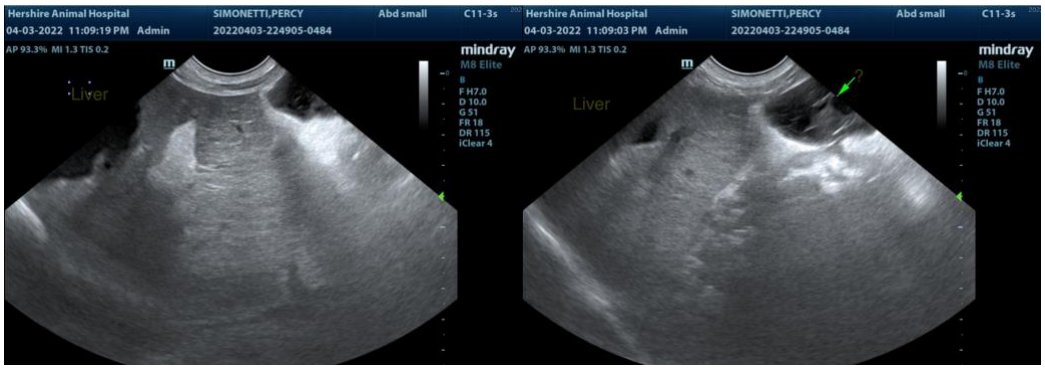
14569

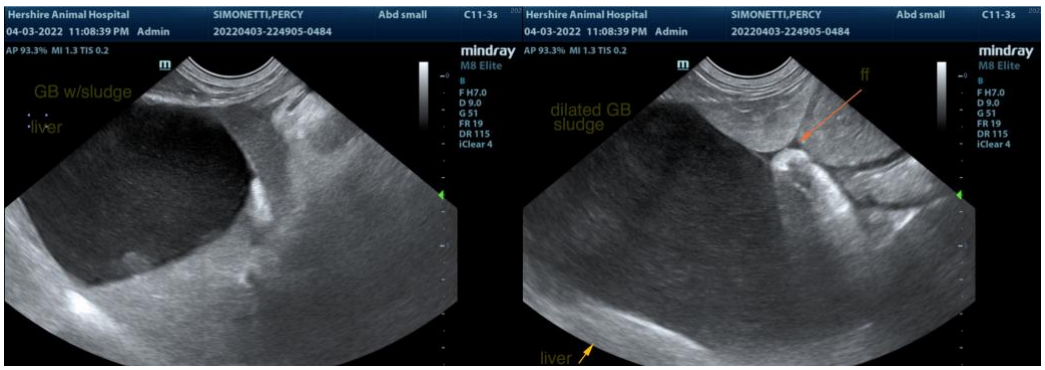
DATE

4/4/22

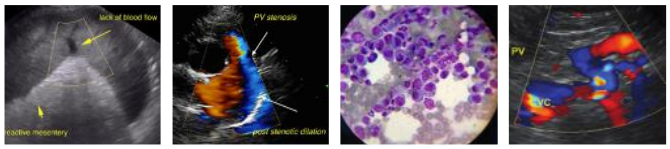








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

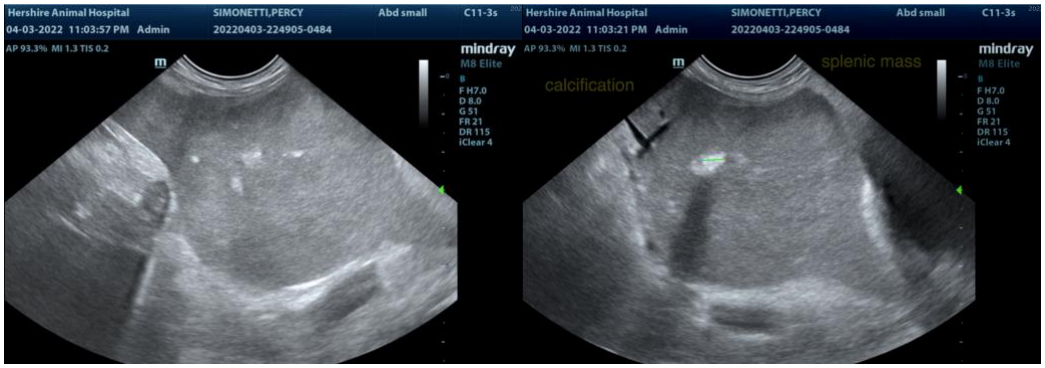
Meghan Myers, VMD

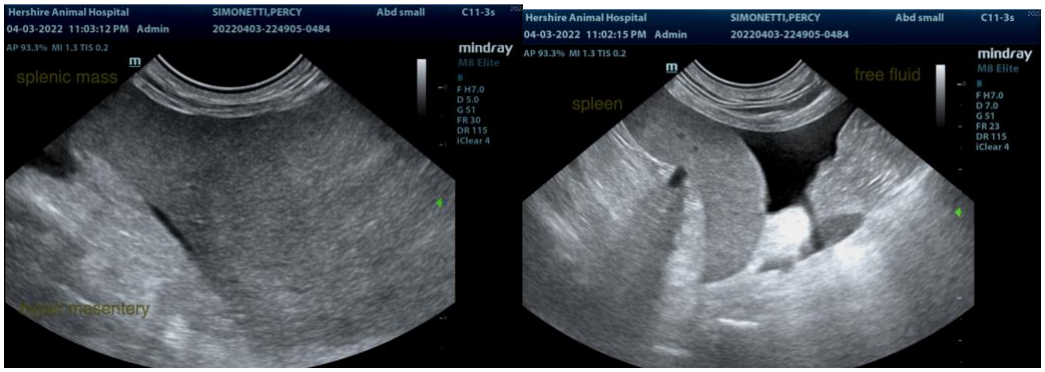
INVOICE

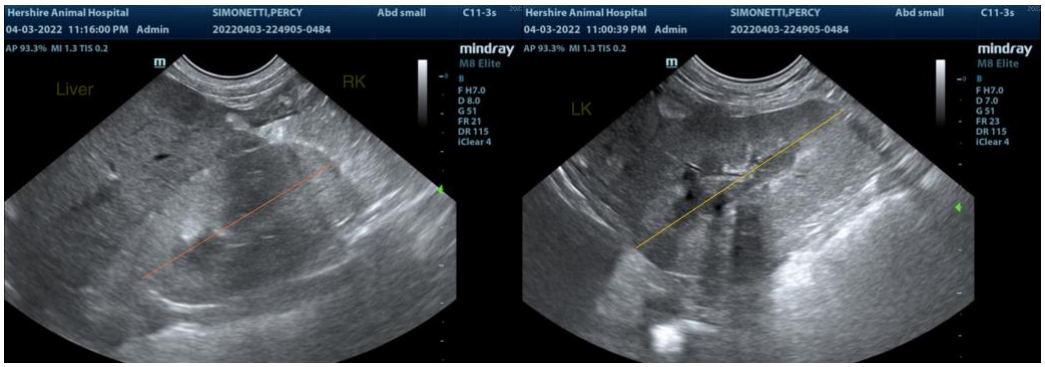
14569

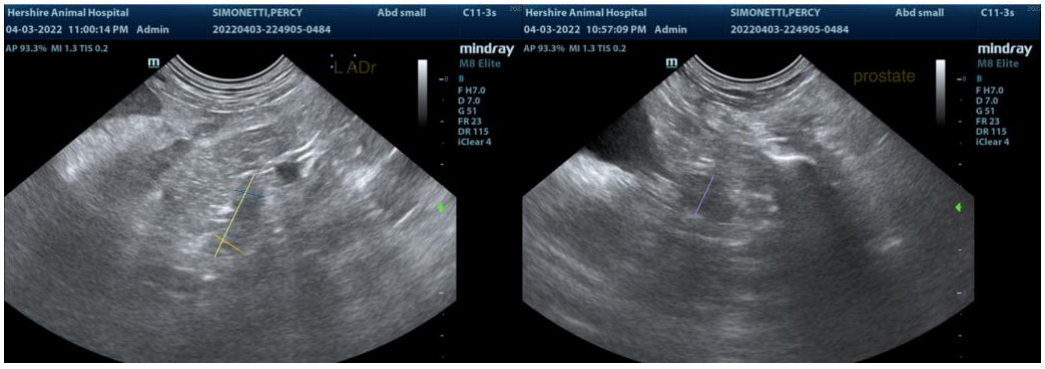
DATE

4/4/22

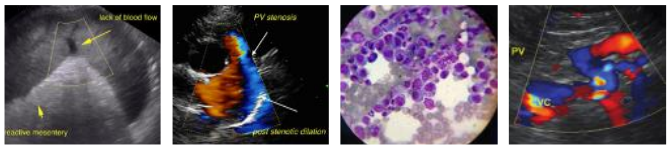








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Percy Simonetti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

45 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

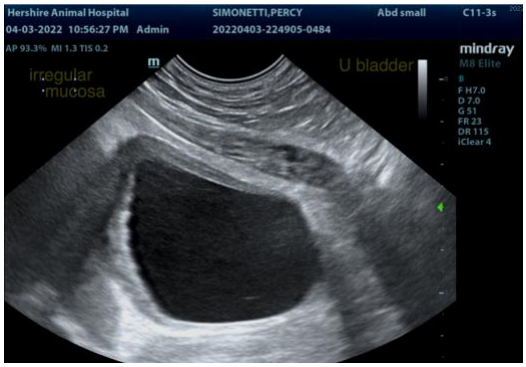
Meghan Myers, VMD

INVOICE

14569

DATE

4/4/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM
Lisa.Carioto@SonoPath.com