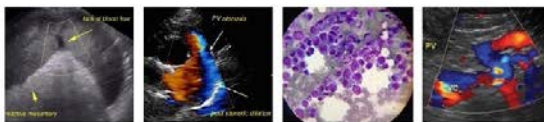




PATIENT	PRESENTING CLINICAL SIGNS
Bailey Calamari	Ongoing skin issues, confirmed torn cruciate ligament. Very overweight. Recent routine bloodwork showed mild regenerative anemia. On Gabapentin, Metacam and Amoxiclav. Abnormal PE/Chem/CBC/UA Results: CBC/Chem - elevated Retics, WBC, Neuts, PLT, PCT, Globulin. Mild regenerative anemia HCT 29.3, decreased Total T3.
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Beagle	The urinary bladder is inadequately filled, thereby affecting the ability to accurately measure wall thickness, however, the apex appears thicker than normal and the wall is mildly irregular. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of sediment, cystoliths, polyps, or a mass.
SEX	Kidneys
Spayed Female	The left kidney measures 5.37 cm. The capsule is smooth. The cortex is diffusely hyperechoic. Multifocal ill-defined echogenic regions are also observed throughout the cortex, and at the junction of the cortico-medullary junction (CMJ). A mild loss of the normal definition CMJ is also present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.
AGE	
10 Years	The right kidney measures 5.84 cm. Findings are similar to the left kidney.
WEIGHT	Aortic bifurcation/trifurcation
22.6 kg	No abnormalities observed.
INTERPRETED BY	Adrenal Glands
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The left adrenal gland measures 0.47 cm at the cranial pole, 0.44 cm at the caudal pole and 1.98 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
IMAGING PERFORMED BY	The right adrenal gland measures 0.81 cm at the cranial pole, 0.87 cm at the caudal pole and 1.95 cm in length. Both poles are plump, however, there is no evidence of a mass or a discrete nodule. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Crystal Hill	
HOSPITAL NAME	Spleen
BPH Stoney Creek	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
REFERRING VET	Liver
Dr. Baskin	Hepatomegaly is suspected. The liver's borders are smooth, but rounded. It is diffusely hyperechoic, i.e. it is isoechoic to the spleen. A mildly coarse/granular echotexture is observed. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.
INVOICE	The gallbladder (GB) is mildly to moderately distended with a moderate to marked amount of free floating and inspissated echogenic material. Sludge is adhered to the intramural wall in the form of nodules. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
38661	
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PATIENT	<i>Gastrointestinal</i>
Bailey Calamari	A moderate to large amount of fluid and gas are present in the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the submucosa is prominent and moderate to severe fogging of the mucosa is observed. The decreased peristalsis is consistent with a mild ileus.
SPECIES	
Canine	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.
BREED	
Beagle	A large amount of gas and ingesta are present in the transverse colon. The colonic wall is not thickened and mural detail is considered normal.
SEX	
Spayed Female	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract. <i>Pancreas</i>
AGE	
10 Years	No abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present. The right pancreas is difficult to evaluate due to the large amount of gas present in the surrounding gastrointestinal tract.
WEIGHT	
22.6 kg	The pancreas has a mildly coarse echotexture, and is mildly heterogeneous. It consists of hypochoic nodules of variable size and pinpoint to punctate hyperechoic foci scattered throughout the parenchyma. These changes are suggestive of nodular hyperplasia and fibrosis, respectively. Fibrosis may be an age-related change, secondary to previous episodes of pancreatitis, mineralization and amyloid deposition. Signs of active pancreatitis or neoplasia are not appreciated.
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Other Lymph nodes No abnormalities are observed Abdominal effusion is not visualized.
IMAGING PERFORMED BY	
Crystal Hill	ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME	
BPH Stoney Creek	<ul style="list-style-type: none"> Liver: <i>Vacuolar and reactive hepatopathies</i> are suspected, in addition to <i>cholestasis</i>. Hepatitis is unlikely. <i>Cholangitis/cholangiohepatitis and cholecystitis</i> with a <i>secondary bacterial infection</i> are also less likely, but remain possible differential diagnoses. There are no obvious signs of neoplasia.
REFERRING VET	
Dr. Baskin	<ul style="list-style-type: none"> Gallbladder: Gallbladder sludge is usually clinically insignificant. Some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history. Subclinical cholecystitis with a secondary bacterial infection are less likely, but cannot be excluded.
INVOICE	
38661	<ul style="list-style-type: none"> Kidneys: <i>Age related degenerative changes</i>, however, glomerulonephritis (GN) may also be present. Pyelonephritis cannot be excluded despite the absence of classical sonographic signs.
DATE	
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PATIENT

Bailey Calamari

- **Gastrointestinal tract:** The clinical significance of the GI findings are unknown, however, an underlying inflammatory process, such as inflammatory bowel disease and GERD, should be considered. Obtaining a history regarding signs of GERD, pica, vomiting, etc., from the client is suggested.

SPECIES

Canine

- **Adrenal glands:** The right gland is larger than normal. The left is within normal limits. Obvious signs of neoplasia are not evident. Adrenal hyperplasia secondary to stress and chronic illness remains possible, but emerging hyperadrenocorticism (HAC), including atypical HAC, cannot be excluded, particularly with the chronic dermatological issues and ruptured cranial cruciate ligament.

BREED

Beagle

SEX

Spayed Female

Suggestions/recommendations include

Urine culture and sensitivity to exclude pyelonephritis.

AGE

10 Years

If negative, a urine protein: creatinine ratio to exclude proteinuria associated with GN or HAC

Arterial blood pressure, ideally, with the client

WEIGHT

22.6 kg

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.

A thyroid profile (Michigan State University Diagnostic Laboratory), including a fT4 (EQD), TSH and thyroglobulin antibodies, is suggested, as hypothyroidism is also a possible cause for Bailey's clinical signs and laboratory results.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Further diagnostics for HAC using the adrenal panel from the University of Tennessee Diagnostic Laboratory may be preferable as atypical HAC cannot be excluded.

A consultation with an internist to discuss Bailey's case in further detail may be worthwhile due to her multiple comorbidities.

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HOSPITAL NAME

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REFERRING VET

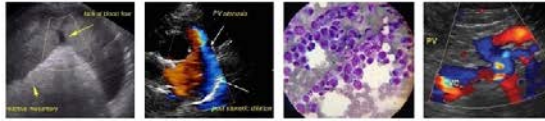
Dr. Baskin

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PATIENT

Bailey Calamari

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10 Years

WEIGHT

22.6 kg

INTERPRETED BY

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DVSc, Diplomate
ACVIM

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Crystal Hill

HOSPITAL NAME

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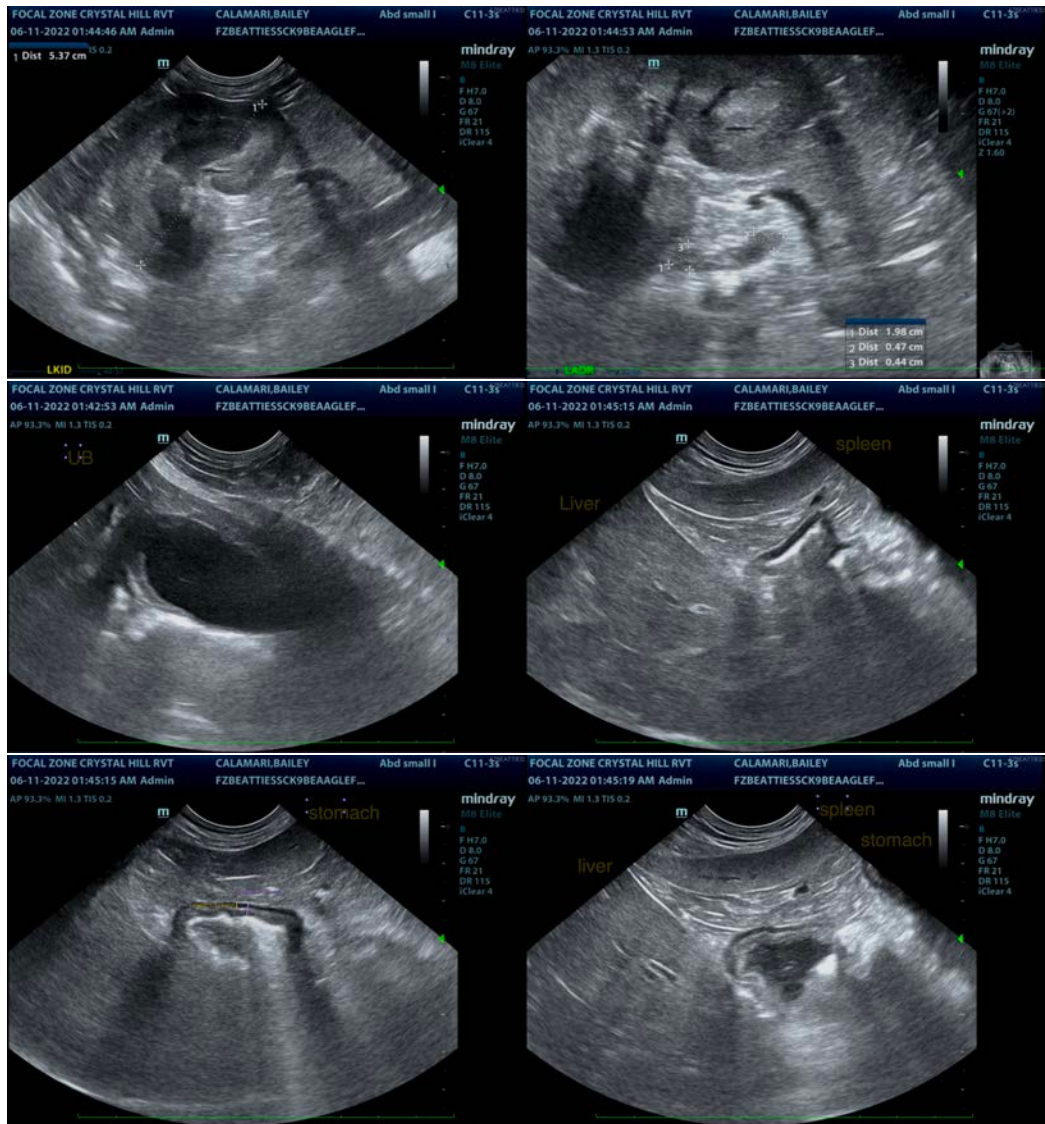
Dr. Baskin

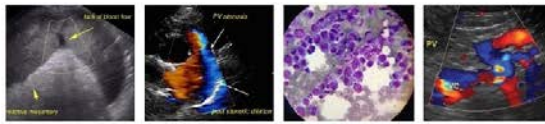
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PATIENT

Bailey Calamari

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10 Years

WEIGHT

22.6 kg

INTERPRETED BY

Lisa Carioto, DVM,
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ACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

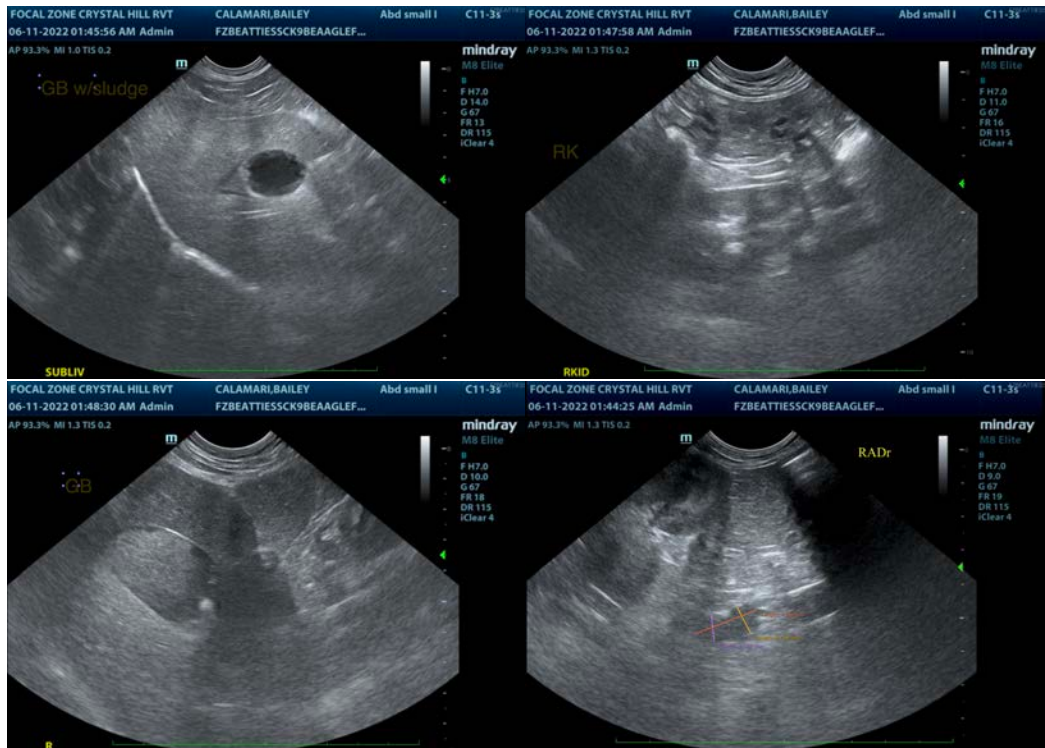
Dr. Baskin

INVOICE

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DATE

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com