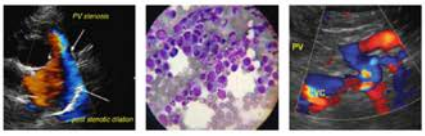
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Winston Pazolka

SPECIES
Canine

BREED
Hound X

SEX
Neutered Male

AGE
6.5 Years

WEIGHT
63 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
38855

DATE
6/17/22

PRESENTING CLINICAL SIGNS

Current Medications: Medications patient is currently on; Prednisolone 20mg tablets- 1/2 tab SID, Clindamycin 150mg 2 cap BID, Doxycycline 100mg- 2 tab SID. Patient History: Patient has chronic leukopenia. Recurrent history of anemia, hematocrit within normal limits today. No coughing. Patient having labored breathing.
Abnormal PE/Chem/CBC/UA Results: **Please see attached labs. PE NSF. I will email the chest radiographs separately.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A trivial amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Prostate

The **prostate** is homogenous and measures 1.17 cm, which is within normal limits for a neutered male.

Kidneys

The **left** kidney measures 7.10 cm. The capsule is smooth. A thick hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. An anechoic structure present within the cortex at the cranial pole, measuring 0.18 cm, is noted. It is most consistent with a cyst, which is considered clinically insignificant. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic today.

The **right** kidney measures 7.64 cm. The capsule is smooth. A thick hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. An avascular, anechoic structure, with a smooth, thin wall, measuring 3.05 cm in height x 2.40 cm in length is visualized within the medulla. It is most consistent with a benign cyst. The cyst measured approximately 2.80 cm in height x 2.21 cm in length in April. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

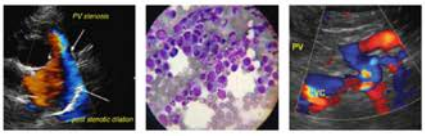
The **left** adrenal gland measures 0.35 cm at the cranial pole, 0.33 cm at the caudal pole. The gland is thinner and flatter than normal. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.40 cm at the cranial pole, 0.48 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

Similar to Winston's original exam, the spleen appears mildly enlarged, however, it is within normal limits in architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winston Pazolka

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

63 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38855

DATE

6/17/22

Liver

Mild hepatomegaly is suspected today, as it was in April. The liver's borders are smooth, but rounded. It is diffusely hyperechoic, i.e., it is isoechoic to the spleen. Focal lesions are not observed. No abnormalities are observed with the hepatic vessels visualized.

The gall bladder (GB) is moderately distended with echogenic material (sludge) within the lumen. The sludge is of mixed echogenicities, free floating and inspissated, which is immobile. Thick strings of mucus are noted arising from the luminal wall and attaching to the inspissated debris. A slight "kiwi" shape is noted, suggestive of a mucocele. There is no evidence of edema surrounding the GB. The wall is mildly to moderately thickened, measuring 2.2 mm and is hyperechoic. There are no obvious signs of an obstruction. Cholelithiasis is not appreciated.

Gastrointestinal

A large amount of gas and ingesta are present within the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. However, similarly to Winston's original exam, the mucosa, submucosa and muscularis are more prominent than normal. No obvious abnormalities are observed with its peristalsis.

Duodenum: 2.99 cm (WNL), however, the mucosa is more prominent than normal and stippling is present. The lumen is filled with fluid and ingesta. Decreased and ineffective peristalsis is observed, i.e., a "to and fro" motion is noted.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Ingesta and fluid are present within the small intestines. Abnormally dilated loops of bowel are not observed.

The colonic wall is very mildly thickened (0.26 cm). Although mural detail is preserved, both the mucosa and muscularis are more prominent than usual. Formed stools is present within the colon.

Pancreas

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.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion

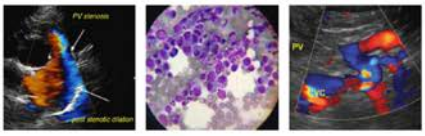
A very small amount of anechoic effusion is visualized surrounding the spleen and in the right abdomen. This is a new finding compared to the original exam in April.

ULTRASONOGRAPHIC FINDINGS

- **Spleen**: Splenomegaly with preservation of the normal architecture. Differential diagnoses include, splenitis, hypersplenism, reactive hyperplasia, as well as extramedullary hematopoiesis. Although obvious signs of neoplasia are not appreciated, it cannot be excluded due to the progressive changes in Winston's blood work and clinical signs.

- **Liver**: Suspected hepatomegaly and diffuse hyperechogenicity. These findings were originally attributed to a possible vacuolar hepatopathy due to stress, i.e., chronic illness. However, the administration of steroids is now another possible cause. Hepatitis, cholestasis,

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Winston Pazolka

SPECIES
Canine

BREED
Hound X

SEX
Neutered Male

AGE
6.5 Years

WEIGHT
63 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
38855

DATE
6/17/22

cholangitis/cholangiohepatitis with a secondary bacterial infection have been addressed with his current medications, including steroids and antibiotics.

- **Gallbladder**: A mucocoele is suspected, although the severity is stable compared to the original exam. 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.

- **Gastrointestinal tract**: Inflammatory changes affecting the gastrointestinal tract, including the colon, are present. The colon is thicker compared to Winston's original visit in April. A mild ileus remains present. Underlying inflammatory bowel disease remains a differential diagnosis. Overt signs of neoplasia are not observed, but cannot be excluded.

- **Kidneys**: Age-related degenerative changes are observed, in addition to possible glomerulonephritis. There are no obvious signs of pyelonephritis today, i.e. the surrounding mesentery is no longer hyperechoic. Presence of a cyst in the right kidney, which is similar in size compared to the original exam.

- **Adrenal glands**: thinner and flatter glands are observed bilaterally, likely due to the administration of oral steroids.

- **Ascites**: New finding compared to the original exam in April. One cannot exclude a vasculitis, or increased permeability of the GI tract. There are no signs of an obstruction and hypoalbuminemia is not present on the blood work.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are recommended/suggested

Fine needle aspirates of the spleen and liver pending a coagulation profile.

Fine needle aspiration of the ascites with cytology, +/- culture (i.e. put the fluid aside for possible culture depending on cytology results).

Vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses), even if PT/PTT within normal limits.

An arterial blood pressure

Evaluation of fasting triglycerides to exclude hypertriglyceridemia as the cause of the GB changes.

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor may be required.

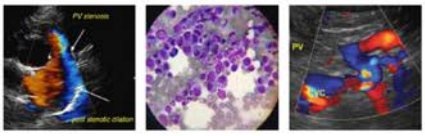
If lameness has persisted, radiographs are recommended to exclude "punched out lesions", which may occur with multiple myeloma.

A bone marrow aspirate may also be considered.

A consultation with a board certified internist may be considered as Winston is a very complicated patient.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winston Pazolka

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

63 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

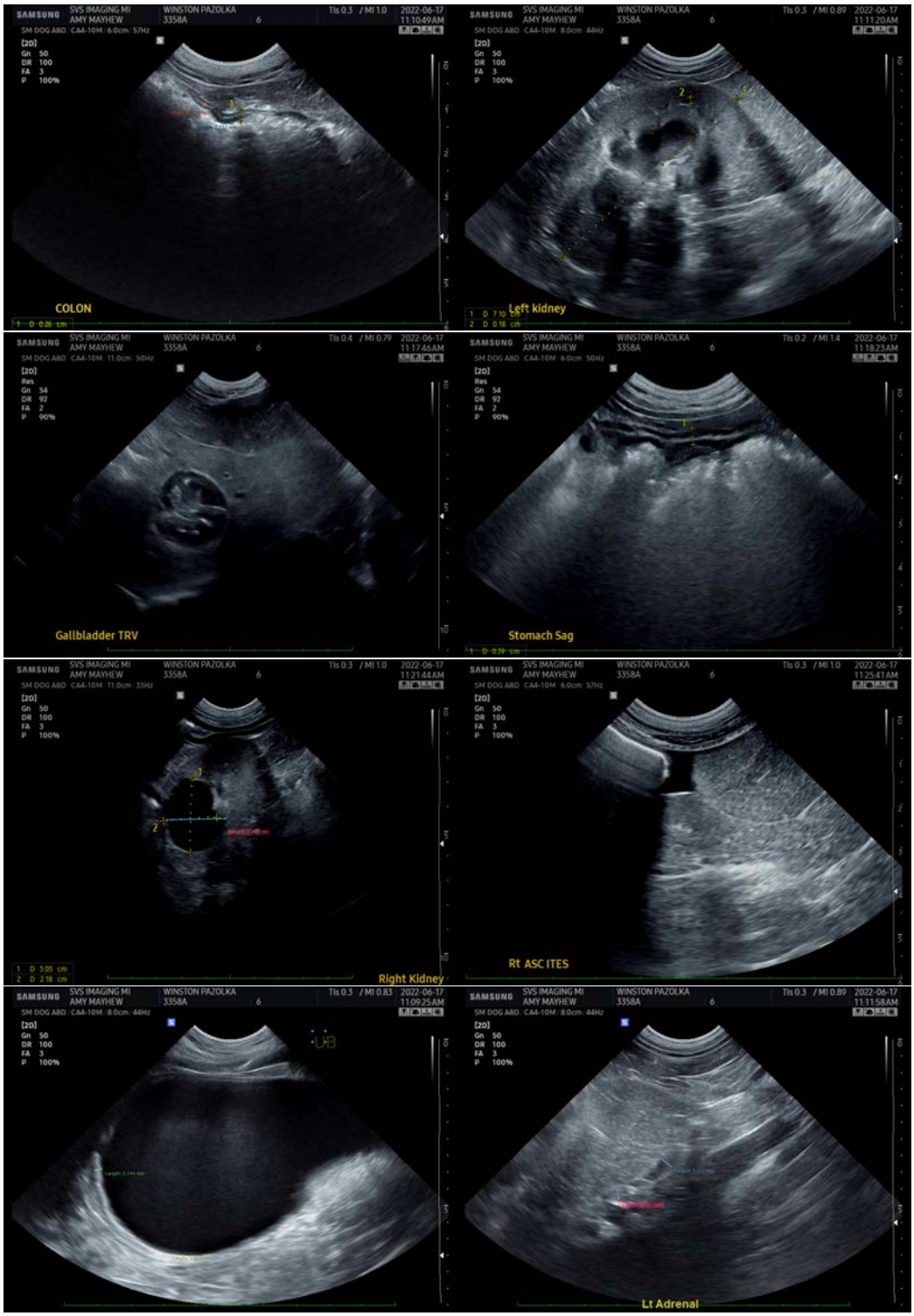
Family Pet Practice

INVOICE

38855

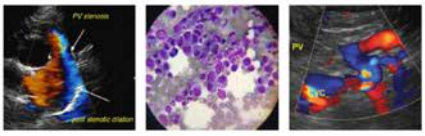
DATE

6/17/22



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winston Pazolka

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

63 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

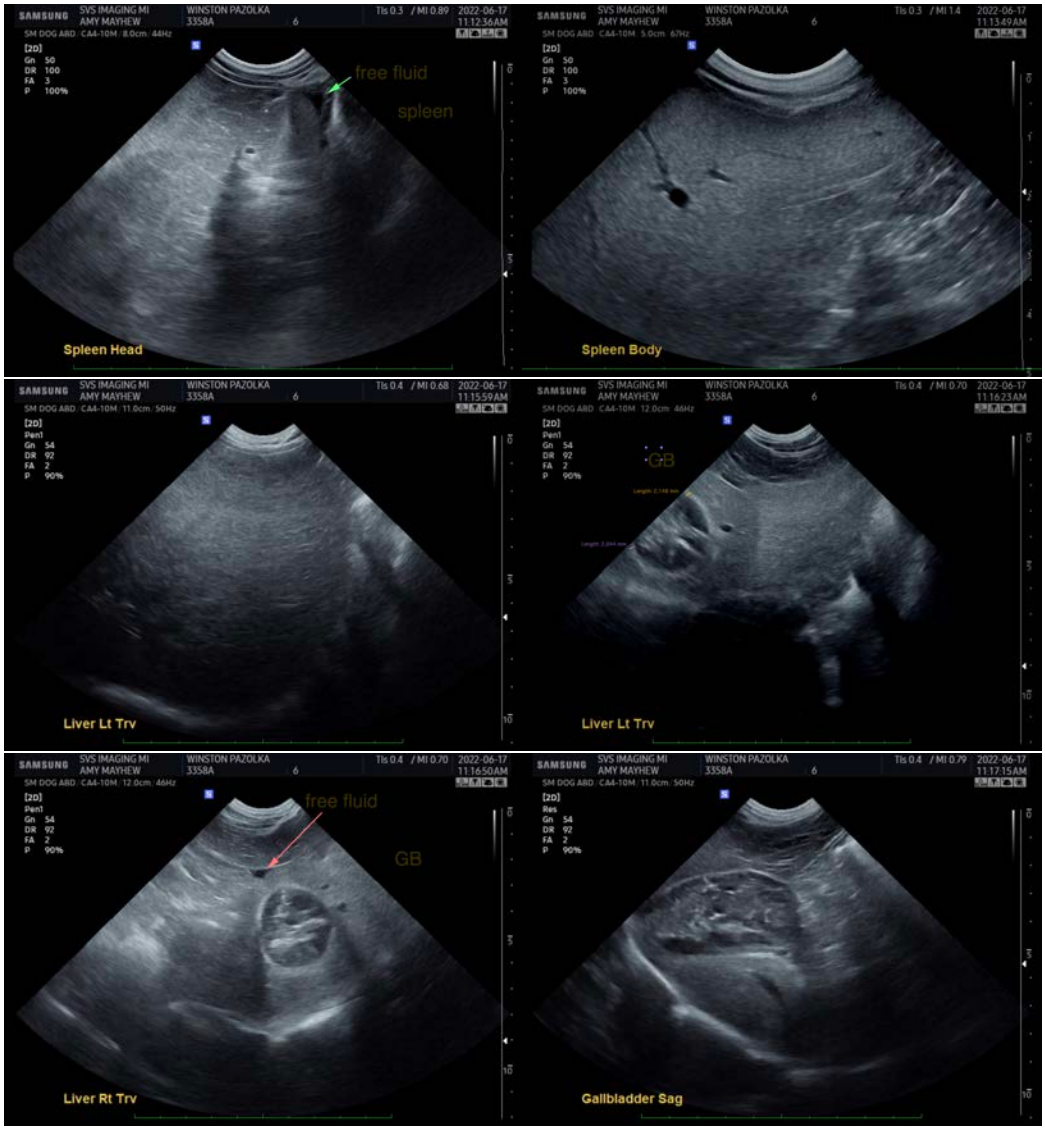
Family Pet Practice

INVOICE

38855

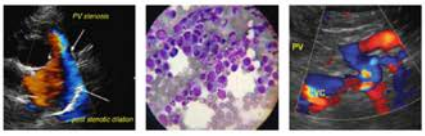
DATE

6/17/22



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winston Pazolka

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

63 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

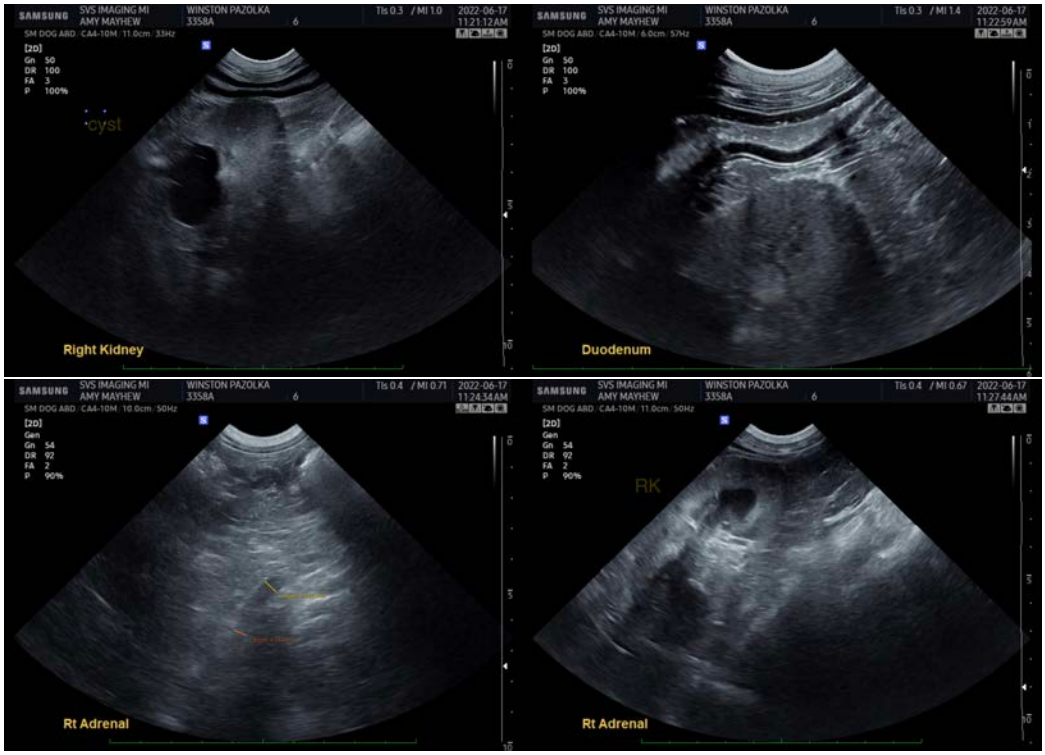
Family Pet Practice

INVOICE

38855

DATE

6/17/22



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