

PATIENT

Cleo II Potter

PRESENTING CLINICAL SIGNS

History: Not eating well, dark green diarrhea(resolved), Urinary tract infection / Hematuria, high WBC. Current meds: Sucralfate, Baytril
Abnormal PE/Chem/CBC/UA Results: WBC^{^^}, neu[^], Glob[^], ALKP[^], HW4DX neg, extended tick panel neg. UA: trace leuks, prot +30, pH6.0, Blood +++200 SG: 1.036

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Hound Mix

Although the **urinary bladder** is not fully distended, the wall is subjectively thicker than normal (1.85 mm) and irregular circumferentially. The apex is slightly more irregular compared to the remainder of the wall. A moderate amount of free floating and aggregated echogenic debris is present within the bladder lumen. No abnormalities are noted with the trigone or proximal urethra. Cystoliths, polyps, or a mass are not observed.

SEX

Spayed female

Kidneys (25.8 kg)

AGE

4 years

The **left** kidney measures 7.46 cm (5.2-7.8 cm). The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. The medulla and pelvis are hyperechoic, with a hyperechoic band traversing the medulla circumferentially. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is severely hyperechoic.

WEIGHT

56.8 lbs

The **right** kidney measures 7.39 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

The **left** adrenal gland measures 0.58 cm at the cranial pole, 0.55 cm at the caudal pole and 2.51 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

Jessica Miller, RDMS

The **right** adrenal gland has the shape of a "Shepherd's hook". The cranial pole is therefore thickened, measuring 1.06 cm. The caudal pole is 0.51 cm and 2.63 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.

HOSPITAL NAME

Branchville Country
Vet

Spleen

REFERRING VET

Dr. Talbot-Valerio

The capsule of the spleen is smooth. It is within normal limits in size and architecture, however, it is diffusely "mottled" and has multiple anechoic to hypoechoic, well-circumscribed nodules, dispersed haphazardly throughout the parenchyma. One measures 0.39 cm in diameter, x 0.44 cm in length at its head. A larger nodule, 0.54 cm in diameter x 0.54 cm in length is also noted at the head. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

INVOICE

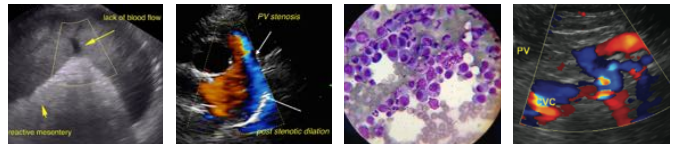
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Liver

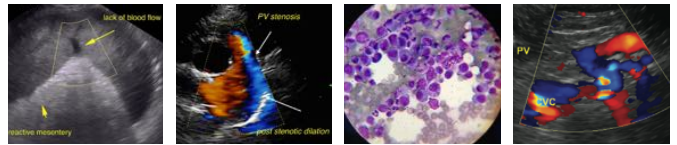
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7/19/22

There are no obvious signs of hepatomegaly. The liver's borders are smooth, and vary between sharp to mildly rounded. A diffuse, mildly coarse or granular echotexture is observed, however, it appears within



PATIENT	normal limits in echogenicity. The walls of the portal walls are hyperechoic. Focal lesions are not observed and no obvious abnormalities are observed with the hepatic vessels. The mesentery between the stomach and liver is moderately to severely hyperechoic.
Cleo II Potter	
SPECIES	The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of free floating and gravity dependent echogenic material is present within the GB. 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.
Canine	
BREED	Gastrointestinal
Hound Mix	A very large amount of gas is present in the lumen of the stomach. The submucosa appears thickened in the subxiphoid images. The wall layers seem “hazy” and not well defined in certain views, however, the images overall are not crisp, which may be due to diffuse abdominal inflammation. Peristalsis is mildly decreased in that it has a “to and fro” motion. The mesentery between the stomach and liver is moderately to severely hyperechoic.
SEX	<i>Duodenum:</i> Gas and fluid are present within the lumen. Peristalsis is mildly decreased in that it has a “to and fro” motion.
Spayed female	<i>Jejunum:</i> Gas and fluid are present within the lumen of multiple segments of jejunum. Subjectively, the submucosa is mildly prominent and fogging of the mucosa is present in some of the segments. Abnormally dilated loops of bowel are not observed. Peristalsis is mildly decreased in that it has a “to and fro” motion.
AGE	
4 years	A very large amount of ingesta and gas are present in the descending colon. The colonic wall is within normal limits to the high end of the normal reference range. Mural detail is considered normal.
WEIGHT	
56.8 lbs	
INTERPRETED BY	Pancreas
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	A proper evaluation of the left limb is not possible due to the large amount of gas in the surrounding GI tract.
IMAGING PERFORMED BY	The right limb is mildly coarse, and mildly hypoechoic compared to the surrounding mesentery, which is moderately to severely hyperechoic. The latter may be associated with the kidney, rather than the pancreas.
Jessica Miller, RDMS	
HOSPITAL NAME	Other
Branchville Country Vet	Lymph nodes (LN)
REFERRING VET	<i>Iliac LN:</i> Enlarged (1.22 cm in diameter x 2.81 cm in length), mildly hypoechoic with slightly irregularly borders and hyperechoic mesentery surrounding the affected LN.
Dr. Talbot-Valerio	<i>Iliac LN:</i> Mildly enlarged and slightly hypoechoic, with a smooth capsule, measuring 0.97 cm in diameter x 1.98 cm in length.
INVOICE	<i>Gastric LN:</i> A <i>gastric LN</i> is enlarged, elliptical in shape and hypoechoic. It has a smooth capsule.
31790	Abdominal effusion is not visualized.
DATE	Mesentery The mesentery is diffusely hyperechoic amongst the GI tract and between the stomach and liver.
7/19/22	



PATIENT	Heart
Cleo II Potter	A brief video clip of the heart was submitted. Pericardial and pleural effusion are not identified. The mitral and tricuspid valves are thin and smooth (no signs of endocarditis). A mass is not observed on evaluation of the right atrium or auricle. No obvious abnormalities are noted with the portions of the left or right ventricle visualized.
SPECIES	
Canine	
BREED	
Hound Mix	
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Spayed female	
AGE	
4 years	
WEIGHT	
56.8 lbs	
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	
Jessica Miller, RDMS	
HOSPITAL NAME	
Branchville Country Vet	
REFERRING VET	
Dr. Talbot-Valerio	
INVOICE	
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ULTRASONOGRAPHIC FINDINGS

Spleen: Infiltrative disease, such as lymphoma or other round cell tumour, including histiocytic sarcoma, cannot be excluded as the cause of the splenic changes. However, extramedullary hematopoiesis, hypersplenism and reactive hyperplasia remain possible differential diagnoses.

Liver: A reactive hepatopathy is possible, however, infiltrative disease cannot be excluded. Hepatitis, including leptospirosis, *Mycobacterium* spp. or bartonellosis, must be considered depending on Cleo's risk of exposure to infectious diseases. Other causes of hepatitis, such as copper hepatopathy, exposure to medication, including natural supplements, are possible. It is also possible that the initial signs developed as a result of dietary indiscretion, which has now caused hepatitis or a secondary hepatopathy.

Gastrointestinal (GI) tract: There are no obvious signs of a foreign body. Diffuse inflammation of the GI tract is present, which may be secondary to dietary indiscretion, in which the inflammation has not yet resolved.

Lymph nodes: Mild lymphadenomegaly, which is suggestive of reactive hyperplasia, however, early signs of infiltrative disease cannot be excluded.

Mesentery: The mesentery is diffusely hyperechoic amongst the GI tract and between the stomach and liver, which is consistent with diffuse inflammation/steatitis.

Pancreas: A mild, smoldering pancreatitis cannot be excluded. It may be secondary to the diffuse inflammation affecting the liver, GI tract, as well as the kidneys.

Kidneys: Pyelonephritis is a possible differential diagnosis for the renal changes observed. Glomerulonephritis and interstitial nephritis are other differential diagnoses. Neoplasia is considered less likely.

Urinary bladder: A bacterial cystitis is strongly suspected, in addition to pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity are recommended.

A urine protein: creatinine ratio is suggested if the urine culture is negative

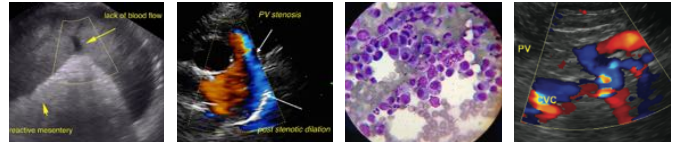
An arterial blood pressure

+/- *Leptospira* spp. titres (depending on administration of antibiotics)

Analgesia for visceral pain, such as gabapentin, +/- methadone, is suggested. Avoid NSAIDs.

Ensure Cleo remains well hydrated, consider IV fluids if not eating well.

+/- spec cPL



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Fine needle aspirates of the spleen, liver and enlarged lymph nodes are recommended, pending results of a coagulation profile.

SPECIES

Canine

Administration of vitamin K (0.5 mg/kg SQ x 1 dose, 30- 45 minutes prior to the procedure) is suggested even if the results of the PT/PTT are within normal limits.

BREED

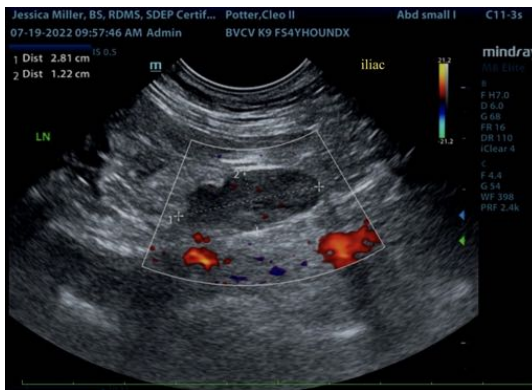
Hound Mix

Deworming, fenbendazole even if receiving monthly heartworm prevention, 50 mg/kg PO once a day for 3 days and repeat treatment 3 weeks later (or for 14 consecutive days if she hunts).

Consider thoracic radiographs (three views) to exclude neoplasia or aberrant parasite migration.

SEX

Spayed female



AGE

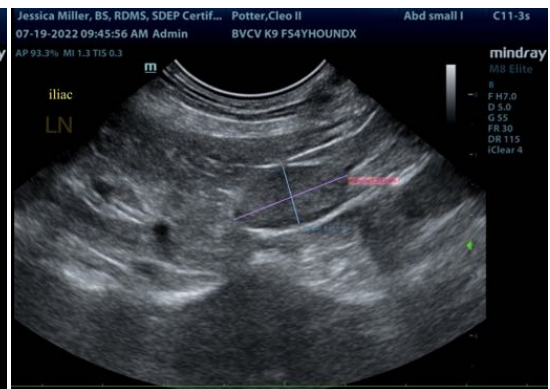
4 years

WEIGHT

56.8 lbs

INTERPRETED BY

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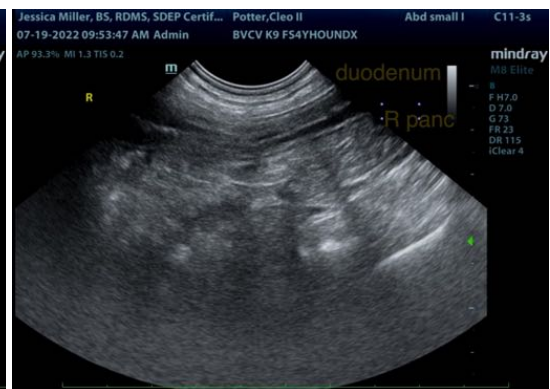
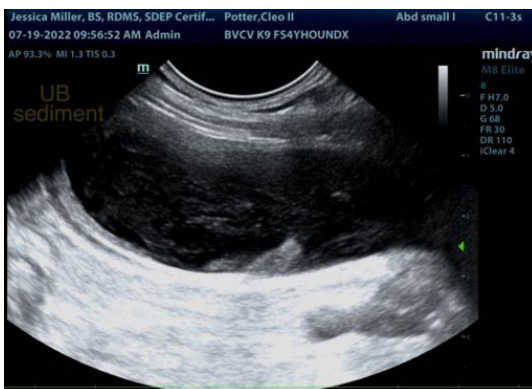
Jessica Miller, RDMS

HOSPITAL NAME

Branchville Country
Vet

REFERRING VET

Dr. Talbot-Valerio

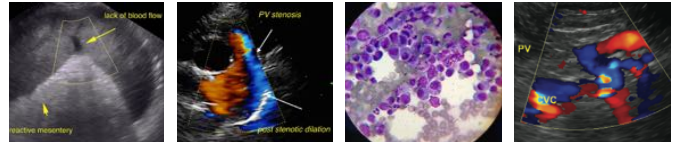


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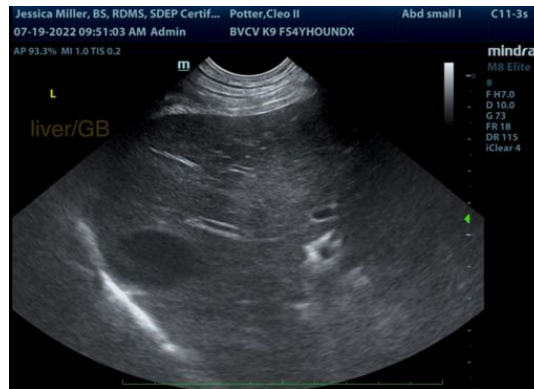
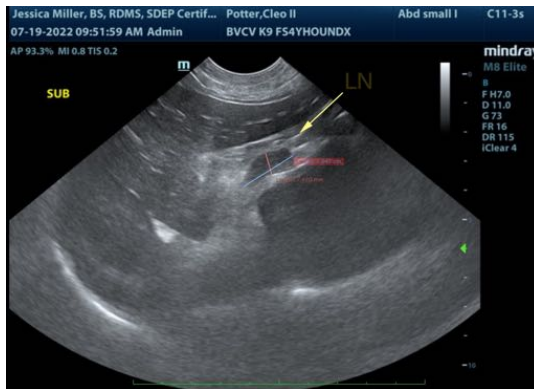
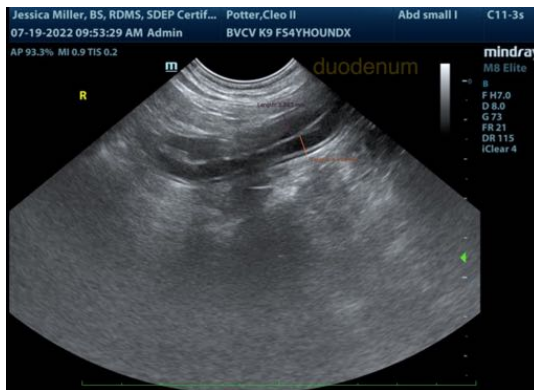
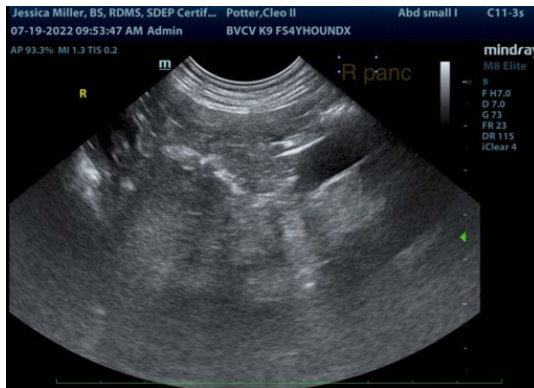
Dr. Talbot-Valerio

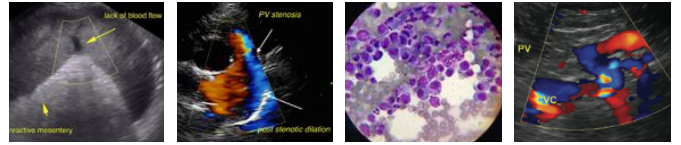
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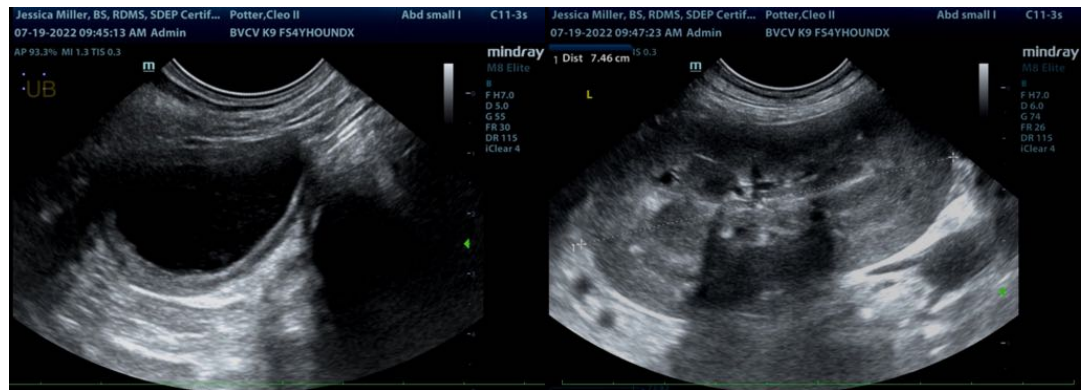
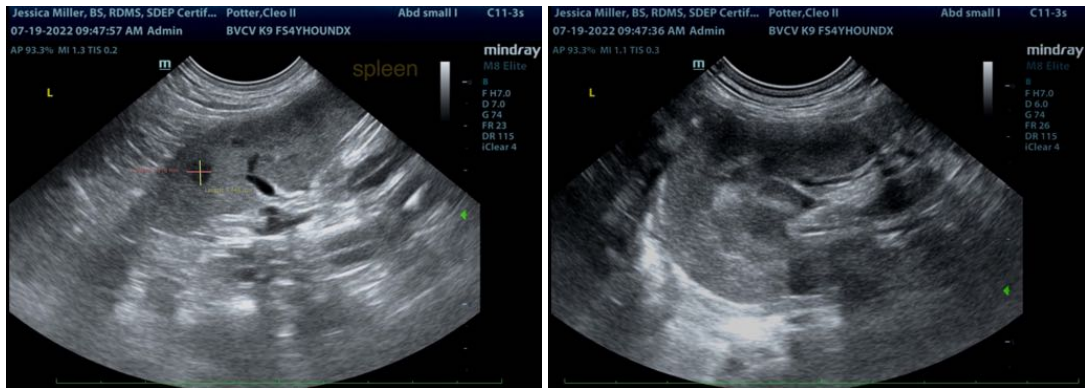
Spayed female

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56.8 lbs



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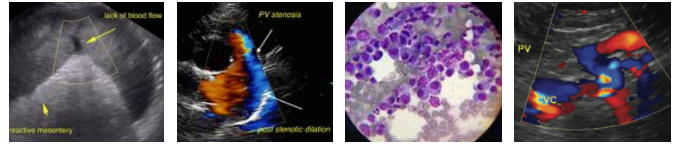


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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