

PATIENT PRESENTING CLINICAL SIGNS

Phebe Holinshead

SPECIES

Canine

BREED

Poodle mix

SEX

Spayed female

History: ADR and changes on Rad report
Abnormal PE/Chem/CBC/UA Results: Relevant Radiograph Findings(email radiographs if available):
~Conclusions: 1. Narrowing of the colorectal junction. DDx: ulcerative colitis, eosinophilic colitis, scar tissue, adenoma, transient spasm, or less likely, neoplasm (e.g. carcinoma or lymphosarcoma). 2. Esophageal reflux, nonobstructive gastroenteritis and colitis. DDx: secondary to pancreatitis, inflammatory/infectious etiologies, dietary. 3. No evidence of constipation or discrete radiopaque foreign material. 4. Mild cardiac enlargement secondary to compensated valvular disease. Correlate to auscultation results such as murmur. 5. Mild generalized hepatic enlargement secondary to metabolic, inflammatory, or infiltrative disease. 6. Irregularity in the splenic margins. DDx: fibrosis (secondary to trauma or infarction) or artifact of oblique projection. 7. Age-related pulmonary changes. DDx: mild allergic bronchitis. 8. Left elongated patella and osteoarthritis. DDx: medial patellar luxation and concurrent cranial cruciate ligament injury (partial tear). LABS: ~Lymph=0.88(1.05), MPV=14.3(13.2), BUN=29(27), Cl=107(109)~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 years

Urinary System

The **urinary bladder** is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

WEIGHT

12.4 lbs

Kidneys

The **left kidney** measures 3.90 cm. The capsule is smooth. A hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Nephroliths and pyelectasia are not noted. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The **right kidney** measures 4.11 cm. The capsule is smooth. A hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Nephroliths and pyelectasia are not noted. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Aortic bifurcation/trifurcation No abnormalities observed.

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Adrenal Glands

The **left adrenal gland** measures 0.48 cm at the cranial pole, 0.42 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.

REFERRING VET

Dr. Kalivoda

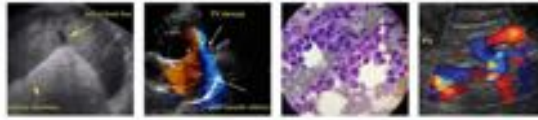
The **right adrenal gland** measures 0.73 cm at the cranial pole, 0.73 cm at the caudal pole. Hypoechoic nodules of variable size are present diffusely throughout the parenchyma. These are most likely associated with nodular hyperplasia. There are no signs of neoplasia. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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PATIENT *Spleen*

Phebe Holinshead The spleen is within normal limits in size, architecture, echotexture and echogenicity. The capsule is smooth. Mild perivascular cuffing, consistent with myelolipomas is observed; these are not considered clinically significant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

SPECIES

Canine

BREED *Liver*

Poodle mix There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels. Multiple hypoechoic nodules are observed scattered throughout the parenchyma. A subcapsular hypoechoic nodule measuring 0.60 cm in diameter is noted. It does not disrupt the integrity of the capsule.

SEX

Spayed female The gallbladder (GB) wall is within normal limits in thickness and echogenicity. Echogenic material is not visualized in 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.

AGE

11 years

Gastrointestinal

WEIGHT

12.4 lbs

The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the submucosa appears mildly more prominent than usual. No obvious abnormalities are observed with its peristalsis.

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Duodenum: Very mild fogging of the mucosa is present. No abnormalities are noted with the papilla.
Jejunum: Wall thickness is within normal limits and the definition of the wall layers is preserved. The submucosa may be slightly prominent in some segments and a significant amount of gas is present. Mucosal fogging of a few jejunal segments is also observed.

IMAGING PERFORMED BY

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No abnormalities are observed with the ileo-cecal-colic junction.
A large amount of echogenic and granular ingesta and fluid are present in the descending colon. The colonic wall is not thickened and mural detail is considered normal. Semi-formed stools are present in the colon.

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Pancreas

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The pancreas has a moderately to severe coarse echotexture. It consists of hypoechoic 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. *Some areas of the right limb are mildly hypoechoic and more prominent than others, i.e., mild pancreatitis cannot be excluded. Signs of neoplasia are not appreciated.

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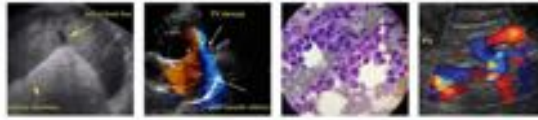
Other

Lymph nodes No abnormalities are observed.

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Abdominal effusion is not visualized.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

- Phebe Holinshead
- **Liver:** Age-related nodular hyperplasia is suspected as a cause of the hypoechoic nodules. Target-like lesions are not observed.
- SPECIES**
- Canine
- **Kidneys:** The hyperechoic medullary “band” is a non-specific sign and may not be clinically significant, however, it has been associated with proteinuria in some patients.
- BREED**
- Poodle mix
- **Gastrointestinal (GI) tract:** The subtle changes are somewhat subjective and may not be clinically significant, however, they have been associated with GI inflammation in some patients, e.g., chronic enteropathy. Evaluation of Phebe’s diet is suggested, e.g., exclude raw meat diets. Determine if she is suffering from GI signs based on the loose fecal matter in the descending colon.
- SEX**
- Spayed female
- **Pancreas:** Age-related changes and fibrosis are noted. However, a mild, smoldering, active pancreatitis cannot be excluded.
- AGE**
- 11 years
- **Adrenal glands:** The right gland is mildly increased for a dog of Phebe’s stature, which may be due to hyperplasia associated with stress and illness. Age-related nodular hyperplasia is suspected as a cause of the heterogeneous echotexture. Signs of neoplasia are not visualized.

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12.4 lbs

The following are suggested/recommended:

INTERPRETED BY *A baseline cortisol; hypoadrenocorticism cannot be excluded despite the adrenal glands within the normal reference range (non-specific clinical signs).

Lisa Carioto, DVM,
 DVSc, Diplomate
 ACVIM

*Urinalysis, +/- culture and sensitivity

If a UTI is ruled out, a *urine protein: creatinine ratio is suggested to exclude proteinuria.

IMAGING PERFORMED BY Evaluation of Phebe’s diet is suggested, e.g., exclude raw meat diets. Determine if she is suffering from GI signs based on the loose fecal matter in the descending colon.

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Supplementation of diet with soluble fibre (psyllium)

HOSPITAL NAME *Pain associated with osteoarthritis, pancreatitis or cramps due to chronic enteropathy; begin with analgesics and proceed based on response to therapy (gabapentin, +/- methadone). Avoid NSAIDs due to pancreatic ischemia.

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+/- SNAP 4Dx

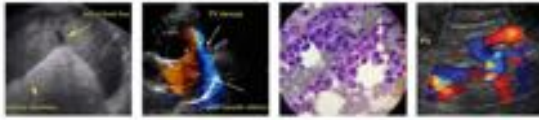
Further diagnostics will depend on response to therapy and results to the suggested tests, above.

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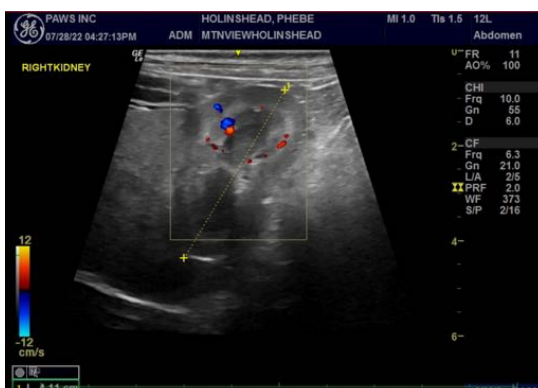
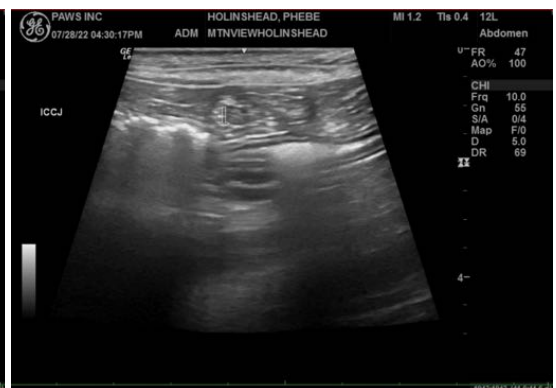
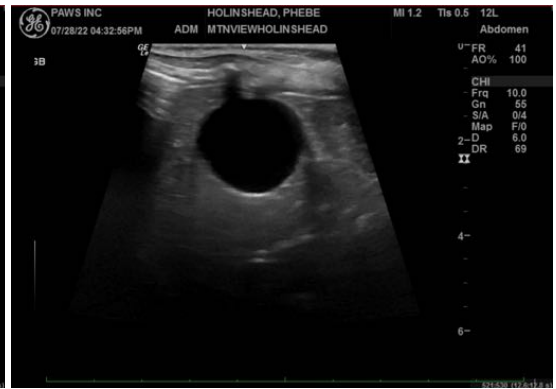
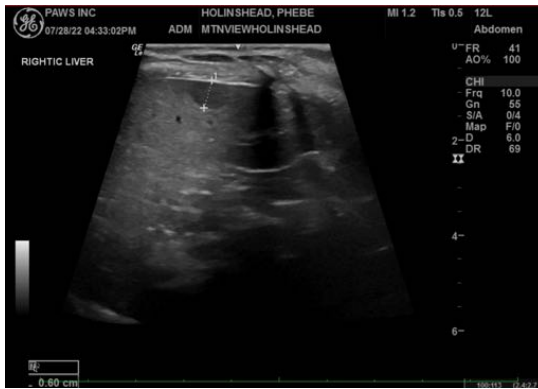
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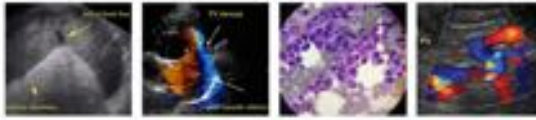
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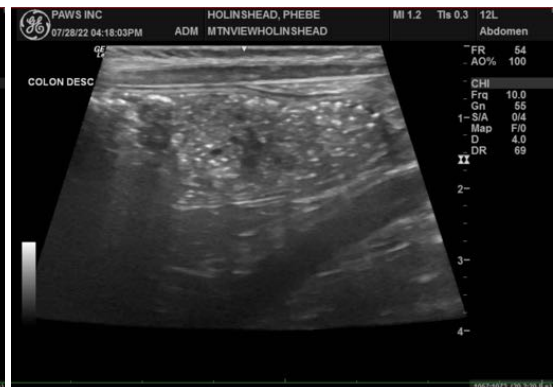
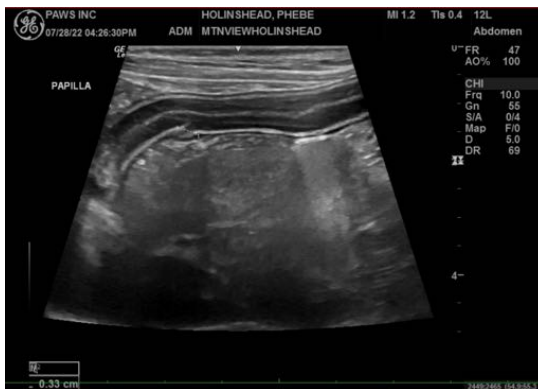
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com