



PATIENT

Pearl Bridges

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

4 Years

WEIGHT

46 lbs.

PRESENTING CLINICAL SIGNS

Heartworm positive, have been unable to start heartworm treatment due to other medical issues. LE and renal values elevated. Platelets low initially have since returned to normal since treating for ITP. Slowly weaning off Prednisone and Azathioprine.

Abnormal PE/Chem/CBC/UA Results: BW (12/27) BUN 53, Creat 3.1, ALP 908, ALT 1,357. Plt 188k BW (9/15/22) low platelets 46k, BUN-98, Creat-3.1, Lyme C6-301 10/5/22- PLT count-105K, BUN-104, Creatnine-2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. Both kidneys exhibited mild uniform cortex hypertrophy with uniform cortex echogenicity and a mildly indistinct corticomedullary border. No pyelectasia or neoplastic criteria was noted. The left kidney measured 6.4 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented subjective mild to possibly moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Maintained symmetrical capsule contour was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. Suspect discrete focal areas of biliary tree mineralization were noted. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, hyperechoic, sludge primarily along the inner luminal wall exhibiting potential for

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Karen Ebersole,
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HOSPITAL NAME

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mild distal shadowing was present. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Nonspecific nephropathy - Lyme nephritis vs. other unspecified nephropathy / nephritis possible
- Benign hepatopathy exhibiting suspect discrete biliary tree mineralization
- Nondistended gallbladder with mild nonorganized hyperechoic potentially emerging mineralized sludge

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment and monitoring of systemic BP is suggested.

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The liver was nonspecific with considerations including nonspecific inflammatory / immune-mediated disease, given the ALT elevation, with primary or concurrent vacuolar hepatic changes, nonobstructive cholestasis, given the ALP elevation, or other hepatopathy without evidence of hepatobiliary neoplastic criteria. The suspected discrete biliary tree mineralization is nonspecific and may be incidental, although at times has been associated with chronic hepatobiliary inflammation. The gallbladder was not consistent with mucocele criteria. A definitive assessment would require hepato-renal biopsies for histopathology. Empirically, hepato-renal supportive medications would be reasonable.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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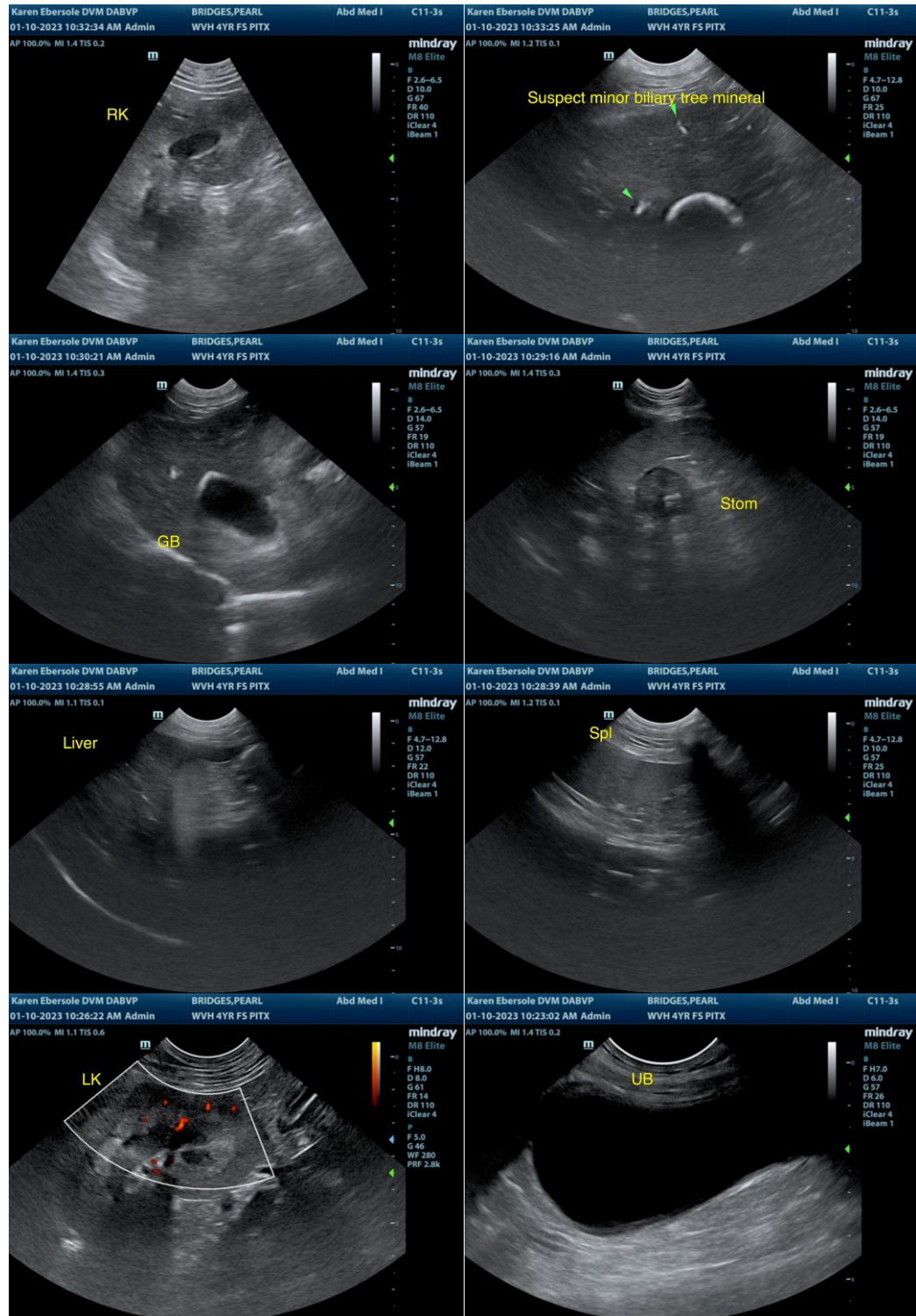
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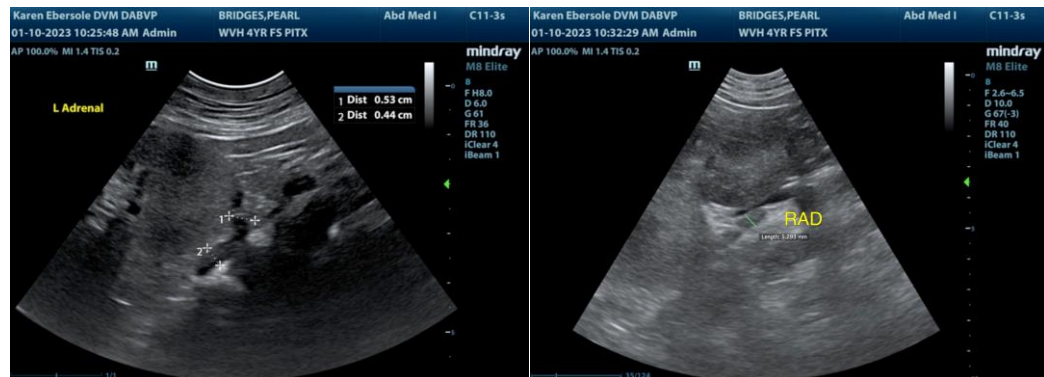
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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