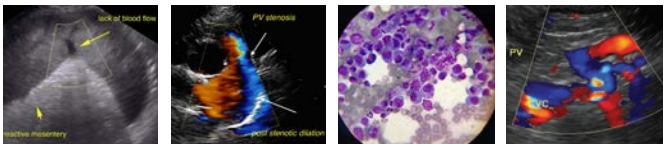
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tara Simmering

SPECIES
Canine

BREED
Rottweiler

SEX
Spayed Female

AGE
12 Years

WEIGHT
43 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME
Smiling Dog VS

REFERRING VET
Dr. Brett Thomas

INVOICE
26141

DATE
10/6/21

PRESENTING CLINICAL SIGNS

Primary Problem(s)-- acute onset of the following: ataxia/hindlimb paresis vomiting ADR Pertinent Medical History: Hx of mammary adenocarcinoma dx and surgically excised ~1.5 yrs ago. Finished Chemo about 6 months ago Current Medication: None Previous surgical and/or other procedure(s) and date(s): 2/20/2020: surgical excision and Dx of mammary gland adenocarcinoma in L caudal abdominal, R caudal abdominal, and R cranial abdominal. 9/9/2020: metastasis of mammary nodules and spay performed. Removed right 4th mammary gland and a nodule between the left 2-3 mammary gland. Rt 4th mammary gland was adenocarcinoma, nodule between L 2-3 was benign. 9/30/20: started chemo 12/7/2020: received last chemo All rechecks since have been wnl
Abnormal PE/Chem/CBC/UA Results: Physical exam: Alert/anxious with very mild ataxia in the pelvic limbs, but no CP deficits. Mid-caudal ventral abdominal SQ mass (firm, ~ 6 cm3). Additional smaller, SQ masses consistent with lipomae. Dental disease. Lenticular sclerosis OU. Diagnostic Tests Performed/Results: 10/6/21: CBC: moderate lymphopenia 0.64 (1.05-5.1) CHEM: CHOL 348 (110-320) T4: wnl SDMA: wnl Electrolytes: wnl Radiographs (lat/vd thoracic and lat/vd abdominal): 10/6/21: Moderate amount of contents within the stomach, prominent, spherical mass effect in the region of the pylours. No obvious gastric or intestinal FB, no obvious gas distention of either stomach or SI. No obvious splenic mass or ascites. Moderate amount of feces within colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.7 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

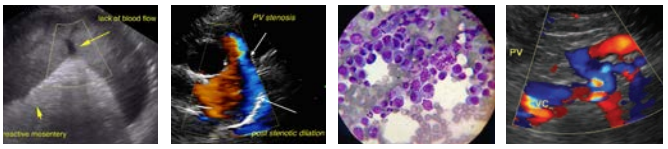
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm at the cranial pole and 0.70 cm at the caudal pole. The right adrenal gland measured 1.5 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tara Simmering

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

12 Years

WEIGHT

43 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Smiling Dog VS

REFERRING VET

Dr. Brett Thomas

INVOICE

26141

DATE

10/6/21

without signs of congestion. gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation. The ingesta extended into the antrum, pylorus and pyloric outflow without evidence of pyloric outflow obstruction.

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.

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

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 was evident.

Free Abdomen

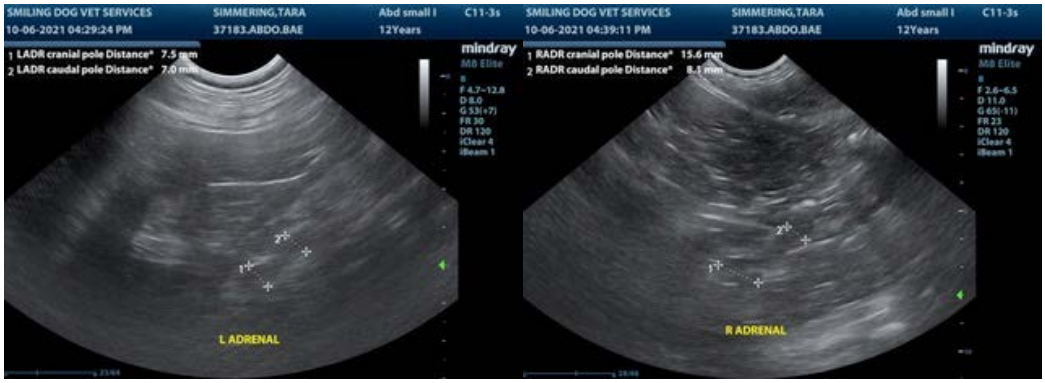
No evidence of intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

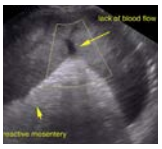
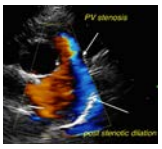
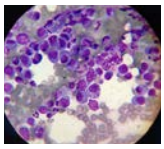
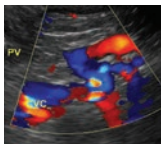
- Moderate gastric ingesta
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is non-specific and may correlate with post-prandial presentation. Correlation with most recent meal ingestion is recommended. Without evidence of a mass in the region of the pylorus, pyloric distention with ingesta may account for the mass effect noted on the radiographs. Some degree of gastric stasis may be considered if documented NPO. Monitoring of gastric emptying would be ideal. Overall, largely geriatric abdomen without evidence of significant visceral pathology including no evidence of intraabdominal metastasis from previous mammary adenocarcinoma.



SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tara Simmering

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

12 Years

WEIGHT

43 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Smiling Dog VS

REFERRING VET

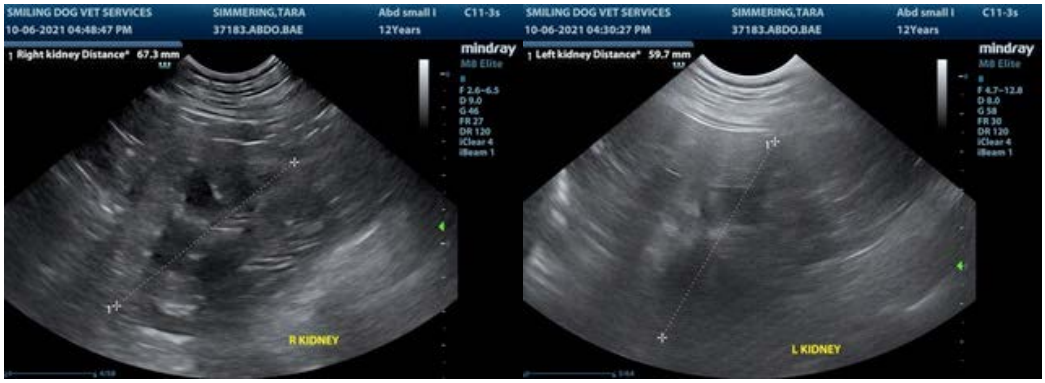
Dr. Brett Thomas

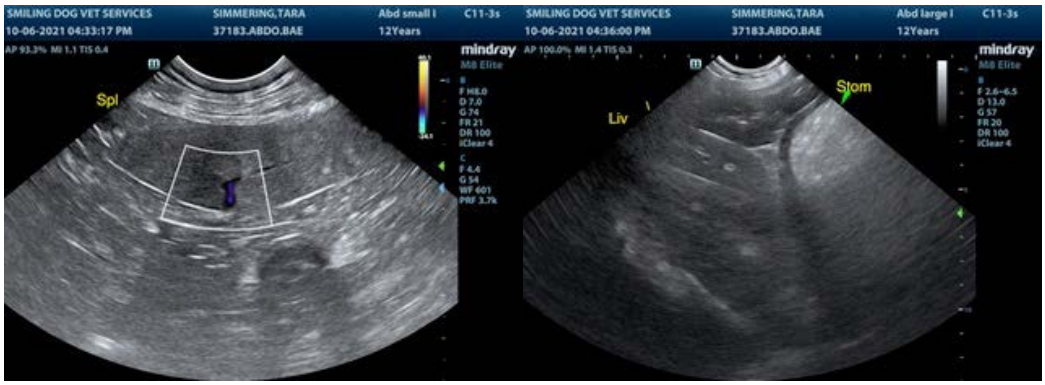
INVOICE

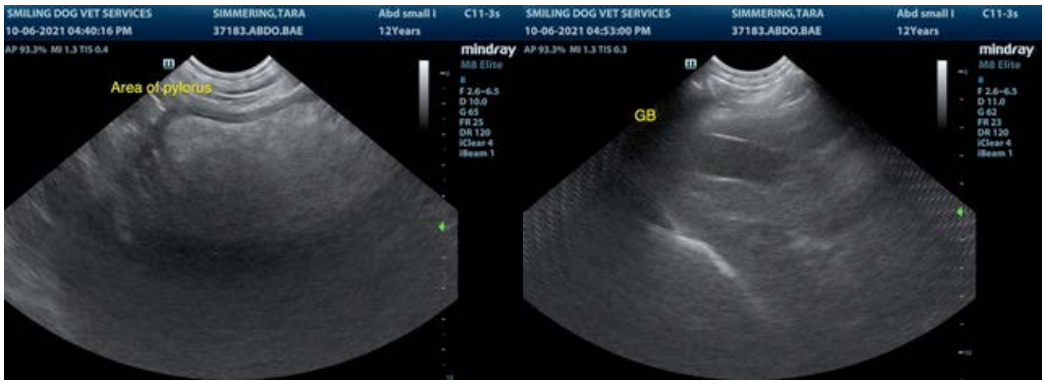
26141

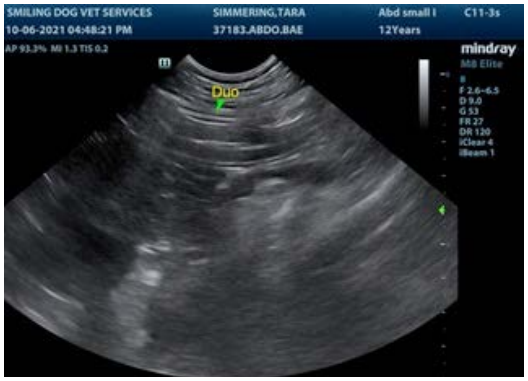
DATE

10/6/21

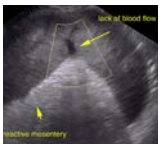
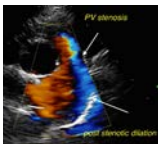
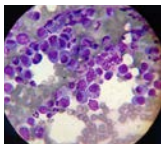
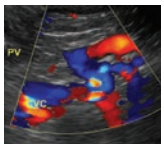








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tara Simmering

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

12 Years

WEIGHT

43 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Smiling Dog VS

REFERRING VET

Dr. Brett Thomas

INVOICE

26141

DATE

10/6/21

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com