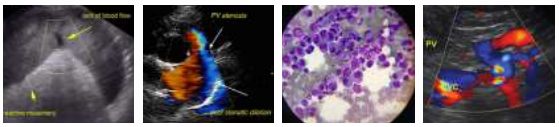


PATIENT
Lily Navarrette

SPECIES
Canine

BREED
Pit Bull Mix

SEX
Female

AGE
12 years

WEIGHT
52 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Q Street AH

REFERRING VET
Dr. Cone

INVOICE
48312

DATE
11/12/21

PRESENTING CLINICAL SIGNS

Presentation: Excessive vaginal bleeding in October - dark red/brown discharge. Bled heavily for several days. No vaginal discharge for the past several weeks. Had a normal heat cycle in August. Also had poor to absent appetite, runny stools, weight loss, and occasional vomiting. Now eating voraciously but not gaining weight. No further vomiting and stools are normal. PU/PD. Physical exam: thin with generalized muscle loss, flea bite dermatitis, moderate dental disease, moderately swollen vulva Current Medications Amoxicillin 250 mg
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings Hyperproteinemia (8.5) with hyperglobulinemia (5.7) and normal albumin, mild elevation in ALP (213), mild elevation in phosphorus (6.1), hyperkalemia (6.0), thrombocytosis (1135), urine SPG 1.016 with rods/cocci.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. Mild asymmetrical luminal surface with mild polyploid component. Apical urinary bladder wall thickness measured 1.1 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal tone. Minimal anechoic urine was present in the lumen. Lack of urine distension prohibited full evaluation of the urinary bladder walls. However, no overt neoplastic criteria, which is considered unlikely, was noted. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

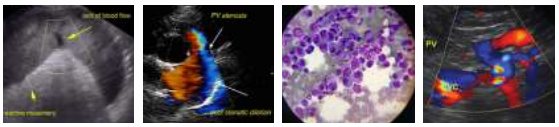
The bilateral adrenal glands were prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint areas of potential dystrophic mineral were present. The left adrenal gland measured 2.8 cm length x 1.0 cm width in the caudal pole. The right adrenal gland measured 3.0 cm length x 0.77 cm width in 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 mildly 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



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coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The 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 exhibited intact and sonographically unremarkable walls with moderate retained anechoic to echogenic fluid, ingesta, and chyme. No evidence of ileus, obstruction, or foreign material. The gastric body wall measured 0.35 cm width.

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. The duodenum wall measured 0.40 cm width and the jejunum wall measured 0.38 cm width.

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 were evident.

Free Abdomen

Focal medial iliac lymph node was present and was not consistent with inflammatory or neoplastic criteria and likely incidental. The lymph node maintained a normal width: length ratio (<0.5). The lymph node measured 1.8 x 0.22 cm.

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with mild polyploid changes.
- Mild chronic renal changes.
- Mild vacuolar hepatopathy pattern.
- Prominent to nonhomogeneous bilateral adrenal glands.
- Sonographically unremarkable gastrointestinal tract, possible mild gastric stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of pathology associated with the uterus or bilateral ovaries noted. Potential for previous to resolved pyometra or hematometra possible.

The clinical significance of the bilateral prominent adrenal glands is unclear; however, given the patient's clinical signs, presence of thrombocytosis and decreased specific gravity, full adrenal workup including LDDST as well as monitoring of systemic blood pressure may be considered. Ideally, sonographic monitoring of the bilateral adrenal glands for evidence of progressive increased size is recommended.

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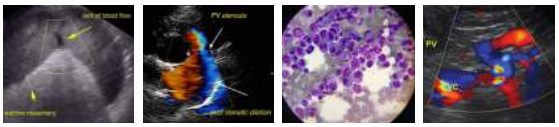

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
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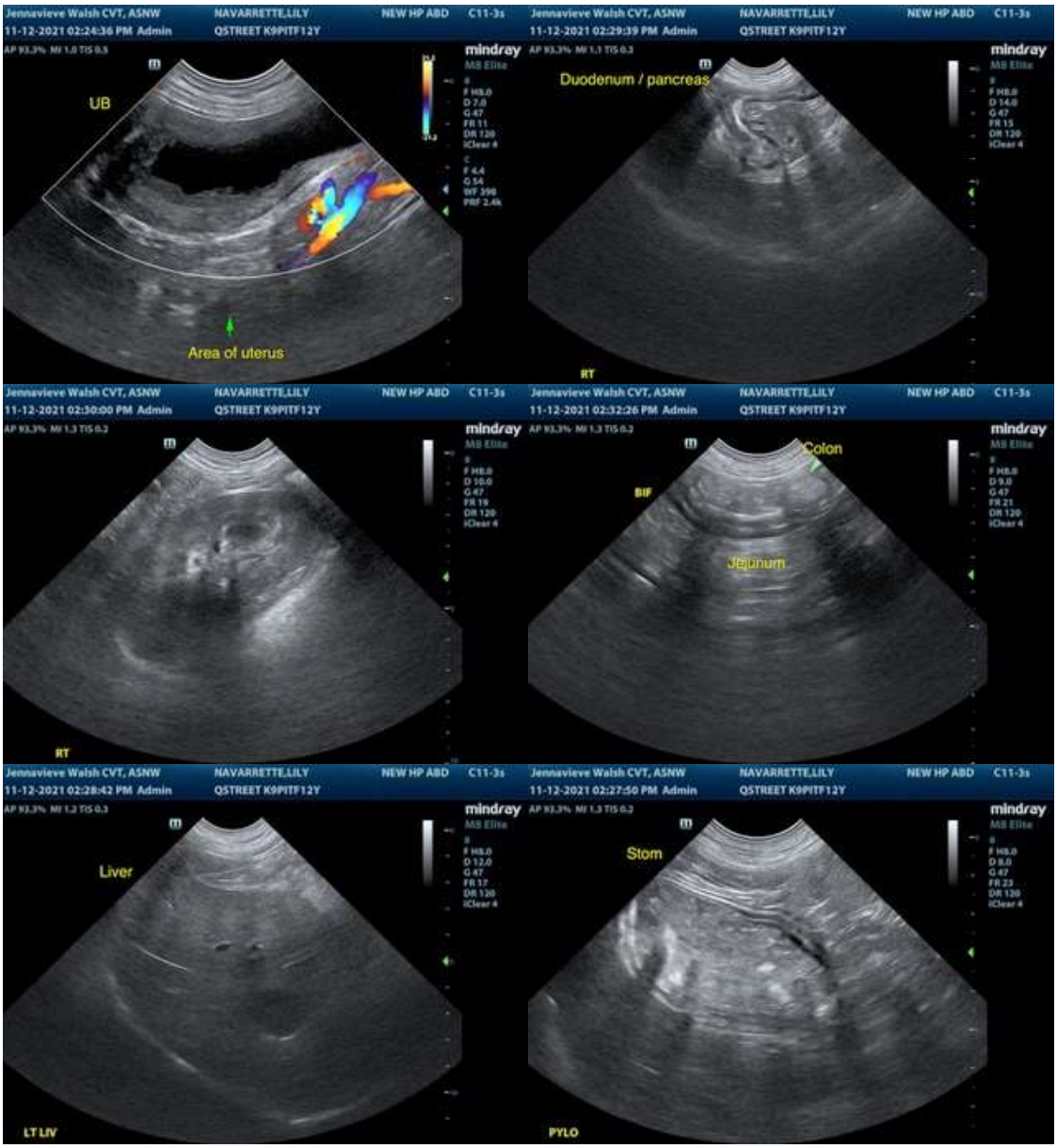
Potential for structurally insignificant gastroenteropathy possible given the patient's weight loss with increased appetite. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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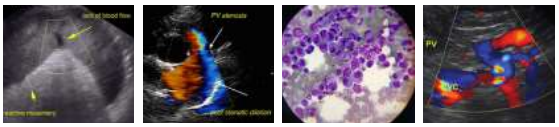

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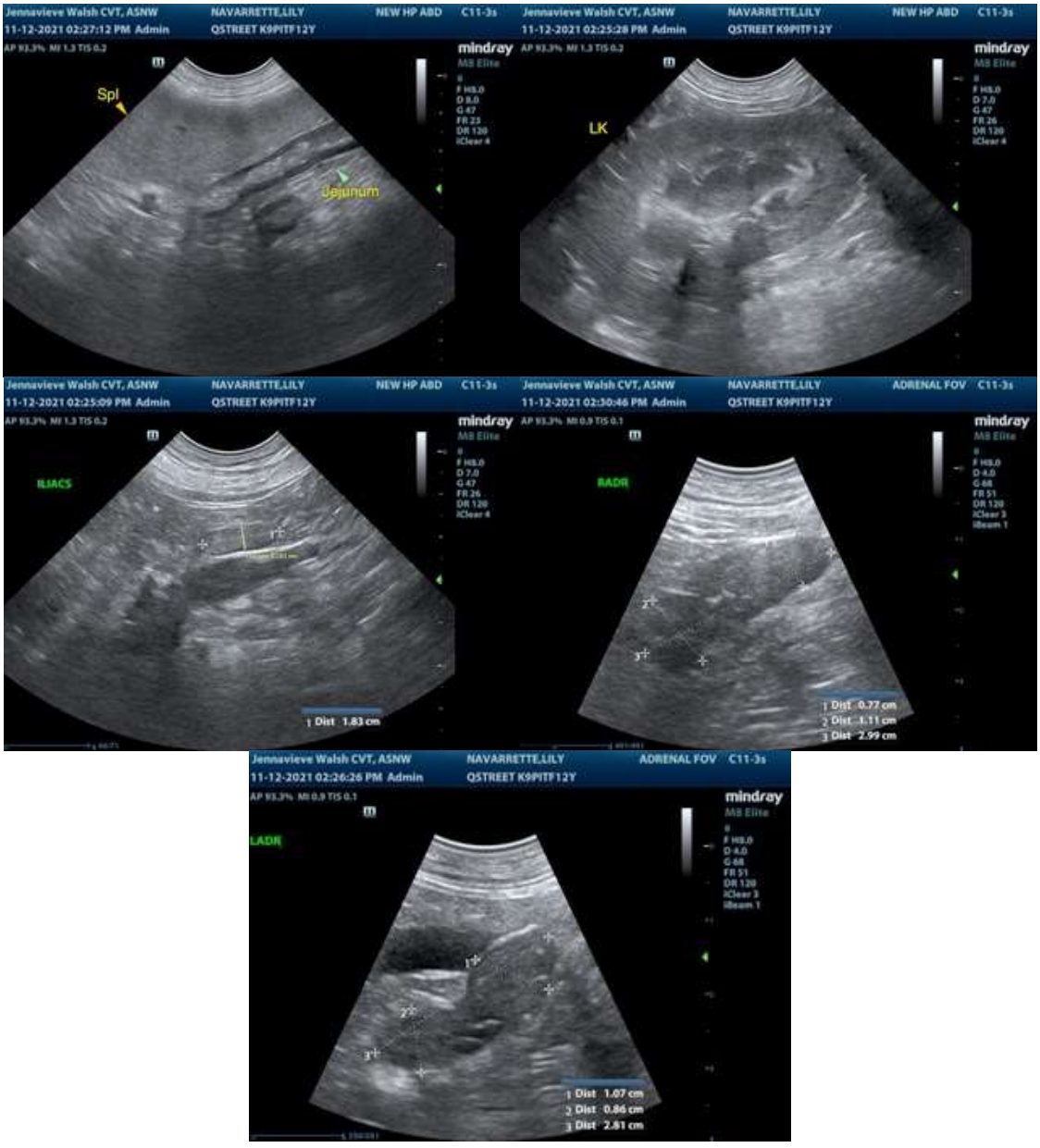

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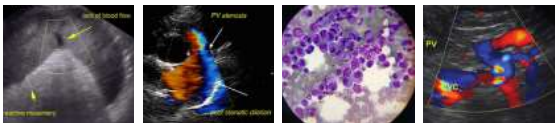

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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