SonoPath
Clinical Sonography & Telecytology
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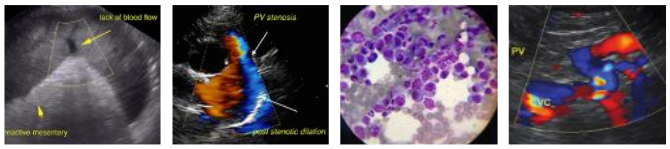


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Toby VanDyke

SPECIES
Canine

BREED
Labradoodle

SEX
MN

AGE
12yr

WEIGHT
30kg

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

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Pacific Crest Mobile Veterinary Service

REFERRING VET
Dr. Van Winkle

INVOICE
13105ag

DATE
03/03/2023

PRESENTING CLINICAL SIGNS

12yr 10mos MN Goldendoodle, current vaccines/preventive care (including current Lepto vaccine last done 8/22), no ongoing health issues reported 2/13: presented for honking cough, long term but recently worse, more so when excited; normal appetite and activity at home -Radiographs not very remarkable, some bronchial pattern -rx'd Pred 10mg total p.o. q24h X 7d then to taper but owner stopped after 7 days; -rx'd Doxy 10mg/kg p.o. q12h X 7days 2/24: (No baseline labs available) Chems: ALKP 1563, ALT too high to read, Cool 541, T4 low CBC: normal 2/25: Owner reports a week after starting pred and doxy, no appetite and less active so she stopped the meds Recheck 2/27: In-house quick assessment of the liver was attempted but they were not able to visualize liver (**of noted, there is quite a lot of gas in the stomach in both sets of radiographs from 2/13 and 3/3) Rx Denamarin, Metronidazole, Amoxi, Cerenia 3/1 Owner update: pt mostly laying around, only eating chicken 3/3: Owner says cough is back, appetite is low

Abnormal PE/Chem/CBC/UA Results: Chems: 3/3: ALT 614, ALKP 572, CHOL 414 CBC: 3/3: Normal Radiology report (3/3/2023) Findings Thoracic radiographs are available for interpretation, dated 3/03/23. A mild bronchointerstitial pulmonary pattern is noted. There are no nodules or areas of focal consolidation. On the VD view there is an undulating opacity along the right side of the cardiac silhouette. This is not clearly identified within the lung on the right lateral view. Therefore, this most likely represents superimposition of a superficial dermal or subcutaneous lesion. The cardiovascular structures are within normal limits. No abnormalities are observed in the trachea, mediastinum, esophagus, or pleural space. There is minimal spondylosis at T4-5. No other musculoskeletal lesions are evident. Conclusions Mild bronchointerstitial pulmonary pattern. Allergic/inflammatory lower airway disease is suspected. Infectious etiologies cannot be entirely excluded but are currently felt to be less likely given the reported chronicity of the clinical signs. Comments/Recommendations Given the adverse response to recent glucocorticoid therapy, airway sampling with cytology and culture could be considered to better characterize the microscopic pulmonary environment and more definitively guide targeted medical treatment moving forward. Internal medicine consultation may also be beneficial.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

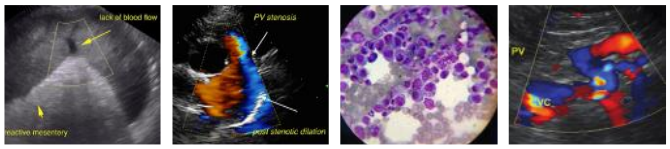
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of 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 7.4 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole.



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An indistinct non-disruptive right cranial pole nodule was present measuring 1.8 cm x 1.4 cm. The nodule did not exhibit signs of mineralization or vascular invasion. The right adrenal gland measured 0.78 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 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 primarily anechoic luminal content and mild variably hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present.

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 was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

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

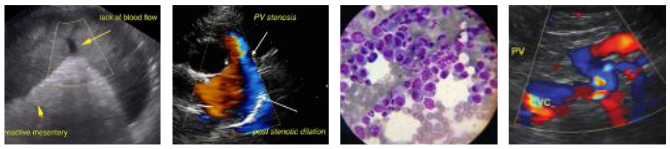
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatopathy-vacuolar hepatopathy, non-obstructive cholestasis, inflammatory/immune mediated disease, potential idiosyncratic reaction to Doxycycline less likely infiltrative neoplasia or other hepatopathy possible
- Minor gallbladder debris (non-mucocele)
- Age related renal changes
- Non-specific right adrenal nodule-suspect adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for idiosyncratic adverse reactive to Doxycycline could be considered if no previous history of hepatic enzyme elevations prior to Doxy administrations. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. A leptospirosis titer/PCR may



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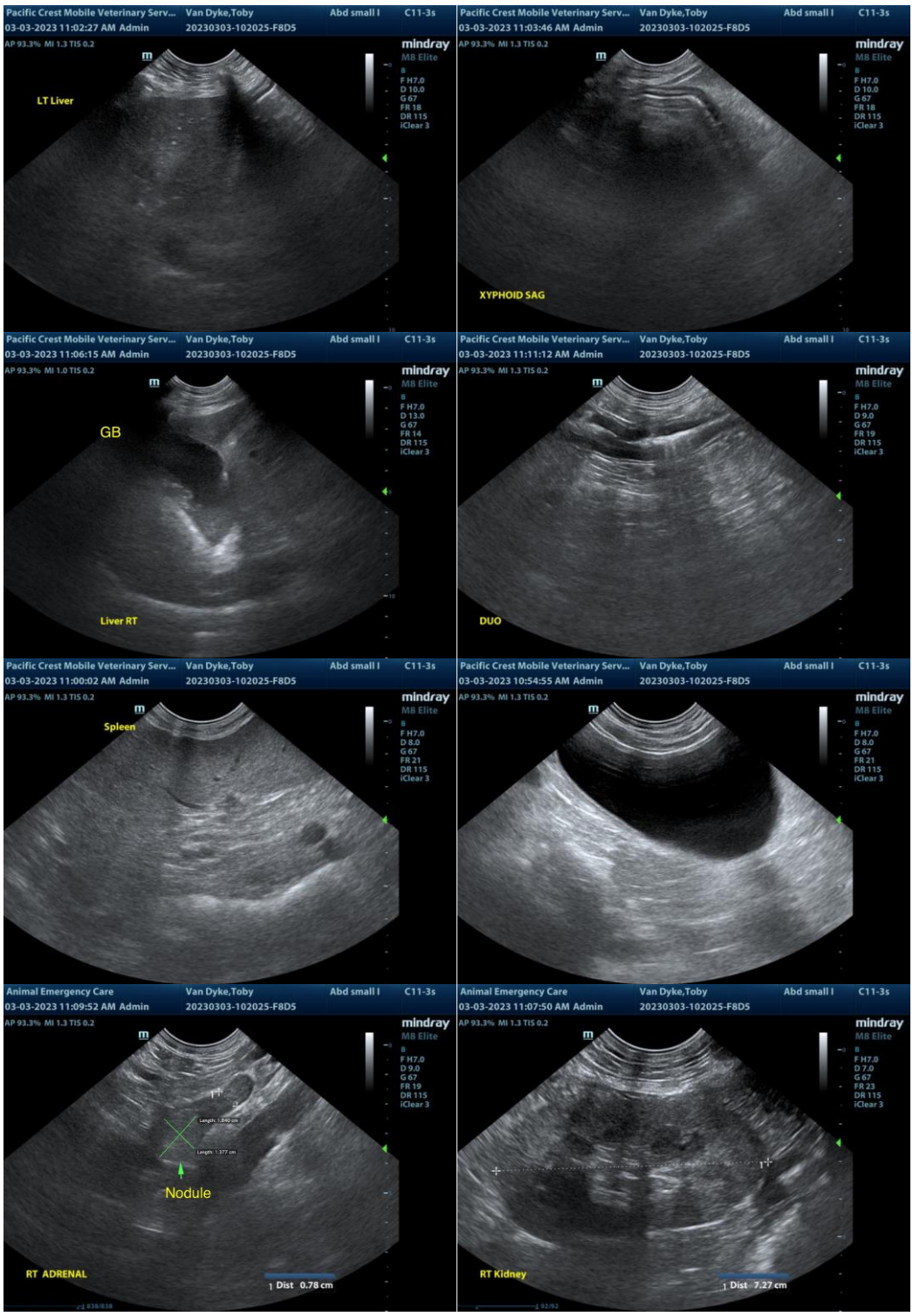
be considered if clinically indicated or if potential exposure/endemic to the area. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Continued hepatosupportive medications +/- antibiotic therapy if clinically indicated and assessment of hepatic response would be reasonable. Discontinuation of Doxycycline suggested if not already done.



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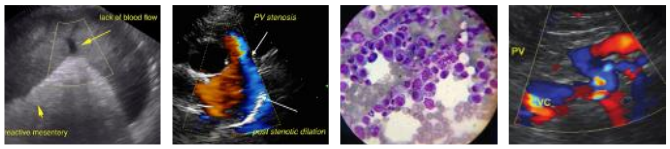

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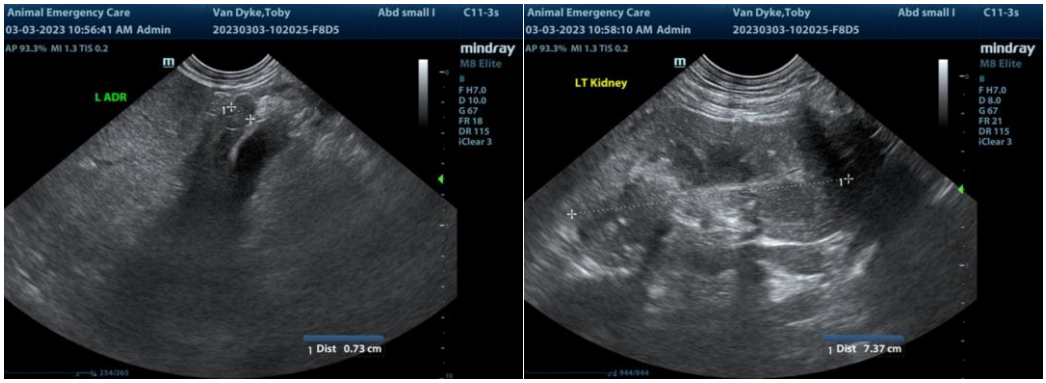

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com