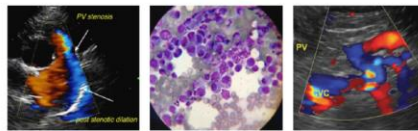


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**Coco Tarantino
24373**SPECIES**

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

11 years

WEIGHT

33.6 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Bianco

INVOICE

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5/13/22

PRESENTING CLINICAL SIGNS

5d ago Coco began having diarrhea (no blackness or blood noted), today (5/12 Thurs AM) began vomiting (yellow liquid and phlegm) -Has been eating normally, this morning decreased appetite leading to inappetence -Slowing down with age, however today seems to be lethargic (could only complete 1/2 normal distance for walking) -No history of dietary indiscretion, no toxins

Abnormal PE/Chem/CBC/UA Results: -PE: Urogenital: heavy matting and brown staining around vulva; clipped around vulva which revealed erythema along with purulent discharge surrounding vulva; malodorous; moderate vulvar tucking pDVM (5/12 Thurs): -AXR: decreased detail most notably in upper right quadrant (per pDVM) diffuse gas distended SI no evidence of two populations of bowel; normal serosal detail -CBC: WBC 10.70 (N) Hct 39.6 (low end normal) Plt 457 (N) -Chem: BUN 29-H (7-27) Creat 1.7-H (0.5-1.8) TP 8.0 (N) Alb 2.6-low end normal (2.2-3.9) Glob 5.5-H (2.5-4.5) Amyl 1778-H (500-1500) Gluc 105 (N) Na 156-N (144-160) K 5.5-N (3.5-5.8) Na:K 28 -Fecal: pending -cPLI: positive pDVM 10/2020: -CBC: WBC 8.1 (N) Hct 43 (N) Plt 349 (N) -Chem: Alb 3.4-N (2.7-4.4) Glob 3.8-H (1.6-3.6) BUN 25 (N) Creat 1.2 (while within RI, mild elevation) K 5.1-N (3.6-5.5) electrolytes not completed WVRC 5/12/22: -UA: USG 1.029, trace ketones, 2+ protein, TNTC RBCs, Few WBCs, 2+ Rods, no crystals -Urine culture: pending -4DX: -/-/-/-

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

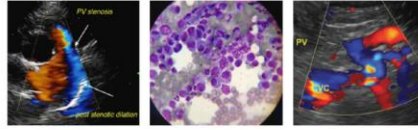
The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall, primarily in the ventroapical urinary bladder. The urinary bladder was not overtly distended with mild to moderate urine present, which may potentially inhibit full evaluation of the urinary bladder walls. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical urinary bladder wall thickness measured 1.0 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

Focal to intermittent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.0 cm x 0.64 cm. These lymph nodes were not overtly consistent with inflammatory or neoplastic criteria.

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. Mild bilateral pyelectasia was present. Small cortical cysts were present intermittently. The left kidney measured 6.5 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.51

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cm width in the cranial pole and 0.68 cm width in the caudal pole. A very subtle echogenic left adrenal nodule was present likely consistent with subtle benign adenoma and not overtly consistent with neoplastic criteria. The right adrenal gland measured 0.67 cm width in the cranial pole and 0.57 cm width in the caudal pole.

Spleen

A moderately sized, centrally echogenic to peripherally hypoechoic, moderately expansive splenic mass measuring approximately 6.0 cm in diameter was present in the subjective mid to caudal spleen. The mass distorted the associated regional splenic capsule, yet without evidence of parenchymal escape. The rest of the spleen exhibited a finely textured homogeneous parenchyma and maintained symmetrical capsule contour.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic masses, nodules, or metastatic criteria. 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 presented intact yet mildly prominent wall layering with subjective minor retained ingesta / chyme. The gastric body wall width measured 0.58 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter, consistent with diarrhea, was present in the colon lumen with lumen dilation.

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

No evidence of perisplenic or peritoneal free fluid was evident. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern
- Thickened ventroapical urinary bladder - suspect cystitis, potential for emerging neoplastic criteria i.e., transitional cell carcinoma possible

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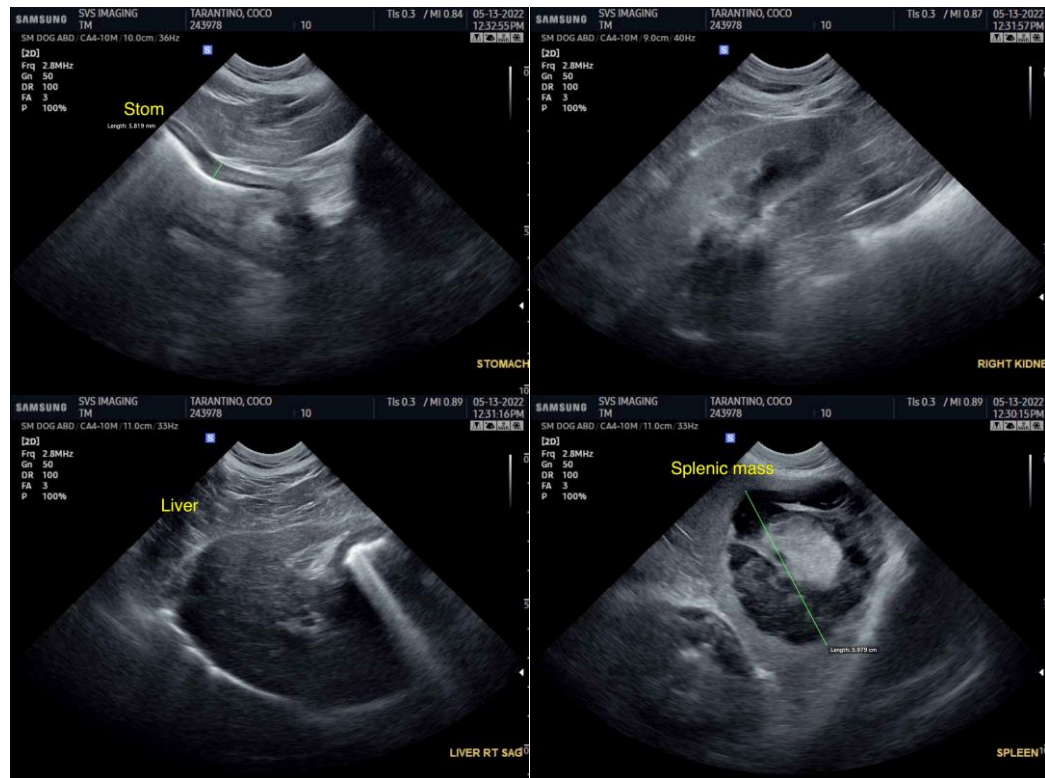
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- Nonspecific yet subjectively benign mild medial iliac lymphadenopathy
- Moderately expansive centrally echogenic to peripherally hypoechoic splenic mass
- Mild age-related kidneys with minor bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

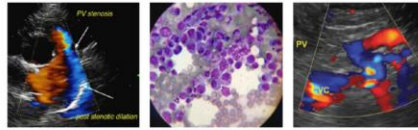
The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Correlation with pending Urine culture is recommended.

Assuming normal clotting status, ultrasound-guided FNA of the splenic mass, as well as three view chest radiographs to rule out occult thoracic pathology and assess cardiopulmonary status could be considered. Alternatively, if no evidence of thoracic pathology and normal cardiopulmonary status, splenectomy with potential for gastrointestinal and urinary bladder biopsies could be considered. Continued empirical gastrointestinal support would be reasonable.



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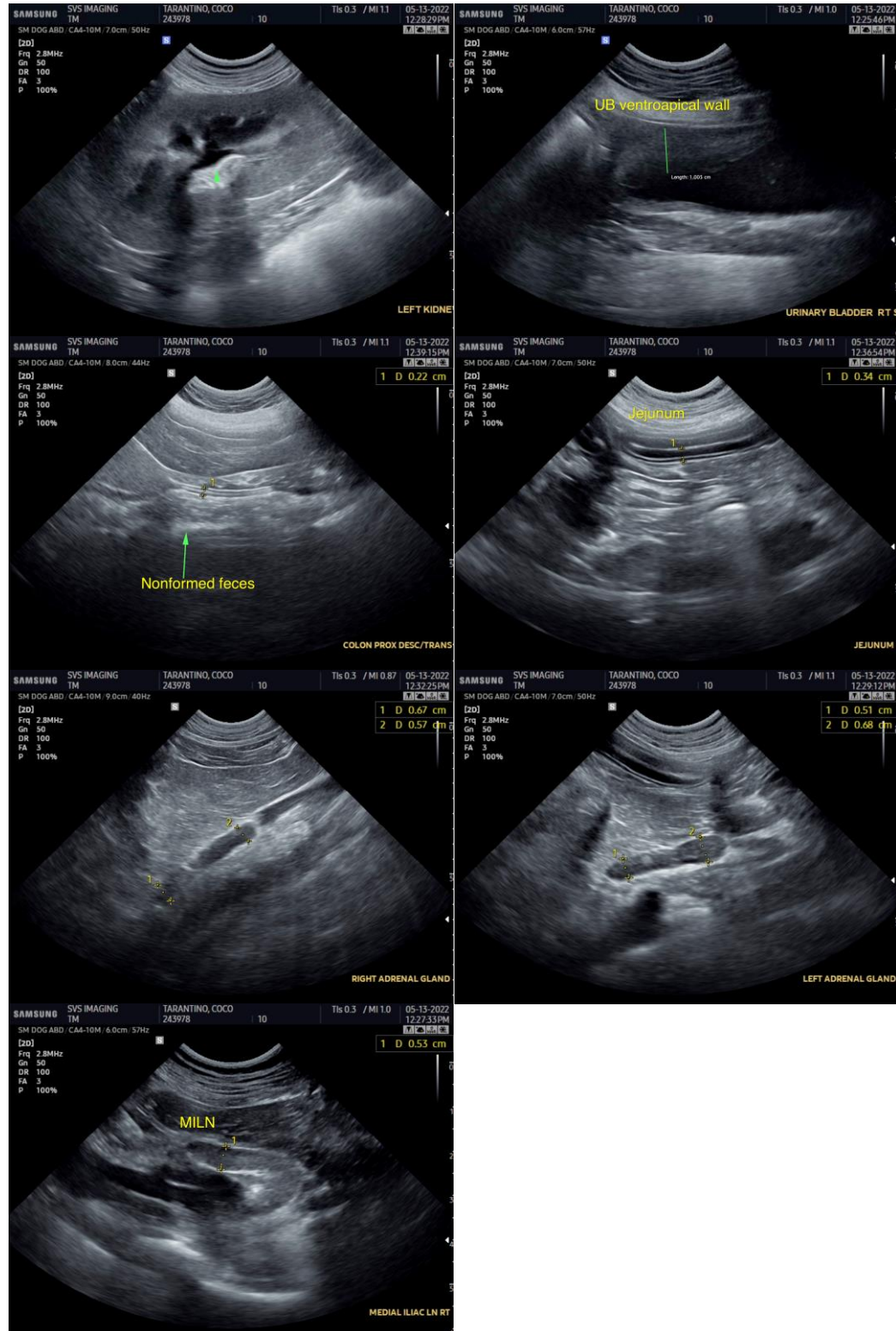
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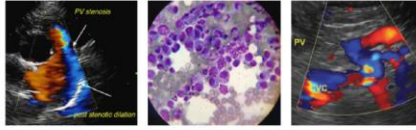
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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