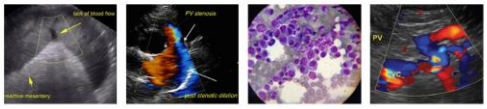
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Sunny Bragg

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

9 years

WEIGHT

69 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Jennifer Hart, DVM

INVOICE

14382

DATE

7/23/22

PRESENTING CLINICAL SIGNS

Oral petechiation, ITP; mild muscle loss; dental disease; firm protrusion over dorsal aspect of RF digit 4. Radiographs: gastric foreign bodies evident; otherwise age-related orthopedic changes. ALP 1664; ALT 406. WBC 16.1; RBC 4.7.

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 uroliths 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 residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. Mild pyelectasia was noted in the right kidney. The left kidney measured 7.7 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left and right adrenal glands.

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. No evidence of splenic neoplastic criteria was noted.

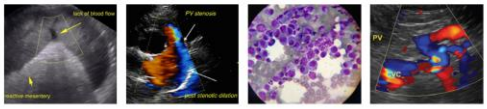
Liver/ Gallbladder

The liver presented 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. Mild, particulate to pinpoint, hyperechoic, nondependent yet nonorganized gallbladder debris was present. The gallbladder and common bile duct were otherwise normal.

Gastrointestinal

The stomach exhibited subjective mild to moderate gas distention which prohibited full evaluation of the gastric interior. The visualized gastric walls were sonographically normal.

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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The colon exhibited sonographically unremarkable wall layering with segmental to generalized colonic distention with nonformed to liquid feces, potentially indicative of emerging or current diarrhea.

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

Solitary mesenteric lymph node was present adjacent to the colon. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.1 cm x 1.0 cm. No other evidence of additional intraabdominal lymphadenopathy was noted. No peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys with minor right kidney pyelectasia
- Benign hepatopathy - metabolic, reactive, vacuolar hepatopathy, given the ALP elevation, potential for primary or concurrent inflammatory hepatopathy, given the ALT elevation, is possible, no evidence of hepatic neoplastic criteria
- Minor gallbladder debris (non-mucocele)
- Mild to moderate gas distended stomach, overtly normal small bowel
- Segmental to generalized distended colon containing nonformed to liquid feces
- Focal benign / reactive mesenteric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Monitoring for emerging diarrhea, if not currently present, is suggested.

The liver +/- adrenal suppression may be secondary to corticosteroid therapy if clinically applicable. Screening hepatic FNA, assuming normal clotting status, could be considered for cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No evidence of intraabdominal neoplastic criteria was noted.

(*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia***)**

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper

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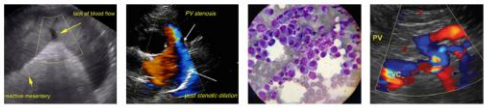

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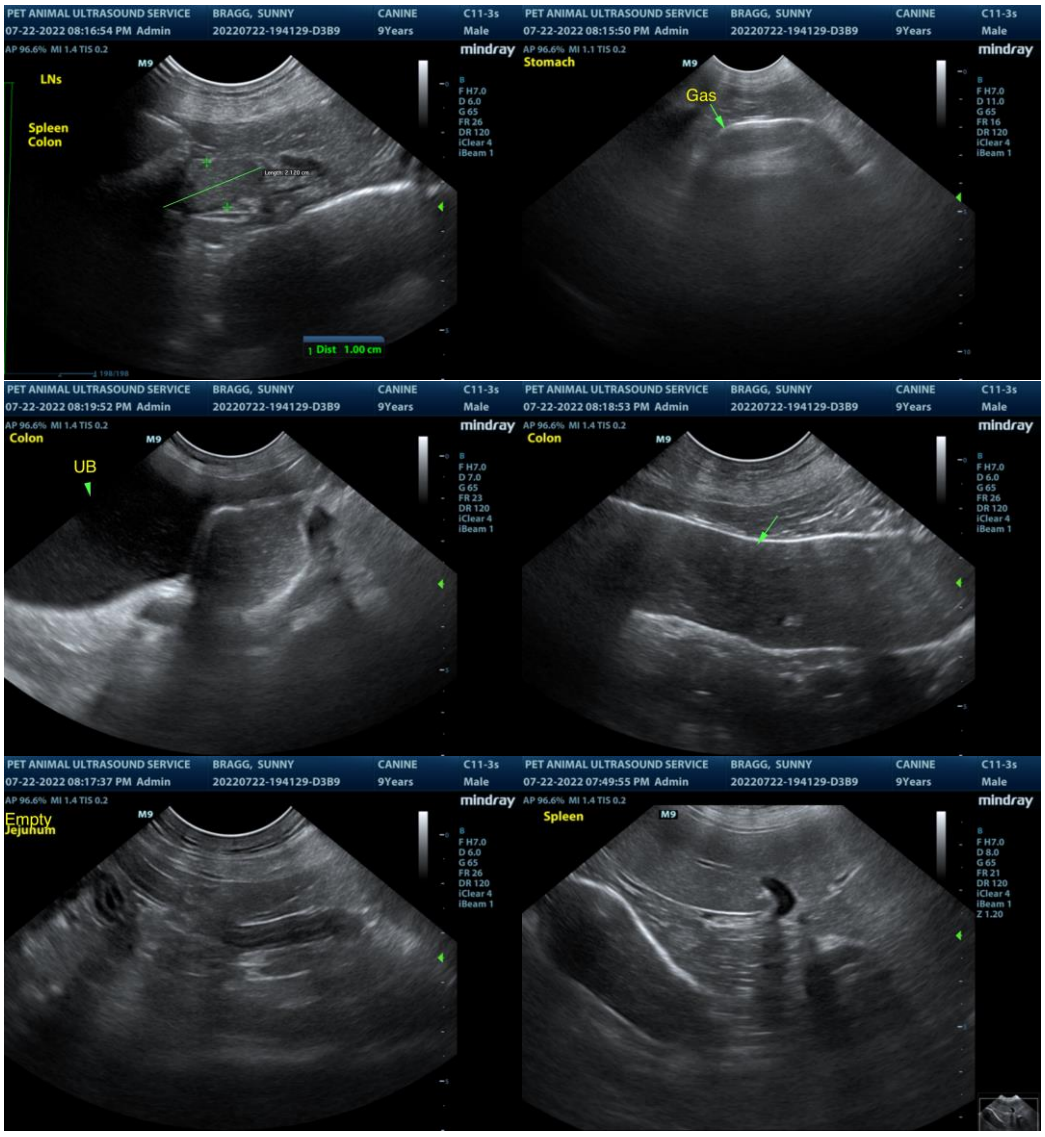
Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry
Doxycycline if infectious suspected clinically or based on CBC path review:
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid



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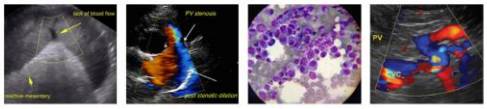

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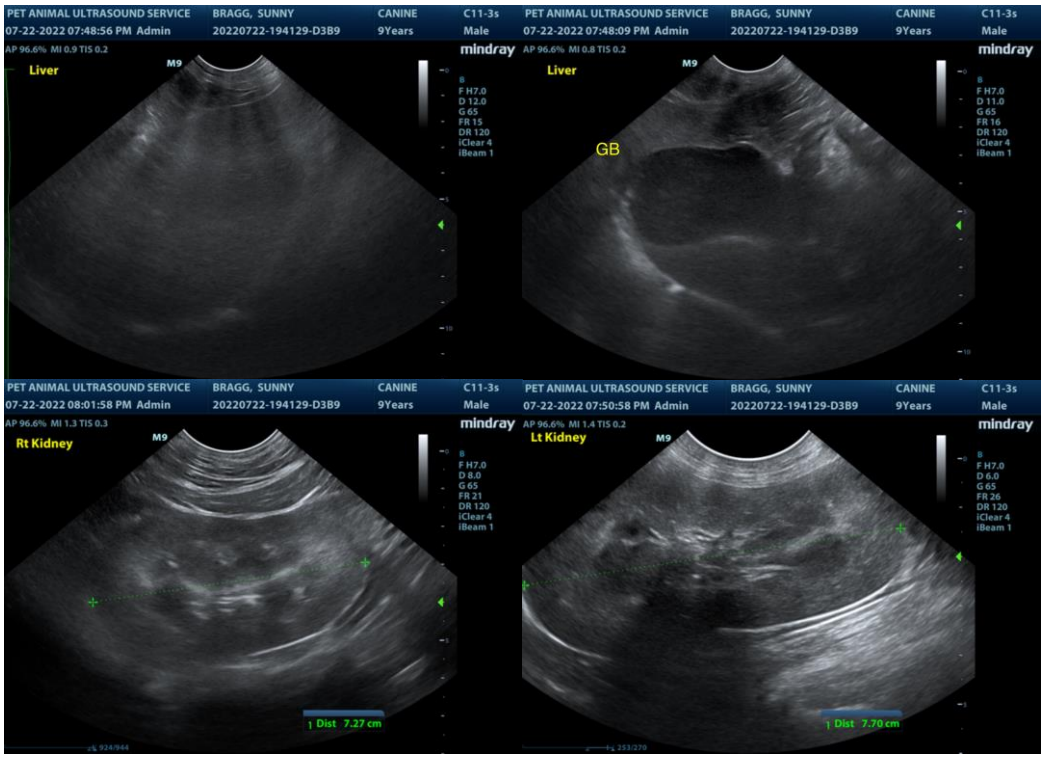

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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