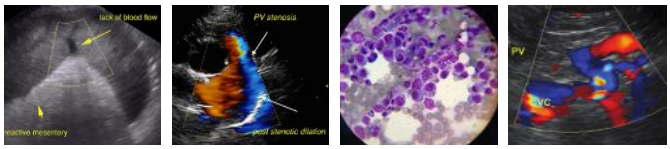
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Arlo Murray

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

12 yr

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Helfrich

INVOICE

11067ag

DATE

07/08/2022

PRESENTING CLINICAL SIGNS

History- Patient presented to BAESC for V, loss of appetite, significant lethargy, weight loss. - Symptoms noticed over past 2 days. - O's have been force feeding liquid diet of rice, eggs, chicken. - Pt attempts to eat but vomits right afterward. - Pt is full of lumps. O's believe that he's had his tumors biopsied and rdvm said they were lipomas. Lumps have been growing over past few months. - Last rdvm visit has been 1+ yr ago Treatment Plan: - Norm-R 250 ml bolus IV, then 80 ml/hr w/ KCL 30 mEq/L - Ampicillin/sulbactam 468 mg IV q8 - Maropitant 16 mg IV q24 - Buprenorphine 0.17 mg IV q12 - Nova q12 - Place central line in AM, begin q2 BGs - Begin insulin CRI @ 0900

Abnormal PE/Chem/CBC/UA Results-PE: Dehydrated ~ 9-10%, obtunded, thin with BCS = 2-3/9. Severe POD. Generalized lean muscle wasting, reduced ROM of bilateral hips and stiff. MM's are pink/dry/tacky. Many, prominent, firm SQ masses -- ranging from ~ 3-5 cm3, freely moveable, with fluid pocketing accumulating at some of the mass sites. Locations include Left jugular furrow (deep and superficial), dorsal tail base, lateral tail base. 7/7/2020: CBC: - Moderate leukocytosis with neutrophilia w/ left shift and monocytosis - WBC: 22,230/uL (5050-16,760) - PMN: 16,700/uL (2950-11,640) - MONO: 2820/uL (160-1120) - PCV/TP: 55%/6.2 g/dL CHEM: - BG: 411 mg/dL (70-143) - Creat: 0.4 mg/dL (0.5-1.8) - ALT: 303 U/L (10-125) - Tbili: 1.1 mg/dL (0-0.9) - LIPA: 3459 U/L (200-1800) - K: 2.7 mmol/L (3.5-5.8) UA (cysto): - 1.048, pale yellow - glucosuria, 56 mmol/L - Ketonuria, 15 mmol/L - Suspect cocci bacteriuria - non-specific EPI cells, 3-5/HPF - Hyaline casts >1/LPF - non-hyaline casts >1/LPF Serum Ketones: +++

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 7.8 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

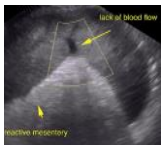
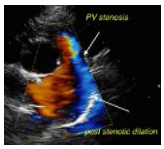
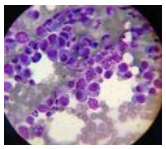
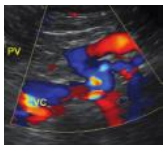
The prostate exhibited mild to moderate enlargement with a symmetrical capsule contour which was discernable from surrounding tissue. No overt evidence of peri prostatic inflammation was noted. Nonhomogeneous to mixed echogenic parenchyma was observed including pinpoint hyperechoic parenchyma foci. The prostate measured 3.7 cm in diameter.

Adrenal Glands

The left adrenal gland was mildly prominent in size with symmetrical contour and a homogeneous parenchyma. The left adrenal gland measured 0.83 cm width at the caudal pole and 0.95 cm width at the cranial pole. The right adrenal gland was mildly prominent in size with symmetrical contour and a homogeneous parenchyma. The right adrenal gland measured 0.78 cm width 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

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

PATIENT

Arlo Murray

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

12 yr

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Helfrich

INVOICE

11067ag

DATE

07/08/2022

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 mildly enlarged in size with normal 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 without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.57 cm width. Mild gastric distension with retained primarily anechoic fluid was present.

The duodenum presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal corrugation was present. The jejunum and ileum to the level of the colon were sonographically normal. 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 pancreas base and right pancreatic limb exhibited mild prominent size with minor capsule asymmetry. Heterogeneous to mildly hypoechoic parenchyma compared to the adjacent omental fat was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Brief assessment of a subcutaneous mass in the area of the left jugular furrow revealed a primarily spherical nonhomogeneous to mixed echogenic nonuniform mass exhibiting evidence of mineralization measuring approximately 5.6 cm in diameter.

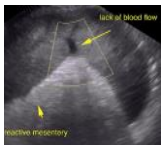
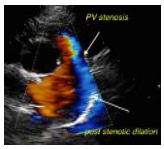
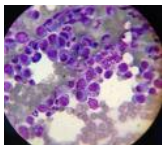
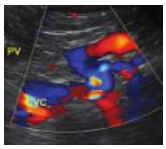
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate prostatomegaly exhibiting nonhomogeneous to pinpoint parenchyma-chronic benign prostatic hyperplasia, potential for prostatitis or emerging neoplasia cannot be excluded
- Hepatopathy-subjectively benign, metabolic/reactive (diabetic), inflammatory i.e. cholangeohepatitis or other
- Mild gallbladder debris (non mucocele)
- Heterogeneous to prominent pancreas-suspect low grade to chronic pancreatitis
- Gastroduodenitis
- Nonspecific nonhomogeneous subcutaneous mass exhibiting evidence of mineralization left jugular furrow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A prostatic FNA for screening cytology is required for a definitive diagnosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Arlo Murray

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

12 yr

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Helfrich

INVOICE

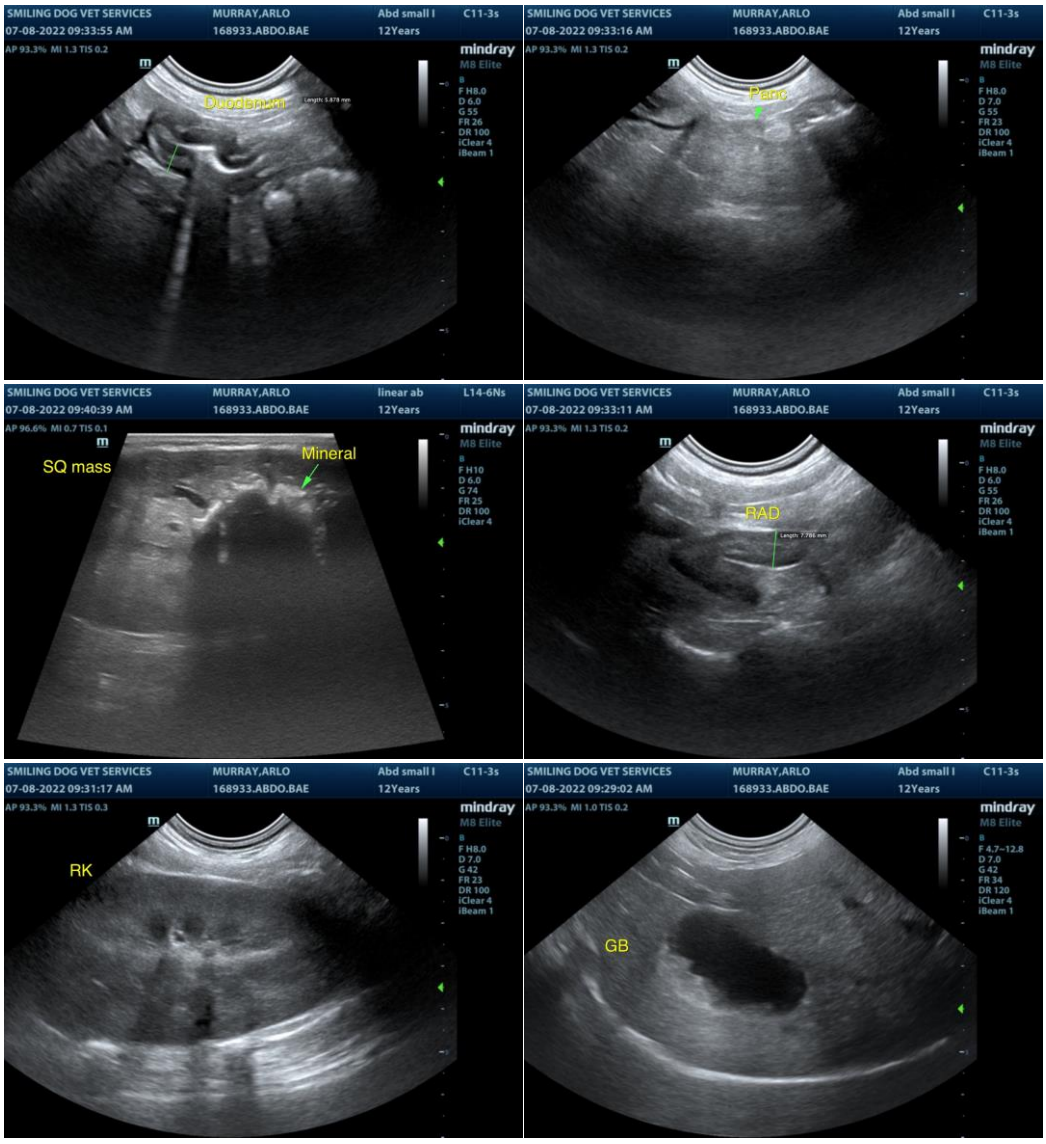
11067ag

DATE

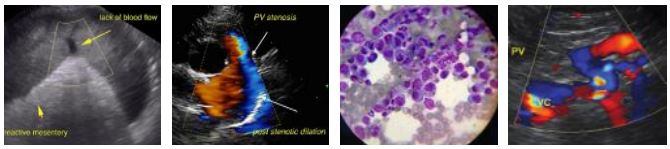
07/08/2022

A hepatic FNA for screening cytology to assess for inflammatory cells if present could be considered. Concurrent FNA of the mass in the left jugular furrow is recommended for cytology. Subjectively this mass did not appear to be consistent with uniform fat echogenicity.

A urine C/S on sterile urine sample given the glucosuria as well a spec cpl or a GI panel to rule out concurrent occult SI disease as a contributing factor to the weight loss is suggested.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Arlo Murray

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

12 yr

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

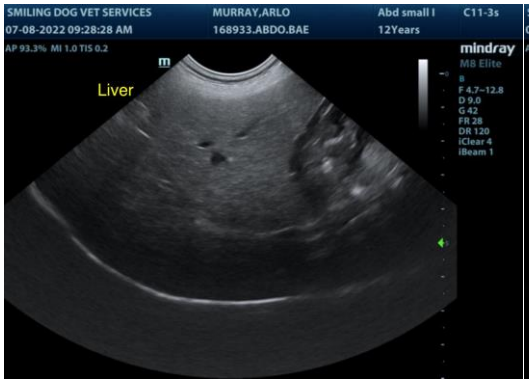
Dr. Helfrich

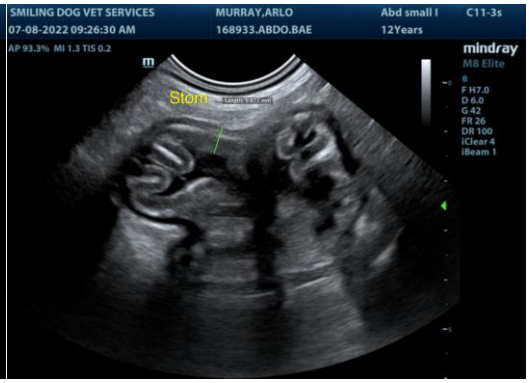
INVOICE

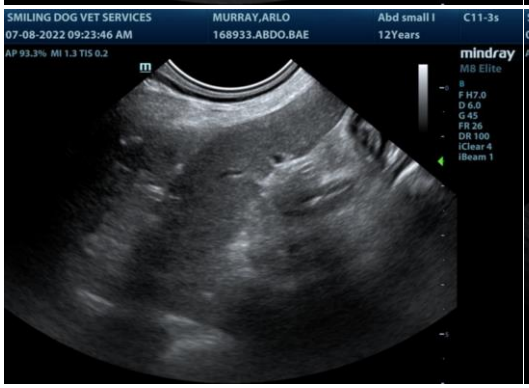
11067ag

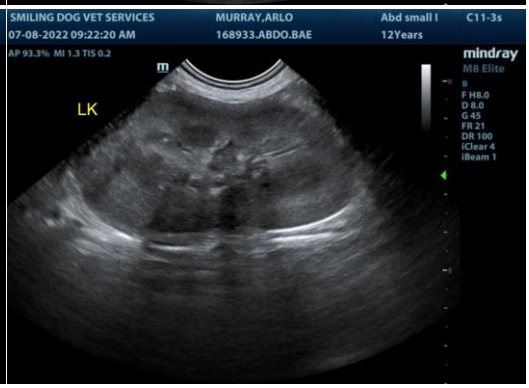
DATE

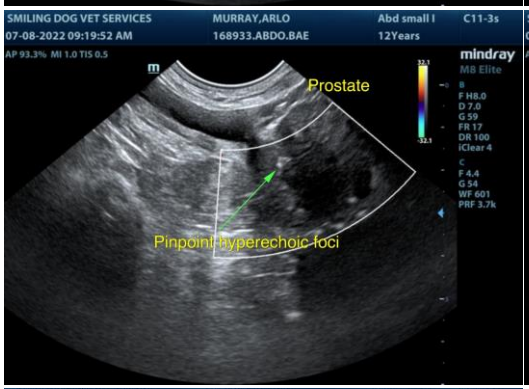
07/08/2022

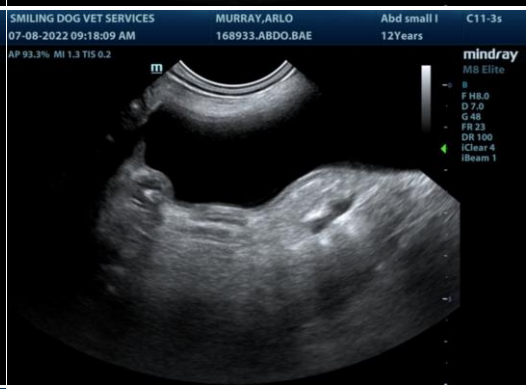


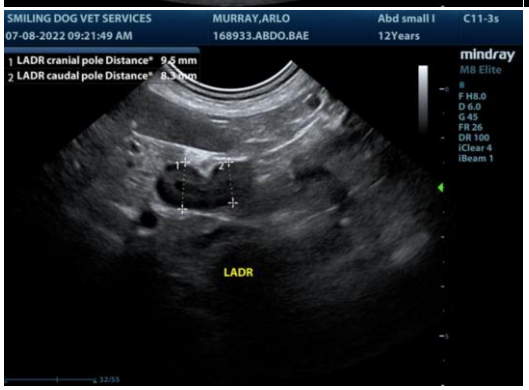






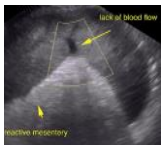


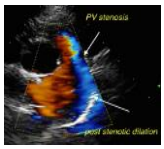


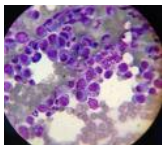
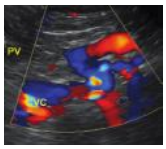


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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

PATIENT

Arlo Murray

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

12 yr

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Helfrich

INVOICE

11067ag

DATE

07/08/2022

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com