

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lucy Ancio
SPECIES Canine
BREED Airdale X
SEX Spayed Female
AGE 16 Years

June 10 2021 OWNER'S OBSERVATIONS; spit up red liquid 2 times (in January and March) in the morning both times ; Agnes has seen dark stool sometimes. ABNORMAL FINDINGS; DIGESTIVE; normal abdominal palpation, rectal exam not performed WEIGHT is within her normal range but at lowest end -Lucy was treated with 3 weeks of Amoxil, Metronidazole and Famotidine, but only a few days of Sulcrate as it seemed to cause nausea, and inappetance. -During treatment she was generally off her food more than usual, but after therapy ended her appetite was better than ever for 10 days, and she was regularly eating breakfast and supper. -Since July 25th she won't eat until supper, then eats that well. -She has vomited supper once Aug 1st in the evening, and water Aug 4th in the morning after drinking much more than usual. -She's recently had very dark stools and isn't interested in dog food. Aug 5 2021 OWNER'S OBSERVATIONS; Lucy seems to lag a lot ABNORMAL FINDINGS; mucus membranes slightly tacky, abdominal palpation normal exc slightly tense anterior abdomen. ANAL sacs full; right side greenish liquid, left side dark brown, anal sacculitis confirmed and treated with anal sac infusion. -Treatment with Famotidine to resume until ultrasound is performed currently on: Famotidine 20 mg BID

Abnormal PE/Chem/CBC/UA Results: June 10 2021 abnormal values from a full VAD profile with UA at Idexx; CBC MCHC 324.1 326.0 - 392.0 g/L L Reticulocytes 150.1 10.0 - 110.0 K/ μ L H Reticulocyte Hemoglobin 24.3 24.5 - 31.8 pg L Biochem Chloride 107 108 - 119 mmol/L L ALP 429 5 - 160 U/L H Lipase 462 0 - 250 U/L H Spec cPL 349 0 - 200 μ g/L H Urinalysis Specific Gravity 1.015 pH 8.0 Fecal flotation and 4DX negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT *Urinary System*

16.9 Kg
 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 were noted.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Kelly Reschny

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. The left kidney measured 5.6 cm. The right kidney measured 6.2 cm.

HOSPITAL NAME *Adrenal Glands*

Chippawa AH

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 2.1 cm length x 0.63 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.72 cm at the caudal pole.

REFERRING VET *Spleen*

Dr. Dowell

The spleen exhibited generalized enlargement with symmetrical yet rounded medial capsule contour. Generalized mild splenic parenchyma heterogeneity was noted with multiple asymmetrically margined, hyperechoic parenchymal nodules exhibiting subtle distal acoustic shadowing. Example of splenic nodule measured 1.1 cm diameter.

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PATIENT *Liver*

Lucy Ancio The liver was mildly enlarged. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. Multiple variably sized, subtly hypoechoic parenchymal nodules were present. Example of liver nodule measured 1.2 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach exhibited intact yet mildly prominent wall layering, primarily noted in the area of the pylorus. Pylorus wall measured 0.58 cm. Gastric body wall measured 0.39 cm. The stomach was primarily empty with minor retained chyme and anechoic pyloric fluid. No evidence of mechanical pyloric outflow obstruction.

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. Jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

ULTRASONOGRAPHIC FINDINGS

- Echogenic liver with multiple variably sized, subtly hypoechoic parenchymal nodules – vacuolar hepatopathy/vacuolar hepatitis, chronic hepatitis/cholangiohepatitis with areas of nodular to regenerative hyperplasia or hematopoiesis suspected. Potential for hepatic neoplasia considered less likely.
- Moderate gallbladder debris (non-mucocele)
- Mild splenomegaly with multiple hyperechoic to subtly shadowing parenchymal nodules – hyperplasia, hematopoiesis, patient variant with areas of hyperplasia, myelolipomas, or emerging mineralization possible. Splenic neoplasia considered an unlikely differential diagnosis.
- Mild gastritis
- Bilateral mild to moderate chronic renal changes

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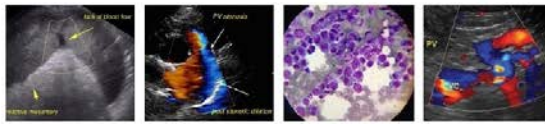
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA using 25-gauge needle may be considered for screening cytology, primarily to assess for evidence of hepatosplenic inflammation and rule out unlikely potential for hepatosplenic neoplasia. Adrenal workup may be considered if evidence of PU/PD in light of decreased USG. Potential for low-grade chronic pancreatic inflammation maybe present, yet ultrasonographically normal. No overt evidence of gastric or gastrointestinal ulceration, masses or other significant mural pathology. Continued as-needed gastrointestinal supportive care would be



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appropriate. If current or future evidence of weight loss, a GI panel to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs to rule out occult thoracic pathology may be considered.

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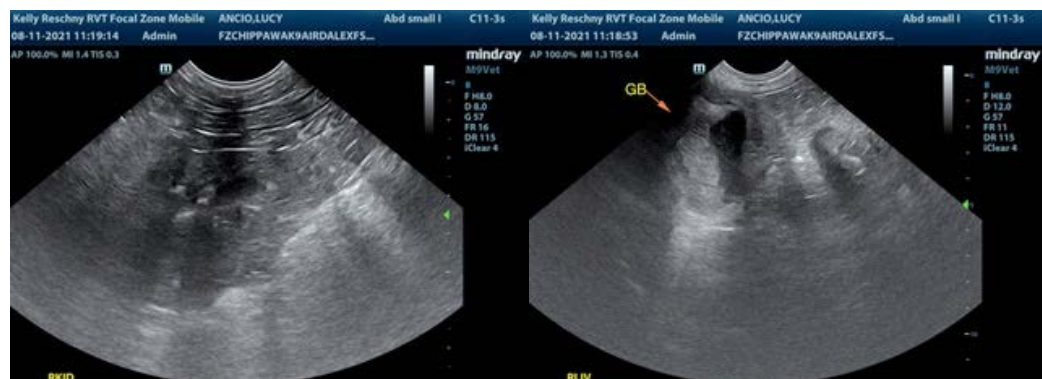
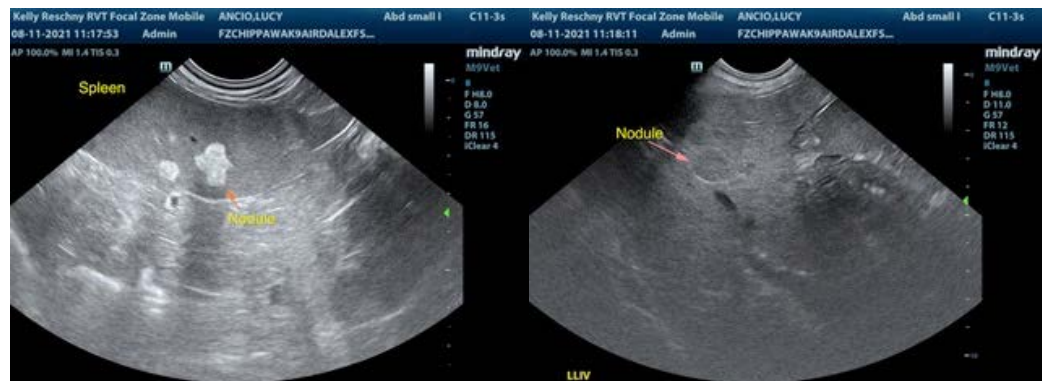
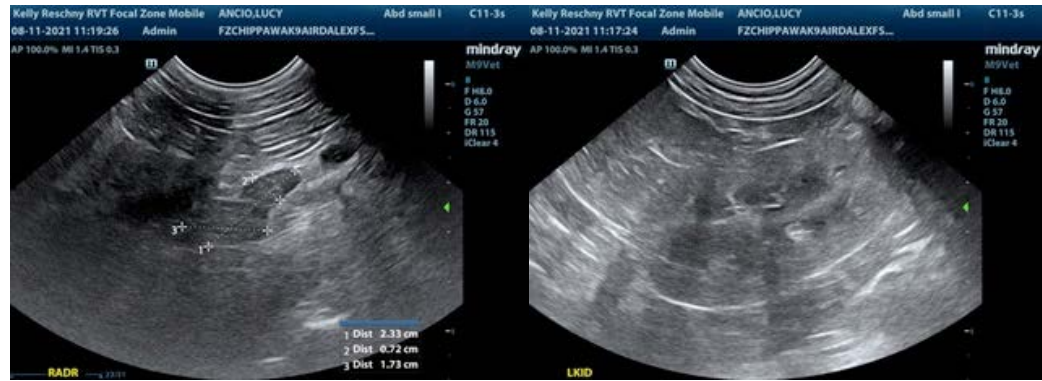
Dr. Dowell

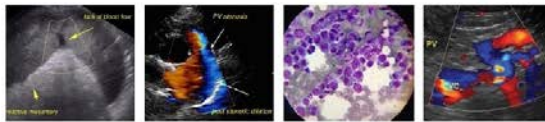
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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