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Clinical Sonography & Telecytology
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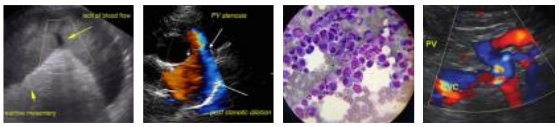


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Luna Nelson

SPECIES

Canine

BREED

Pit Bull Mix

SEX

FS

AGE

3 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Johnson

INVOICE

14905

DATE

8/24/23

PRESENTING CLINICAL SIGNS

lethargy and loss of muscle mass

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings initially anemia, thrombocytopenia and hypercalcemia. thrombocytopenia and hypercalcemia have resolved, anemia is slowly improving Current Medications Prednisone 20 mg BID

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 aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The adrenal glands were overtly normal In size, position, and shape. The left adrenal gland measured 3.1 cm length x 0.56 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.57 cm width at the caudal pole.

Spleen

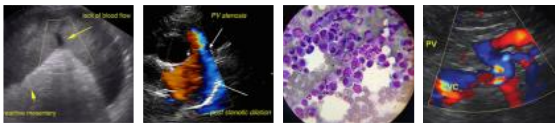
The spleen was normal in size with symmetrical capsule contour and homogeneous parenchyma exhibiting subjective mild reduced parenchyma echogenicity compared to the liver.

Liver/ Gallbladder

The liver was moderately enlarged with symmetrical rounded hepatic capsule contour and generalized uniform increased parenchyma echogenicity compared to the falciform fat and spleen. Normal vascular volume was noted with no hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. 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 no signs of ileus, obstruction, or foreign material.



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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 left pancreatic limb exhibited subtle prominent size with mild capsule asymmetry and mildly nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged liver exhibiting mild parenchyma hyperechogenicity
- Mild gallbladder sediment (non-mucocele)
- Normal splenic size / contour with possible parenchyma hypoechogenicity
- Sonographically unremarkable gastrointestinal tract

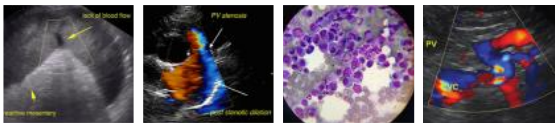
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are suspected to be secondary to Prednisone therapy and concurrent vacuolar hepatic changes. There was no obvious evidence of hepatosplenic neoplastic criteria. However, given the patient's weight loss, screening hepatosplenic FNA cytology, assuming normal clotting status, could be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for occult disease as a contributing factor is recommended. Potentially current Prednisone therapy may be masking intrabdominal disease.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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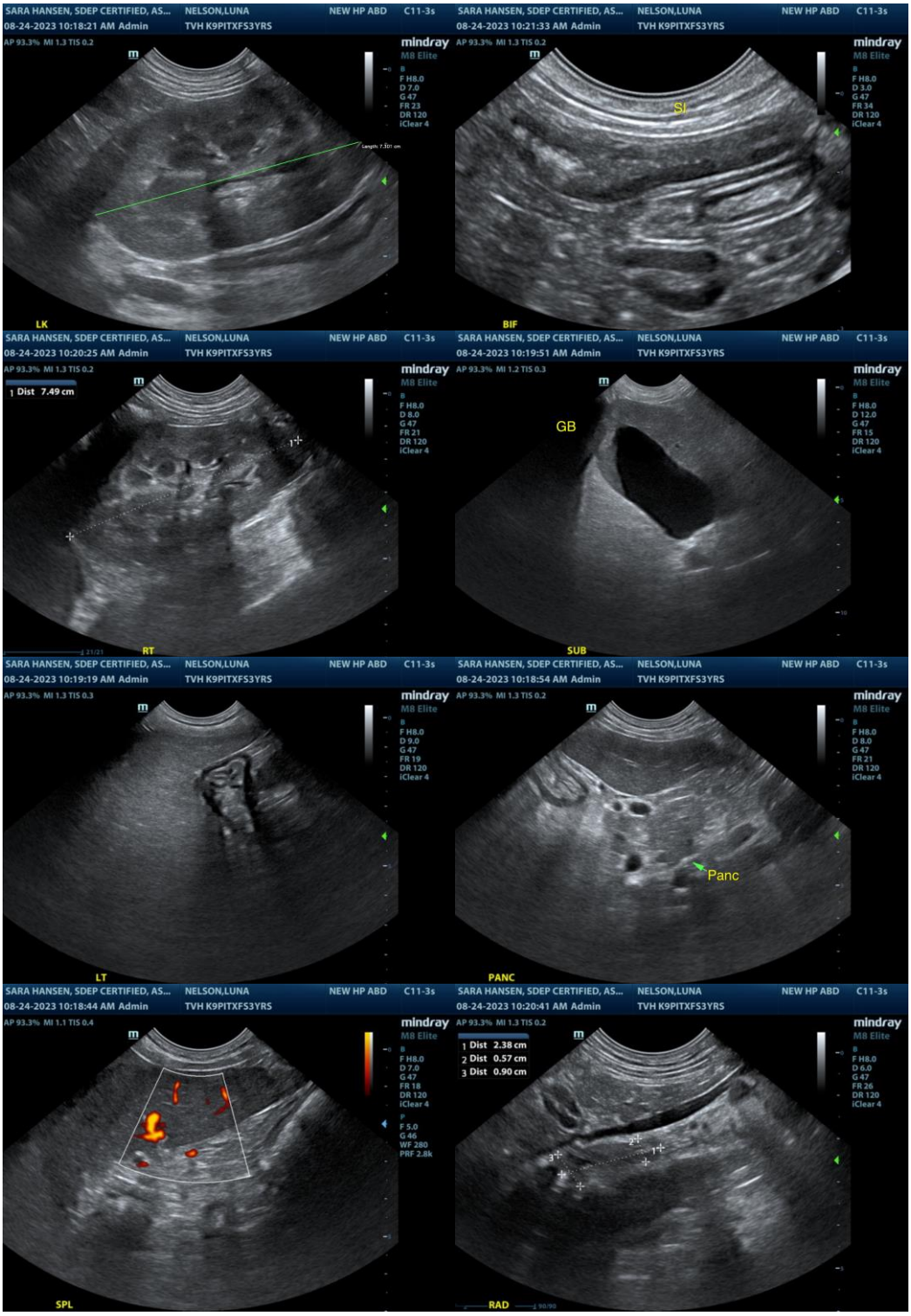

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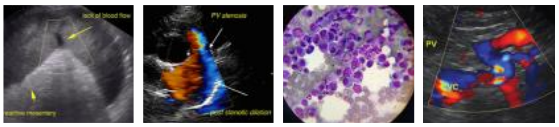

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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