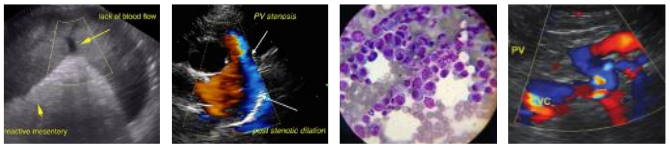
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bella Casulli

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
FS

AGE
11 years

WEIGHT
101 lbs.

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Animal Care Centers of Flanders

REFERRING VET
Dr. Casulli

INVOICE
14787

DATE
8/3/23

PRESENTING CLINICAL SIGNS

Fever of unknown origin, lethargy, vomited brow/red liquid containing large blade of grass; anorexic. On doxycycline, cerenia, famotidine, rimadyl, adequan.

Abnormal PE/Chem/CBC/UA Results: 8/2/23: ALKP 274, chol 361, platelets 59, eos decr 0.01, lymphs decr 0.37, PO2 incr 189, O2 Sat 99.7: 8/3/23: ALKP 507, plt 29, retic decr 17.4; UA 7/25/23: pH 8.5, USPG 1.014; FUO panel pending

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.

No evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 9.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.9 cm length x 0.68 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 cm length x 0.49 cm width at the caudal pole.

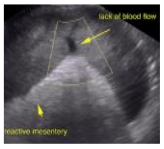
Spleen

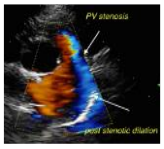
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

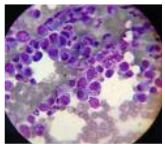
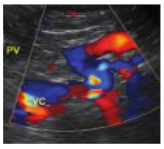
Liver/ Gallbladder

The liver was mildly enlarged yet maintained a symmetrical capsule contour with normal hepatic parenchyma echogenicity compared to the spleen with moderate coarse echotexture. Subtle increased prominence of the portal vascular borders was noted with normal hepatic vascular volume and no visualized hepatic intraparenchymal masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic content with mild congealed nonorganized gallbladder sediment. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation or post hepatic obstruction was noted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Bella Casulli

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
FS

AGE
11 years

WEIGHT
101 lbs.

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Animal Care Centers of Flanders

REFERRING VET
Dr. Casulli

INVOICE
14787

DATE
8/3/23

Gastrointestinal

The stomach presented intact overtly normal wall layering. The stomach contained mild retained anechoic fluid without evidence of gastric ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented generalized intact wall layering and maintained a normal wall: layer ratio. Mild segmental, nonobstructive, duodenojejunal ileus was present.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended containing generalized non-formed fecal matter.

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 significant or overt omental lymphadenopathy was noted. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related renal changes
- Mild nonspecific likely acute gastroenterocolitis pattern exhibiting mild metabolic / functional gastric stasis and non-formed fecal matter in colon
- Hepatopathy - nonspecific yet sonographically benign, suspect reactive / vacuolar hepatopathy, potential for nonobstructive cholestasis, acute inflammatory hepatopathy i.e., hepatitis (viral, bacterial, leptospirosis, toxin, etc.,) or less likely occult infiltrative neoplasia possible
- Mild gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

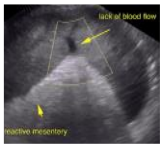
No evidence of a gastrointestinal obstructive pattern or foreign material was noted. There is no indication for immediate surgical intervention.

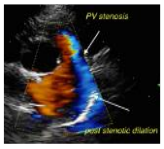
Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification, primarily to ensure only benign changes are present or to assess for occult, inflammatory, or less likely infiltrative neoplasia criteria. Leptospirosis titers / PCR may be considered if clinically indicated. Correlation with pending diagnostic is recommended.

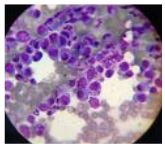
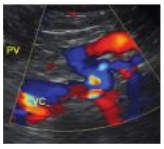
Empirically, continued as-needed hepato-gastrointestinal support and empirical therapy for fever of unknown origin would be reasonable. CBC pathology review may be considered if evidence of persistent documented thrombocytopenia.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Bella Casulli

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

FS

AGE

11 years

WEIGHT

101 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers of Flanders

REFERRING VET

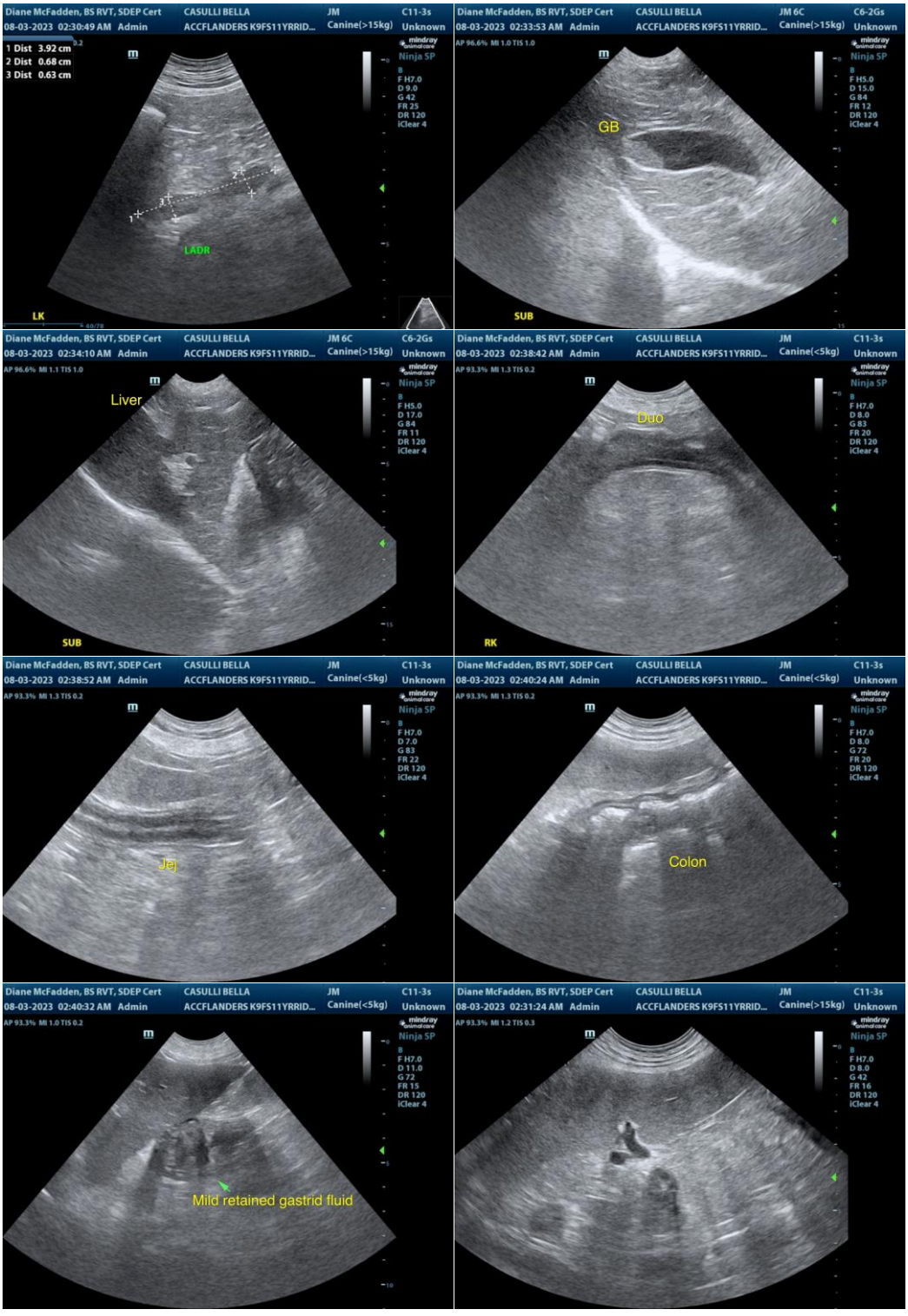
Dr. Casulli

INVOICE

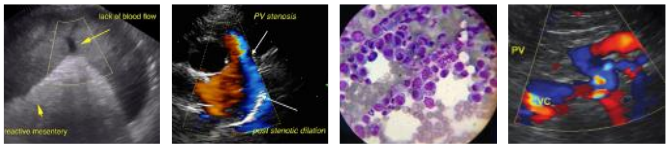
14787

DATE

8/3/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bella Casulli

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

FS

AGE

11 years

WEIGHT

101 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers of Flanders

REFERRING VET

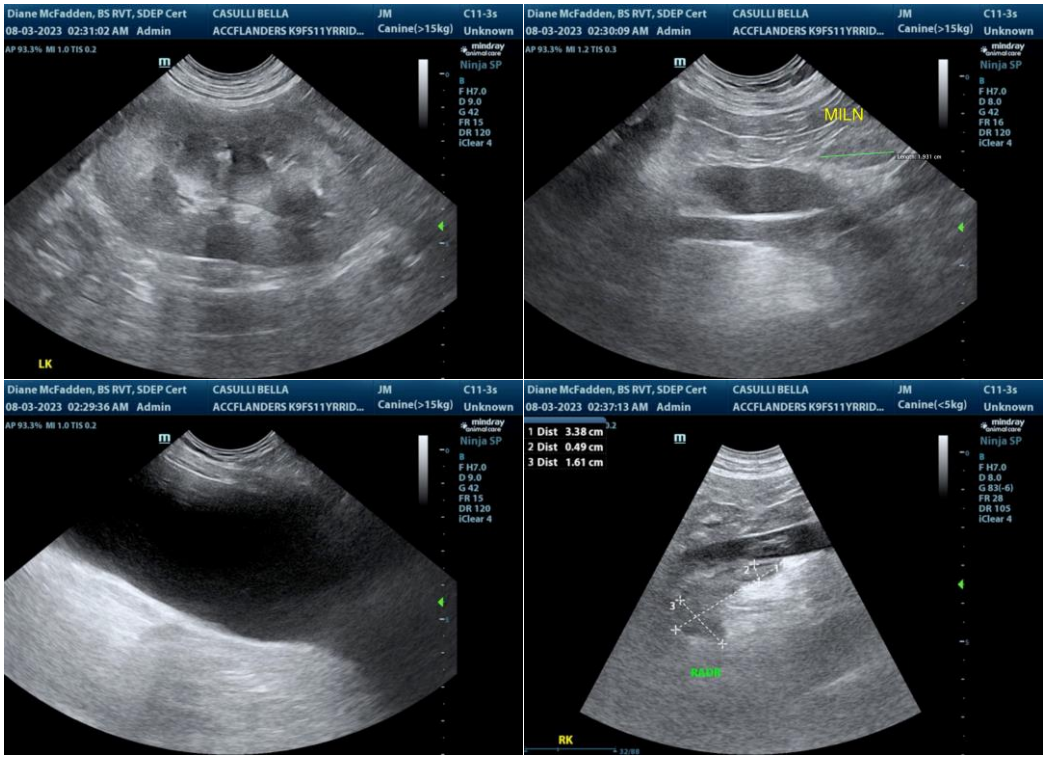
Dr. Casulli

INVOICE

14787

DATE

8/3/23



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