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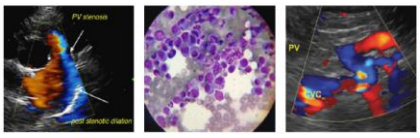

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Wertzberger

SPECIES

Canine

BREED

Shih-poo

SEX

FS

AGE

10 yr

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Michelle Hall

INVOICE

14982

DATE

9-24-22

PRESENTING CLINICAL SIGNS

Presented initially for a chronic limp on the hind limb. A few days later she was lethargic and not wanting to walk much.
Abnormal PE/Chem/CBC/UA Results: The initial findings were a luxating patella for the chronic limp. Then p went to Blue Pearl. At that time her clinical signs went to ADR, lethargic, not eating. BP did bloodwork and found some slight abnormalities but they initially considered the p to have IVDD issues and rec MRI. O declined MRI and sent home on pred. Came to see me 2 days later-temp 103 so did convenia. Pulled blood again and the wbc was 61,000. Sent smear to Idexx and it was negative. Today did thoracic rads and abdomen to tallgrass. They found mild hepatomegaly.

CBC-HCT 38, WBC 61.7 w/ marked neutrophilia including BAND neutrophils, Monocytosis, Platelets 503

Chemistry panel - BUN 16, Creatinine 0.4, Phosphorus 7.8, ALP 533, Normal ALT and TBili, Normal pancreatic parameters

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 was noted in the area of the uterine remnant or iliac trifurcation / sublumbar space.

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 pyelectasia or pyelonephritis was present. Pinpoint areas of medullary mineral were noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 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 1.9 cm length x 0.56 cm width at the caudal pole. The right adrenal gland exhibited a normal caudal pole width with potential mild enlargement of the cranial pole, which may be a patient or age-related variant, or secondary to mild cranial right adrenal folding. No overt evidence of neoplastic criteria was noted. The right adrenal gland measured 2.1 cm length x 0.38 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily finely textured to mildly heterogeneous parenchyma. Intermittent small nondisruptive hyperechoic nodules were noted in the medial parenchyma adjacent to the hilus, consistent with benign myelolipomas. Concurrent non-disruptive,

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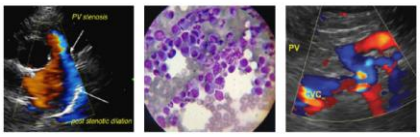

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mildly hypoechoic to nonhomogeneous nodule was noted measuring 1.0 cm x 0.5 cm. The hypoechoic nodule did not distort the splenic capsule. Normal splenic vascularity was evident.

Liver/ Gallbladder

The liver was mildly enlarged with symmetrical to mildly rounded hepatic contour and generalized mild uniform increased parenchyma echogenicity compared to the spleen and falciform fat. No evidence of intraparenchymal masses or nodules. The gallbladder was non-distended in size containing minor, non-dependent, mildly hyperechoic gallbladder debris in the caudal lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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. The gastric body wall width measured 0.36 cm.

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. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.31 cm width.

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

Pancreas

The right pancreatic limb exhibited normal size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent, nonreactive or inflamed peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting uniform mild parenchyma hyperechogenicity - subjectively benign - subjectively benign, metabolic, reactive, vacuolar hepatopathy suspected, potential for inflammatory hepatobiliary process i.e., cholangiohepatitis, given the presence of gallbladder debris, possible, no overt evidence of hepatic neoplastic criteria which is though unlikely
- Minor gallbladder debris (non-mucocele)
- Nonspecific, nondisruptive splenic nodule - multiple etiologies possible such as focal lymphoid hyperplasia, hematopoiesis, small hematoma, focal infection / splenitis, infarct, with emerging splenic neoplasia considered less likely
- Overtly normal gastrointestinal
- Mild age-related renal changes

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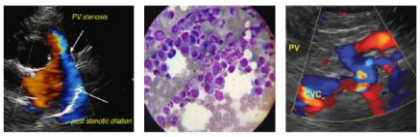

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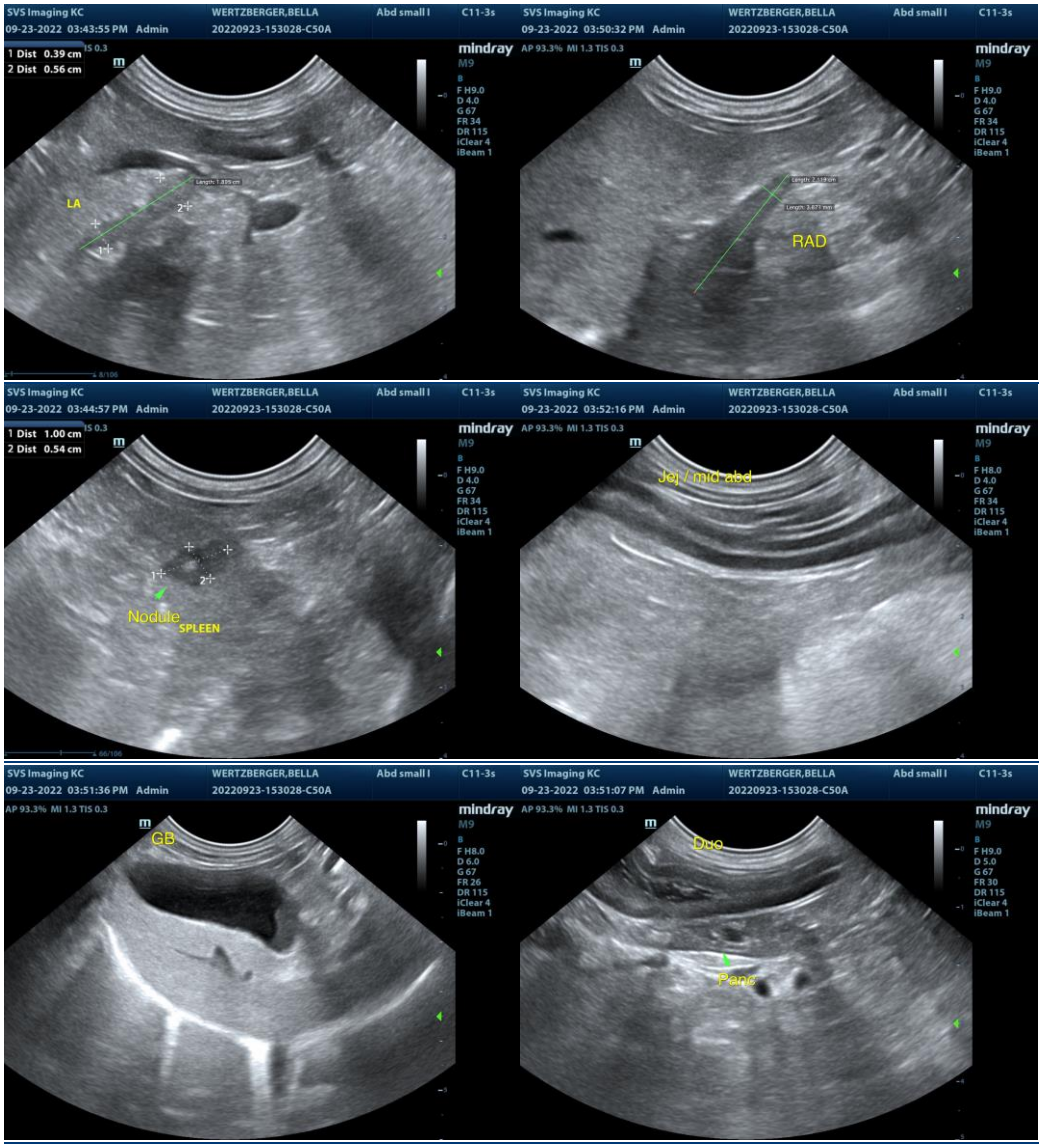
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as a definitive cause of the significant white blood cell count and inflammatory leukogram.

Screening hepatic parenchyma and splenic nodule FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment. Infectious disease serology and continued monitoring for possible persistent/progressive muscular/skeletal abnormalities may be considered.



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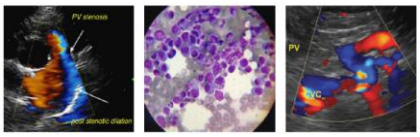

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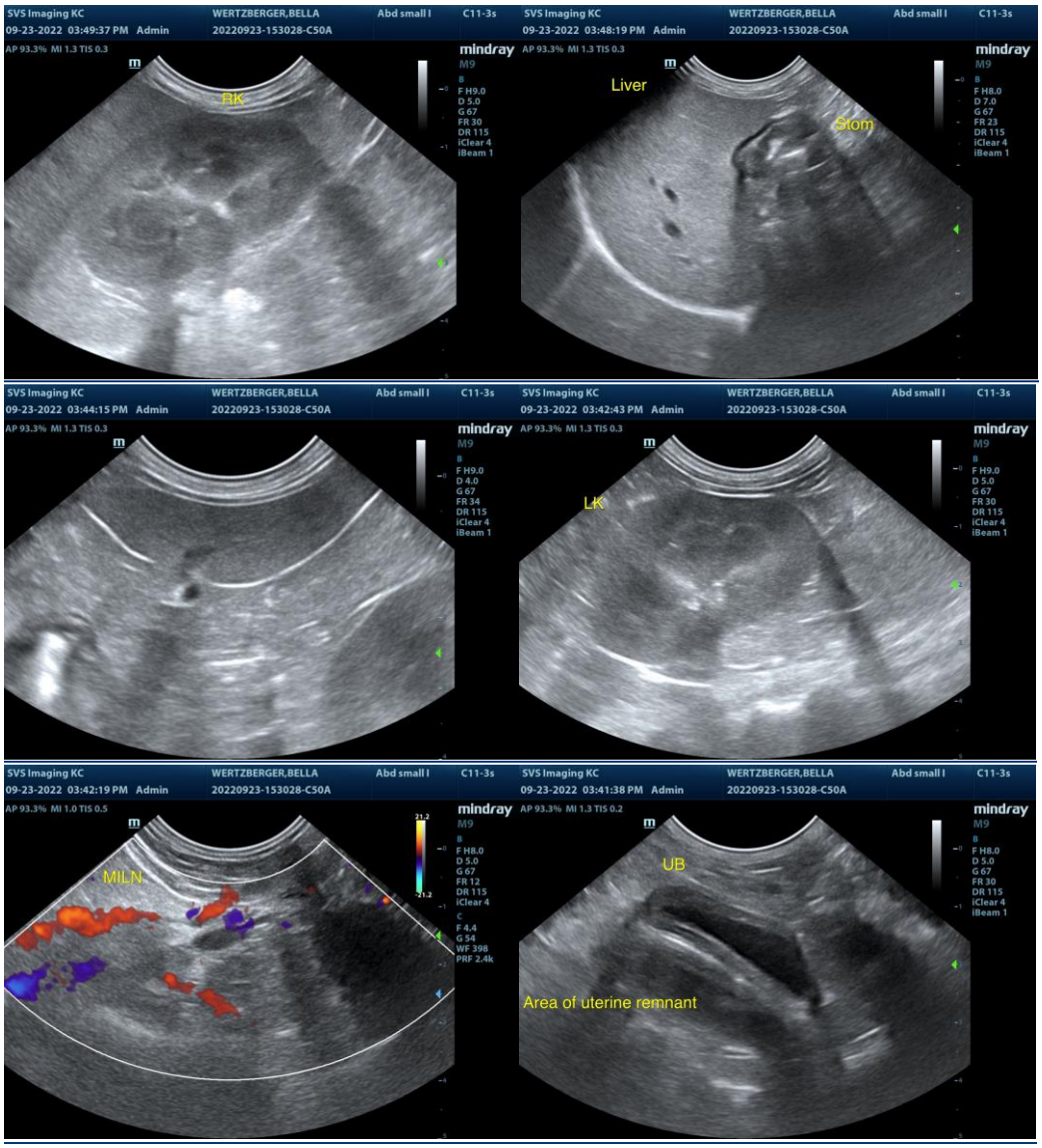

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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