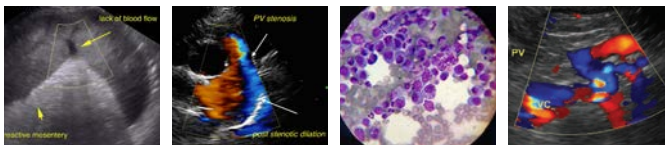
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Finn Bender

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
Neutered Male

AGE
9.8 Years

WEIGHT
84 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Stehanie Santora

INVOICE
42477

DATE
11/1/22

PRESENTING CLINICAL SIGNS

Patient recently started pred for immune mediated polyarthritis (presumptive). Now losing weight (4 pounds) and liver enzymes are elevated (ALT 422). Also, long hx of intermittent low-grade anemia (~ 32-35%) that resolves without treatment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

Both kidneys are hyperechoic and exhibit mildly decreased corticomedullary differentiation. There is a 9.0 mm cortical cyst in the cranial pole of the left kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia, hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 8.3 cm in length. The right kidney measures 8.5 cm in length.

Adrenal Glands

The left adrenal gland was identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 5.1 mm cranially and 6.0 mm caudally. The right adrenal gland was not distinctly visualized, but the area was normal.

Spleen

There is a hyperechoic mass within the splenic parenchyma measuring 1.0 cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

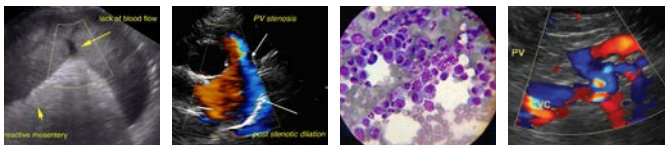
Gastrointestinal

The stomach is moderately distended with gas The gastric wall is 4.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Jejunum wall measures 3.4 mm. Duodenum wall measures 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Finn Bender

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

9.8 Years

WEIGHT

84 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Stehanie Santora

INVOICE

42477

DATE

11/1/22

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Reactive hepatopathy
- Splenic myelolipoma

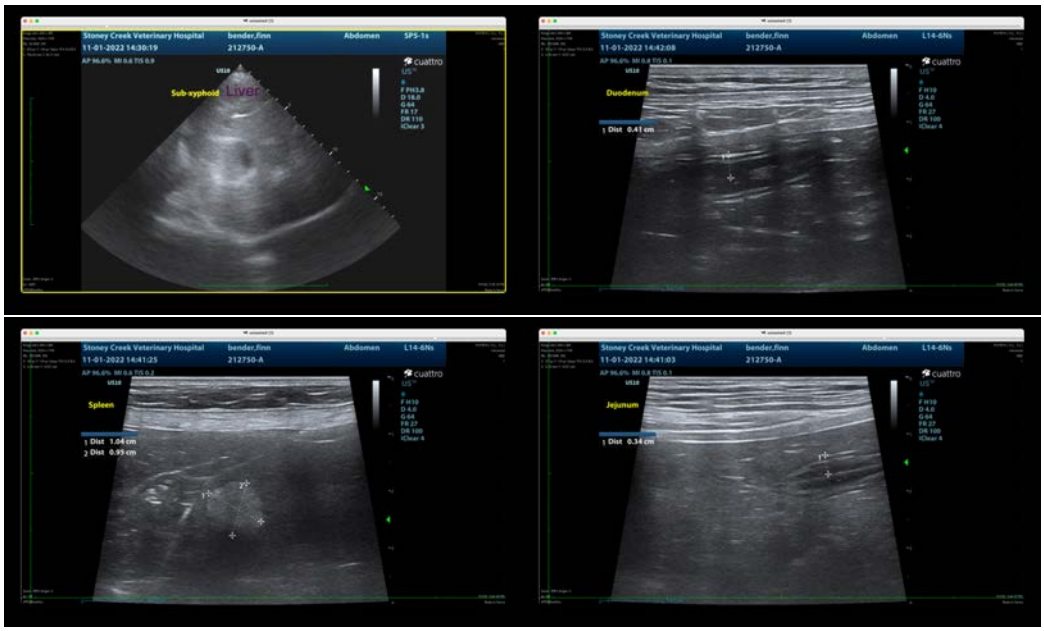
SECONDARY FINDINGS

- Chronic renal changes
- Small adrenal changes, presumably secondary to Prednisone use

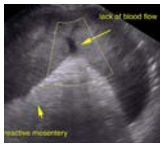
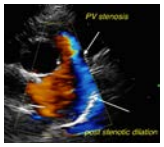
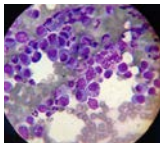
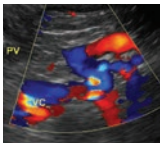
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause on today's ultrasound for the noted weight loss and anemia. The appearance of the liver is typical of a dog on corticosteroids. The possibility of occult round cell neoplasia cannot be ruled out by ultrasound alone, and so fine needle aspirates of the spleen and liver would be recommended to definitively rule out neoplastic disease.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Finn Bender

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

9.8 Years

WEIGHT

84 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

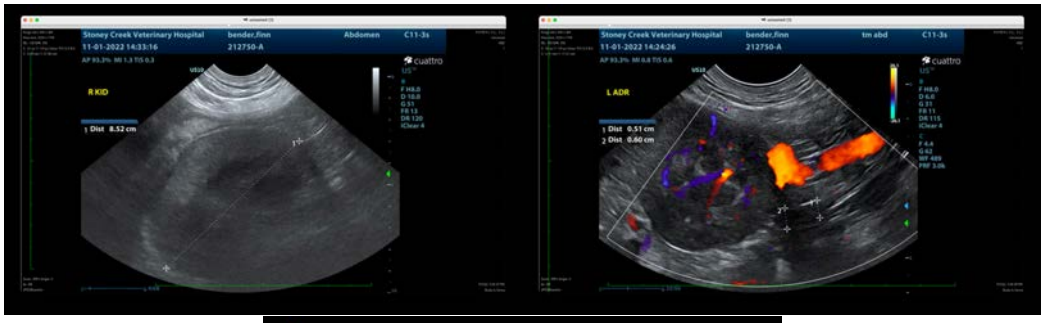
Dr. Stehanie Santora

INVOICE

42477

DATE

11/1/22



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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com