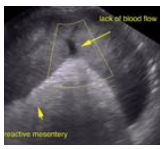
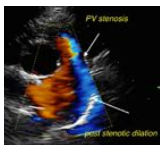
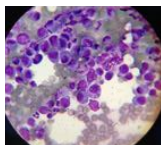
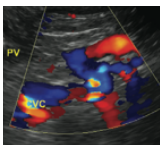
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com™
1-800-838-4268 info@sonopath.com





PATIENT

Tiana Pauls

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

8 years

WEIGHT

33 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

32301

DATE

8/10/22

PRESENTING CLINICAL SIGNS

History: Patient presented on 6/21/22 for wellness. Recommend senior BW due to history of being on prednisone for presumed IMPA. BW results came back with ALP of 2,887 (5-160). ALT and AST WNL. Started on denamarin for 30 days and recommended bile acid testing. Bile acids came back WNL. RX'd metronidazole, amoxicillin, ursodiol and denamarin all for 30 days. Rechecked BW on 7/27/22. Despite medications her ALP is now 3,777 (5-160). Recommend abdominal US as next step. Patient does not appear to be clinical for any underlying issues. E/D/U/D, no V+. Pet is still on prednisone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended with anechoic urine, and a small amount of suspended sediment. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. No masses, calculi or mucosal irregularities are noted.

The left kidney is hyperechoic and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 5.5 cm.

The right kidney is hyperechoic and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measured 5.5 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.2) mm at the cranial pole and (5.1) mm at the caudal pole. The right adrenal gland height is (3.2) mm at the cranial pole and (4.0) mm at the caudal pole.

Spleen

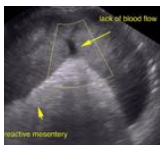
There is 2.6 x 2.4 cm heterogenous mass is noted in the head of the spleen which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis and blood flow through the splenic hilus appears normal.

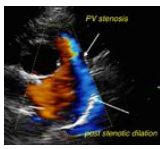
Liver

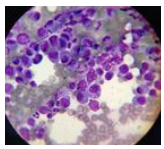
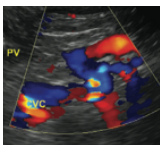
The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Tiana Pauls

SPECIES
Canine

BREED
Beagle Mix

SEX
Spayed female

AGE
8 years

WEIGHT
33 lbs

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

IMAGING PERFORMED BY
Dr. Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Myers

INVOICE
32301

DATE
8/10/22

Gastrointestinal

The stomach is empty. The gastric wall is (0.27) cm 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. The jejunal wall measures up to (0.34) cm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- **Heterogenous splenic mass and diffusely enlarged and hyperechoic liver.**
- **Chronic renal changes.**
- **Bladder sediment.**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

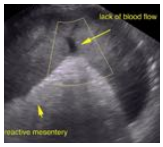
There is no specific explanation for the marked elevation in ALP. It is possible that the elevation is due to the prolonged course of Prednisone. Trying an adjunct therapy such as mycophenolate at 10 mg/kg b.i.d. or azathioprine at 2 mg/kg s.i.d. This may allow for reduction of the Prednisone dose. Alternately treatment with cyclosporin at 5 mg/kg s.i.d. to b.i.d. may be tried instead of Prednisone.

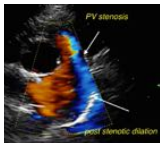
The splenic mass could represent either a benign hemangioma, hematoma or malignancy, however, the deviation of the mass beyond the normal splenic capsule is concerning for malignancy.

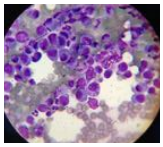
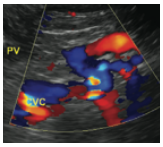
Recommendations include:

- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao may serve to decrease risk of acute hemorrhage.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Tiana Pauls

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

8 years

WEIGHT

33 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

32301

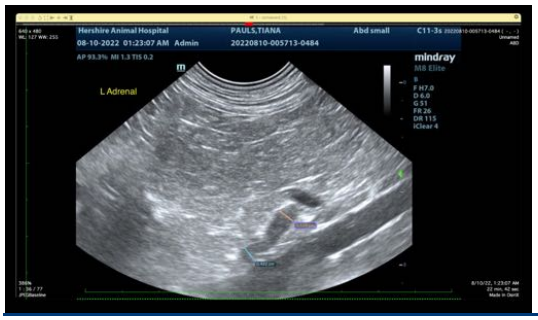
DATE

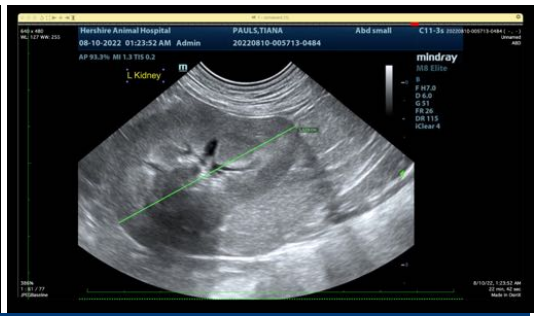
8/10/22

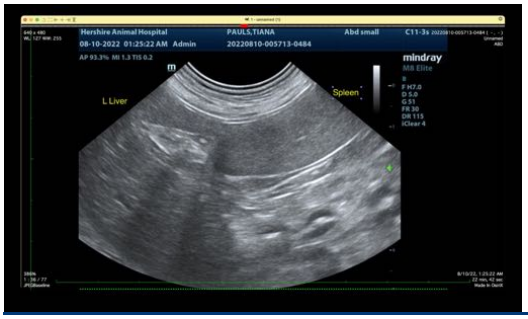
The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

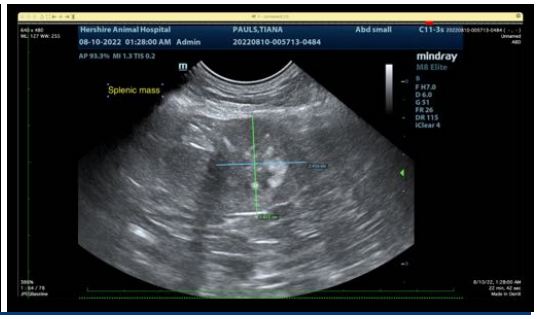
- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

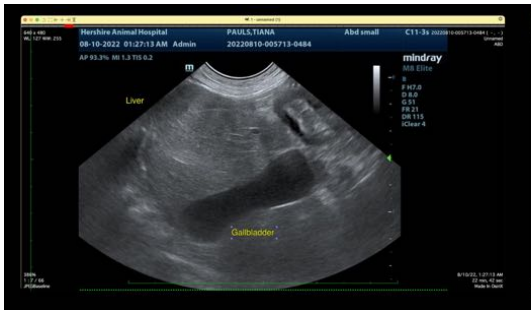
The sediment in the urine may be incidental, but if not already performed a urinalysis is recommended.

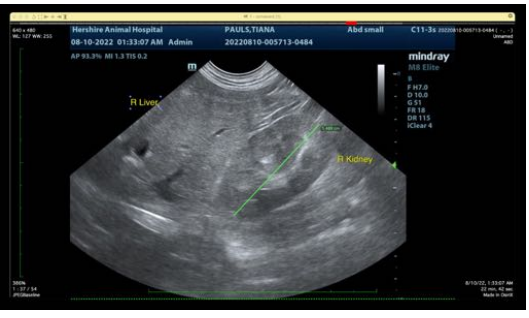


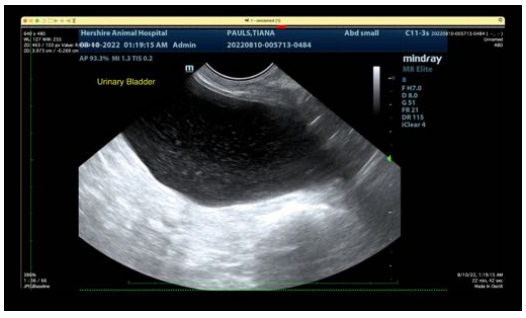






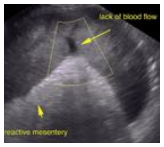


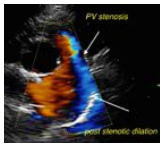


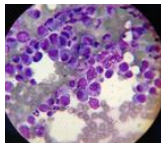
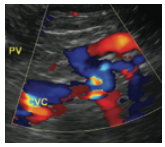


SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Tiana Pauls

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

8 years

WEIGHT

33 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

32301

DATE

8/10/22

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