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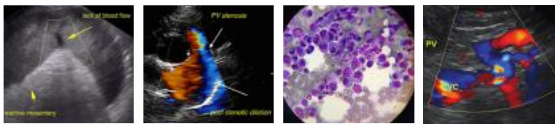

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kashi Flanery

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Spayed Female

AGE

11 years

WEIGHT

23 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills Animal Hospital

REFERRING VET

Dr Remcho

DATE

1/13/22

INVOICE

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: poor appetite along with intermittent vomiting and soft stool. P was diagnosed with IBD at age 1 along with severe food sensitivities.
Abnormal PE/Chem/CBC/UA Results: Current Medications Prednisone, Tylan, intermittent use of Metronidazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.68 cm in length); with a slightly irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. A small cortical cyst is observed. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.52 cm in length); with a slightly irregular shape. The cortex is thickened and hyperechoic There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.29 cm at cranial pole) (0.46 cm at caudal pole) (1.70 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.31 cm at cranial pole) (0.41 cm at caudal pole) (2.09 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.17 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, with a finely heterogenous pattern. One to two small hypoechoic nodules are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is adhered to the luminal wall. The cystic and common bile ducts are normal.

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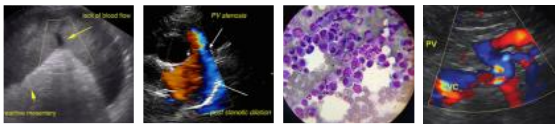

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Gastrointestinal

The gastric lumen is not distended. A focal area of gastric wall thickening in the region of the fundus is observed in one videoclip. The wall in this region measures up to 1.38 cm with a loss of the normal layering pattern. The remaining gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A 2.27 cm irregular focal bowel mass is observed in the caudal abdomen. The wall in this region is thickened (up to 1.21 cm) with a loss of the normal layering pattern. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. On to two prominent mesenteric lymph nodes are suspected.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

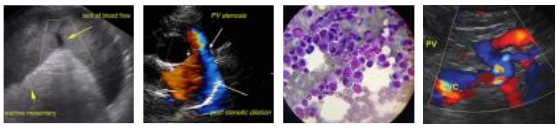
- Focal bowel mass in the caudal abdomen. Neoplasia is of primary concern. Top differentials include adenocarcinoma and lymphoma. A focal inflammatory process (i.e., pyogranulomatous) cannot be completely excluded, but is considered less likely.
- The focal gastric wall thickening is also concerning for infiltrative neoplasia. However, inflammatory disease is also a possibility.
- The prominent mesenteric lymph nodes trend toward reactivity.
- The hypoechoic hepatic nodules may represent benign change (i.e., regenerative nodules). Alternatively, neoplasia (i.e., metastatic lesions), cannot be completely excluded. The diffuse hepatic parenchymal changes trend toward the benign (i.e., vacuolar hepatopathy), with a lower possibility of infiltrative neoplasia

Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis, with right dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, fine-needle aspirates of the bowel mass and gastric wall thickening are recommended (if clotting status is appropriate). Otherwise, and abdominal exploratory with biopsies can be considered.



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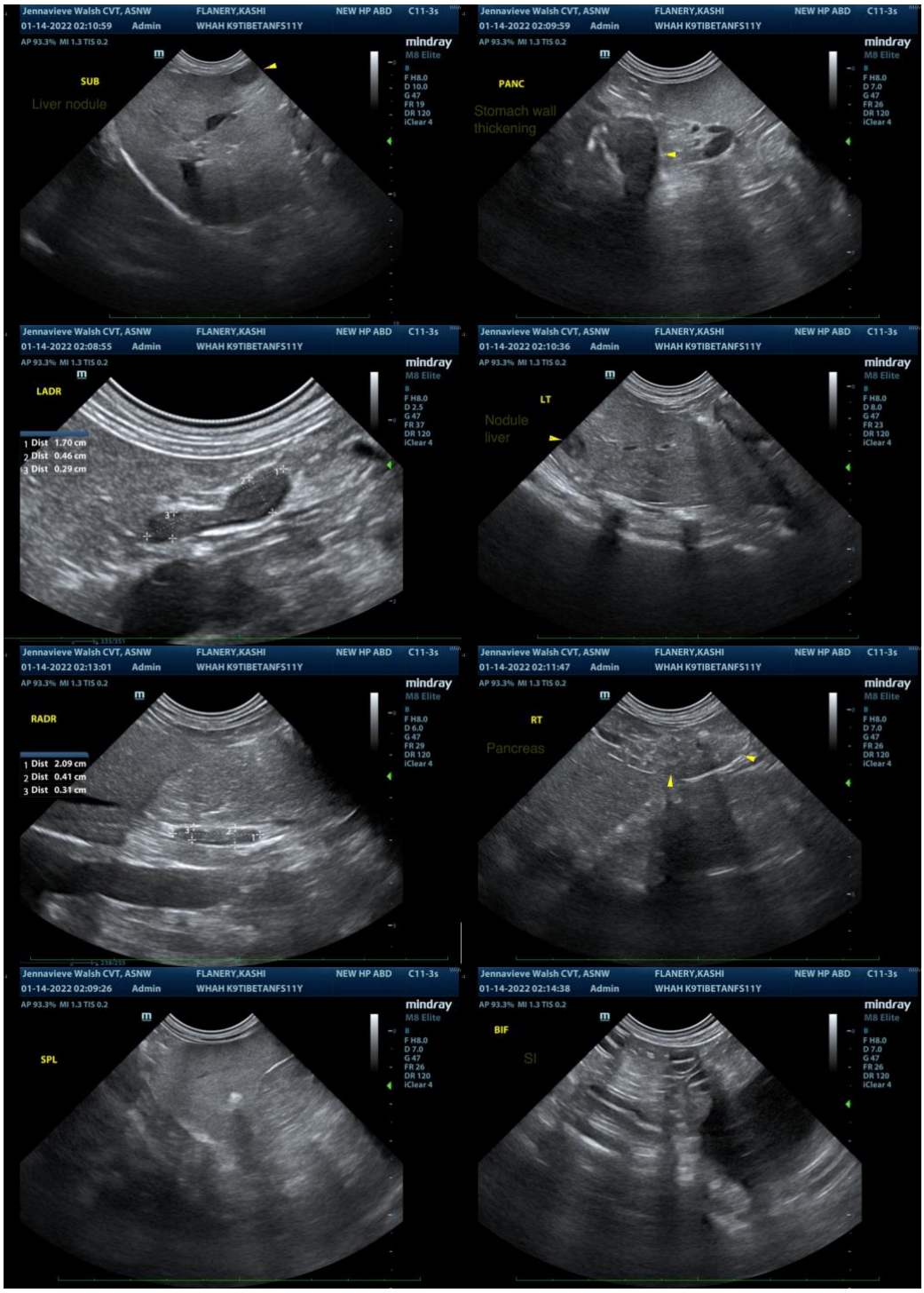
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI



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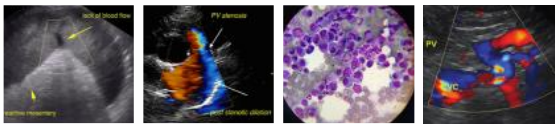

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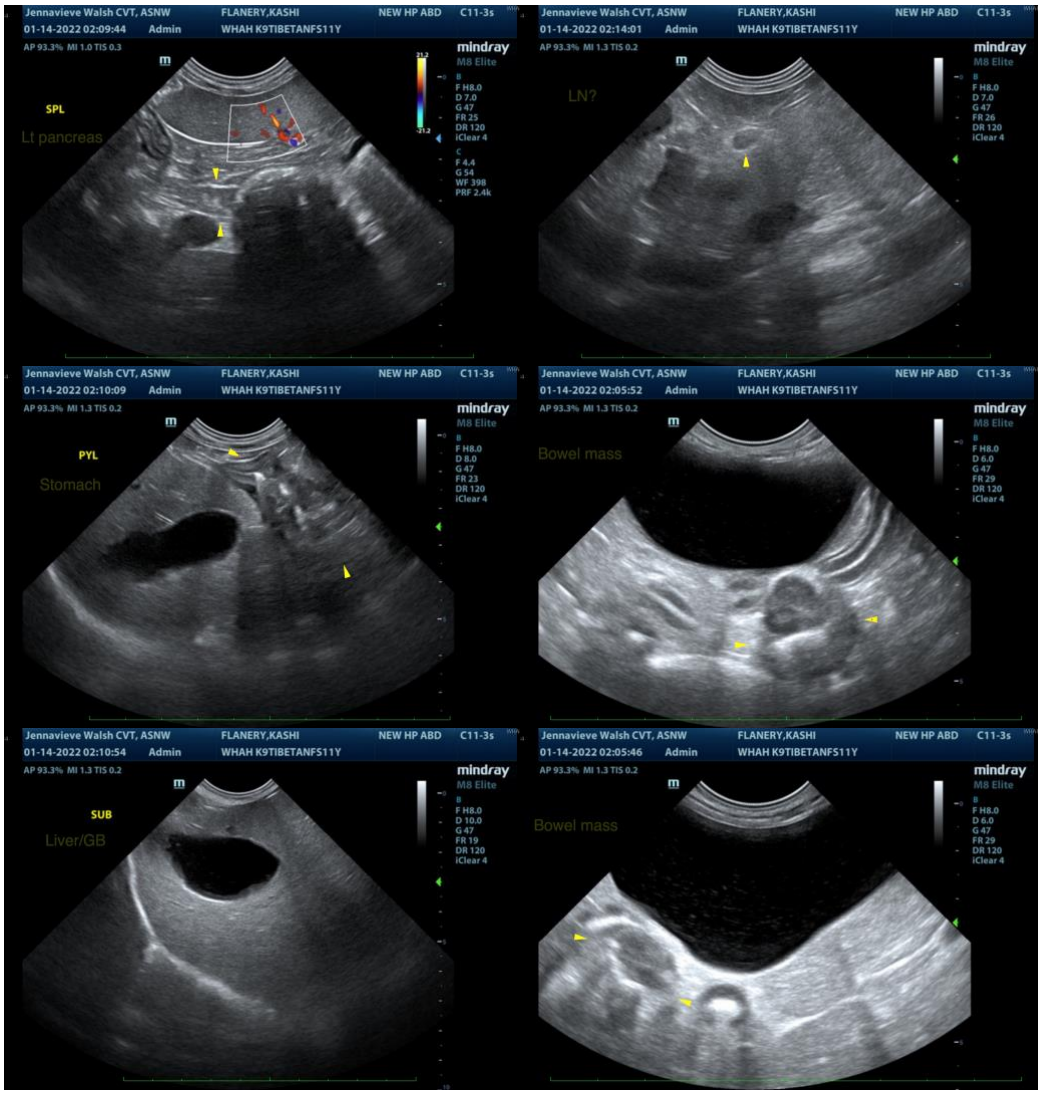

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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