



DATE PRESENTING CLINICAL SIGNS

1/28/2022

History: Chronic diarrhea & weight loss. Diarrhea present 6 weeks. Had a soft tissue sarcoma on the right hindlimb excised 10/19/21. Had ultrasound 11/19 to eval for mets. No mets found, but reactive mesentery/peritonitis noted. No symptoms at that time. Diarrhea started a few weeks later. Has now lost 10lbs since the 11/19/21 scan.

PATIENT

Henry Howley

Current Medications: Metronidazole (with oncologist -who owner consulted with Dec 2021)-i do not have dose. Visbiome probiotic 1/4-1/24, Hills GI Biome Diet 1/4-1/14, Tylan 1/4tsp bid 1/14-1/26, Royal Canin HP diet 1/14-1/26.

SPECIES

Canine

Lab Results: Negative fecal 1/5/22. cbc/chem & maldigestion profile sent out 1/26/21.

Date of Previous IntraPet Ultrasound: 11-19-21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Golden Retriever
Mixed

Additional history: unremarkable CBC. Albumen 1.8. Globulin low normal, 2.5. 40x negative.

SEX

Male Neutered

**Due to the amount of ingesta and gas within the bowel, some intestinal pathology may be obscured.*

AGE

2-3-2010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The dorsal wall is severely thickened (up to 1.79 cm), irregular, heterogenous and vascular in appearance. The remaining wall is normal in thickness. No cystic calculi are observed. The region of the trigone, and the visible portion of the proximal urethra are normal.

WEIGHT

53.6 lbs

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney is normal size (6.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

HOSPITAL NAME

Timonium Animal
Hospital

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REFERRING VET

Dr. Kauder

Adrenal Glands

One still image is available for interpretation. The left adrenal gland is normal in size (0.77 cm at cranial pole) (0.68 cm at caudal pole) (2.89 cm in length); with a normal shape and smooth peripheral contours. A 1.03 x 0.69 cm isoechoic to slightly hyperechoic nodule is observed at the cranial pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10233

The right adrenal gland is normal size (0.72 cm at caudal pole) (2.57 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 (1.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. A 2.45 x 1.87 cm isoechoic nodule/mass with a small cystic area is observed deep left to mid-liver. The remaining parenchyma is hypoechoic relative to the spleen and subtly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is thickened (up to 0.32 cm), hyperechoic and irregular. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is dilated with gas and chyme. Some segments of the small intestinal wall are borderline thickened (up to 0.47 cm) with a disruption of the normal 1:3 muscularis to mucosal ratio. There is a trend towards loss of the normal layering pattern in a few regions. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The thickened areas of small intestine are concerning for infiltrative neoplasia (i.e., lymphoma). However, a severe inflammatory process cannot be excluded. Given the history of panhypoproteinemia, a protein-losing enteropathy is suspected.
- Urinary bladder mass effect in the dorsal wall. Neoplasia (i.e., transitional cell carcinoma), is the top differential. However, severe cystitis is also possible.
- Hepatic nodule/mass. This lesion may represent a benign process (i.e., regenerative nodule), or neoplasia (i.e., adenoma, adenocarcinoma, sarcoma). The diffuse hepatic parenchymal changes are thought to represent a benign age-related hepatopathy.
- The gall bladder wall changes could be consistent with cholecystitis and/or age-related hyperplasia.
- The trace ascites is likely secondary to low oncotic pressure.

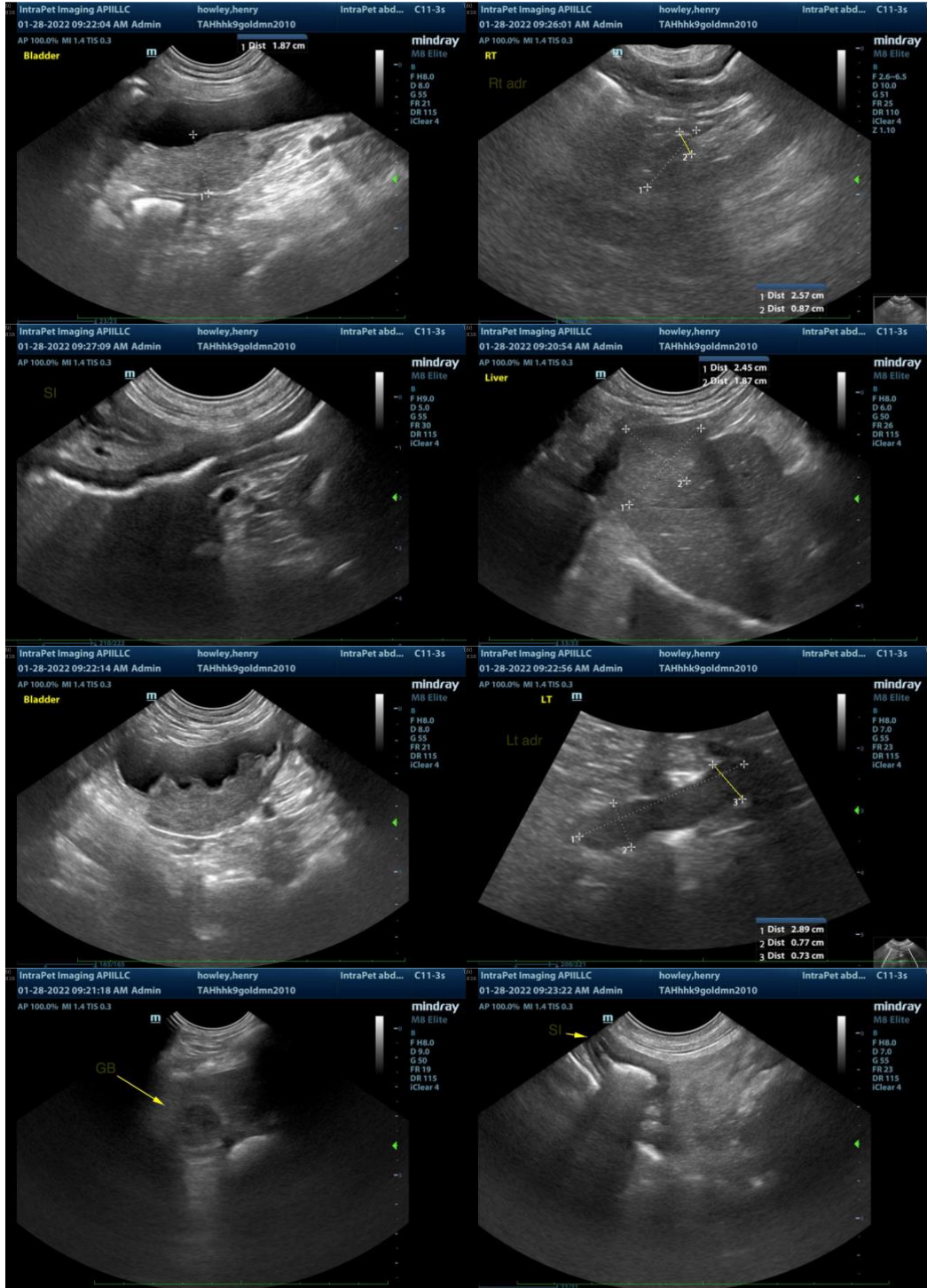
Secondary Findings

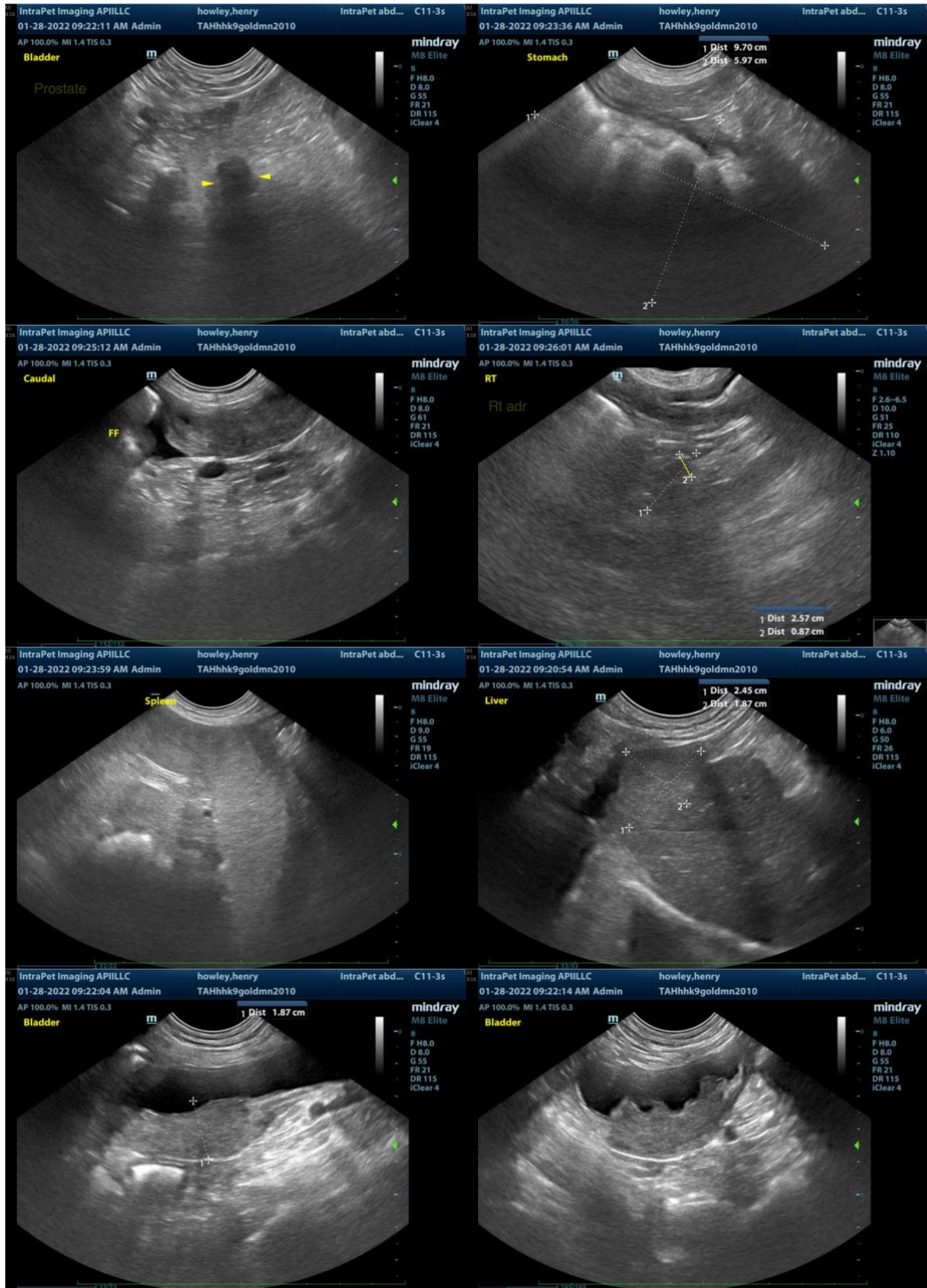
- Minor degenerative renal changes
- Possible left adrenal nodule. A hyperplastic nodule is suspected, with a lower possibility of emerging neoplasia.

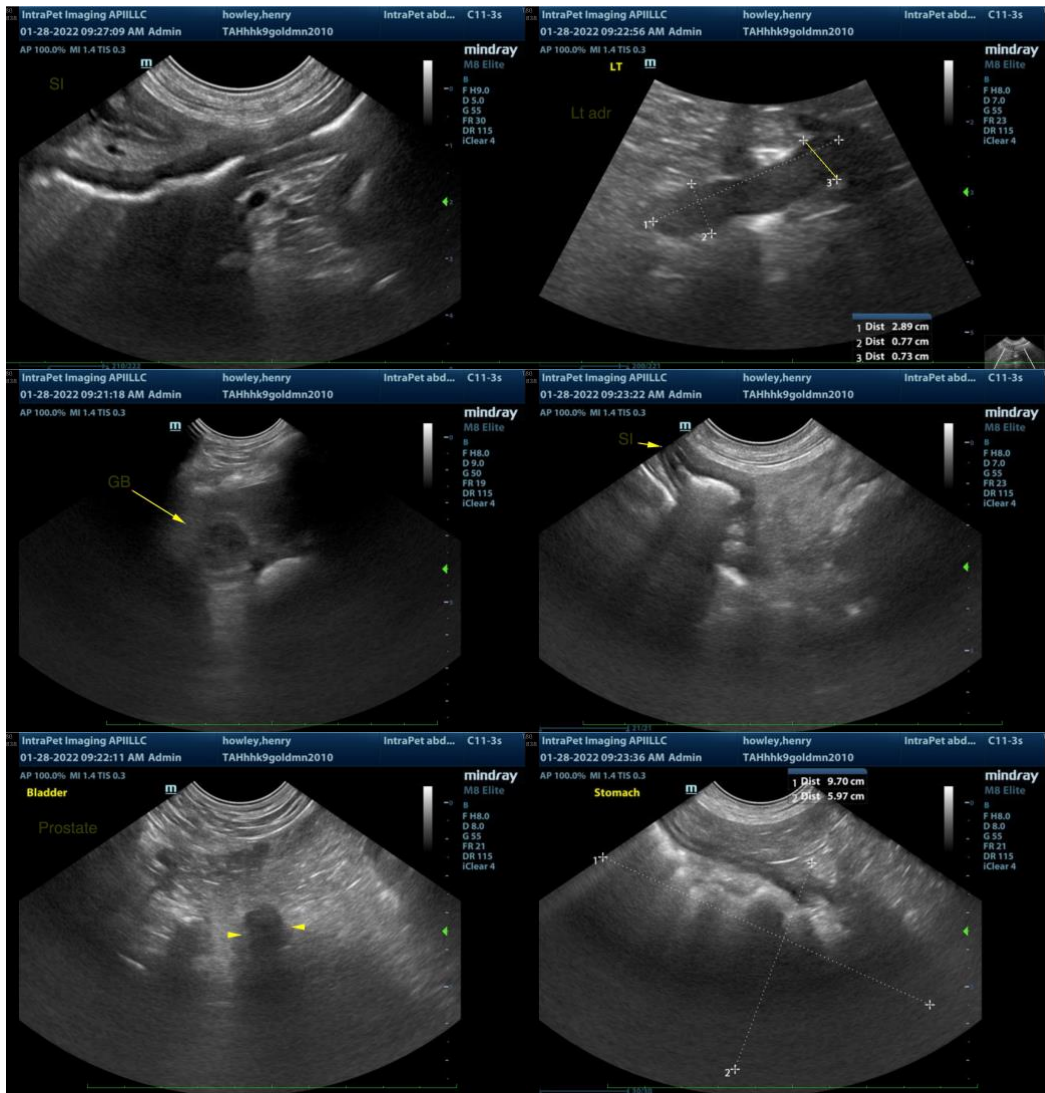
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the urinary bladder wall changes, consider a urine BRAF test as well as a urine culture and sensitivity (free catch).
- Regarding the bowel changes and hepatic nodule/mass, if an aggressive approach is desired, consider an abdominal exploratory with biopsies. A urinary bladder wall biopsy can also be obtained at the time of surgery. Three-view thoracic radiographs should be performed prior to anesthesia to assess for cardiopulmonary status. If tissue sampling is not pursued, palliative care is recommended.
- Also consider a malabsorption panel.









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.

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