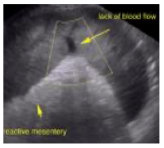
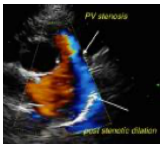
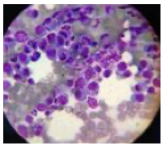
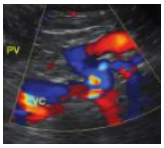
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Miss Mabel Halfway
Home Rescue

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Gannon

INVOICE

11910

DATE

10.27.22

PRESENTING CLINICAL SIGNS

History: falling over weak, diabetic, Cushings dz not eating, r/o abd origin vs primary neuro Current meds Metro inj Plasmalyte Vetoryl 60mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended with anechoic urine. The wall is diffusely thickened (up to 0.64 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (7.8 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.35 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.52 cm at cranial pole) (0.52 cm at caudal pole) (2.90 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 region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (1.75 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The **gall bladder** is moderately distended. The wall is mildly thickened (up to 0.44 cm), irregular, and hyperechoic to mineralized in some regions. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. The gastric wall is borderline thickened (up to 0.52 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The base and limbs of the **pancreas** are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
A small amount of echogenic free fluid is visualized. The mesentery throughout the abdomen is hyperechoic. The abdominal **lymph nodes** are normal/not visible.

Other
A **brief echocardiogram** reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The ascites may be secondary to hemorrhage, low oncotic pressure, increased vascular impermeability (i.e., vasculitis), increased hydrostatic pressure (i.e., right-sided congestive heart failure), other. Diffuse peritonitis is present, likely secondary to the presence of ascites.

- The gall bladder wall changes (aka “porcelain” gall bladder) are most consistent with cholecystitis. However, in rare instances, these findings can be associated with biliary carcinoma.

Secondary Findings

- The urinary bladder wall changes are most consistent with cystitis.

- Bilateral chronic age-related renal changes. The bilateral pyelectasia may be secondary to PU/PD, pyelonephritis, age-related remodeling or some combination thereof.

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- The hepatic parenchymal changes could be consistent with vacuolar hepatopathy, Inflammatory disease (less likely in light of the normal ALT), or other hepatopathy.

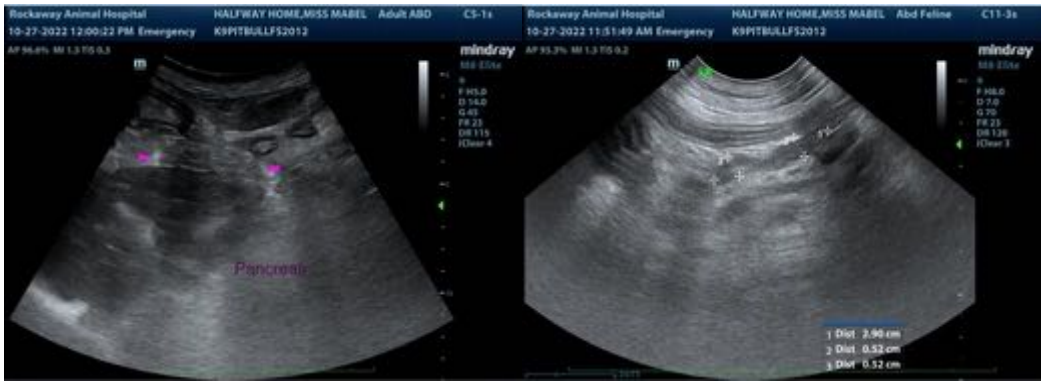
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of ascites, three-view thoracic radiographs are recommended to assess cardiopulmonary status. Cytology on the abdominal fluid is also recommended.

Other diagnostic considerations include the following:

1. Baseline blood pressure measurement
2. Fine-needle aspirate of the spleen to further assess for emerging neoplasia (if clotting status is appropriate)
3. Urine culture and sensitivity to assess for infection
4. Given the anemia, a reticulocyte count is recommended to determine if regeneration is present.
5. Consultation with a board-certified neurologist


Rockaway Animal Hospital
HALFWAY HOME,MISS MABEL
Adult ABD
C5-1s
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K9PITBULLFS2012
mindray
Pancreas
Rockaway Animal Hospital
HALFWAY HOME,MISS MABEL
Abd Feline
C11-3s
10-27-2022 11:51:49 AM Emergency
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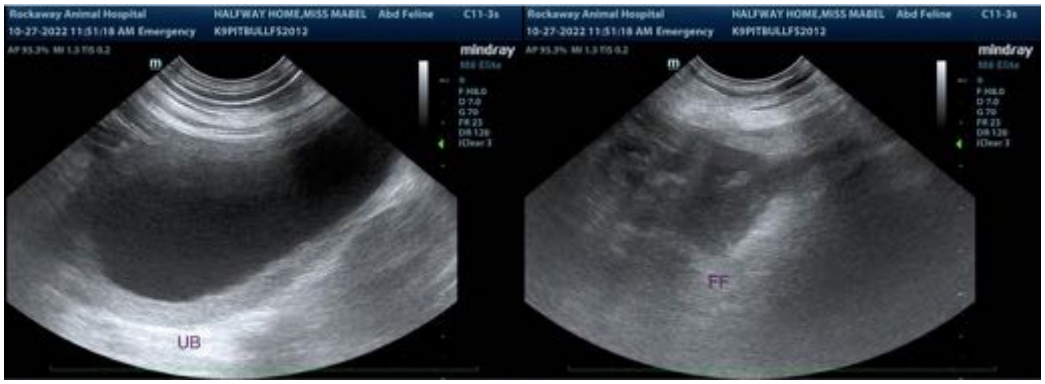
Dist 2.90 cm
Dist 0.52 cm
Dist 0.52 cm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Rockaway Animal Hospital
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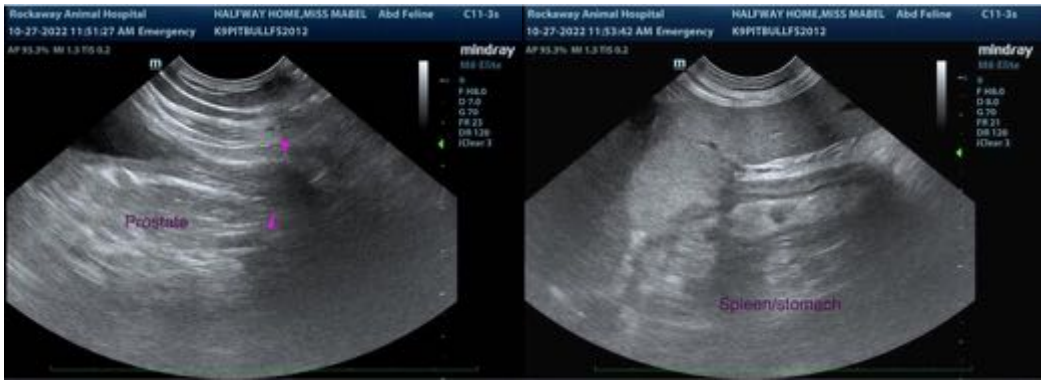
Rockaway Animal Hospital
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Abd Feline
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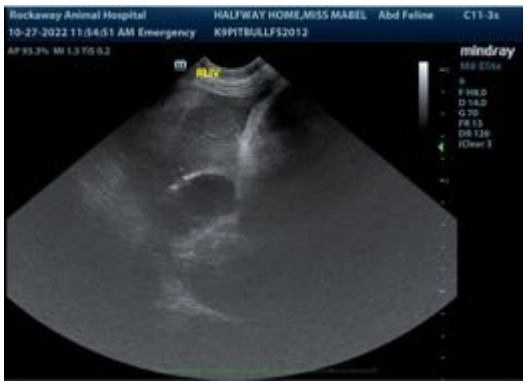
Spleen/stomach


Rockaway Animal Hospital
HALFWAY HOME,MISS MABEL
Abd Feline
C11-3s
10-27-2022 11:54:51 AM Emergency
K9PITBULLFS2012
mindray

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com