**PATIENT**

Sassy Dziadzio

PRESENTING CLINICAL SIGNS

History: Hyporexia (eating < 25% usual portion), lethargy, dehydration Hyperthyroid Grade III/VI systolic murmur

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chronic recurrent elevations of hepatic enzymes and SDMA responsive to >1mo treatment with amoxicillin/metronidazole Current ALP=84U/L AST=203 U?L ALT=469 U/L Recent rise in T4 from 2.7 to 3.7 over past 4 months

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.45 cm cystic calculus is observed within the lumen. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Neutered Male

The left kidney is normal size (3.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

15 years

The right kidney is normal size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). A few nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydronephrosis.

WEIGHT

10.68 lbs

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.02 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Amy Mayhew LVT

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

SVS Imaging Michigan

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Union Lake VH

Gastrointestinal

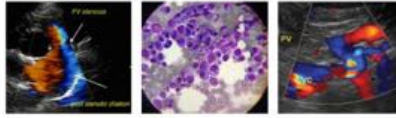
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A <3.50 cm segment of small intestine (thought to be jejunum) is severely thickened (up to 0.82 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

11895

DATE

12.21.22



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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.11 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Canine

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.79 cm in length). Surrounding mesentery is hyperechoic.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The focal small intestinal thickening is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of an inflammatory process. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with reactive change or infiltrative neoplasia.
- The mild splenomegaly may be secondary to splenitis, antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis or emerging neoplasia.
- The trace ascites is likely secondary to bowel pathology.

SEX

Neutered Male

AGE

15 years

Secondary Findings

- Bilateral chronic age-related renal changes with left nonobstructive nephrolithiasis and pyelectasia.
- Cystic calculus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the thickened bowel segments +/- spleen (if clotting status is normal). Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, consider a cystotomy with stone removal, analysis and culture.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to assess for maldigestion/malabsorption.

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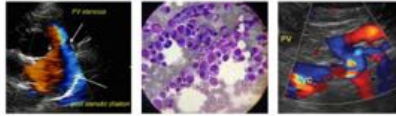
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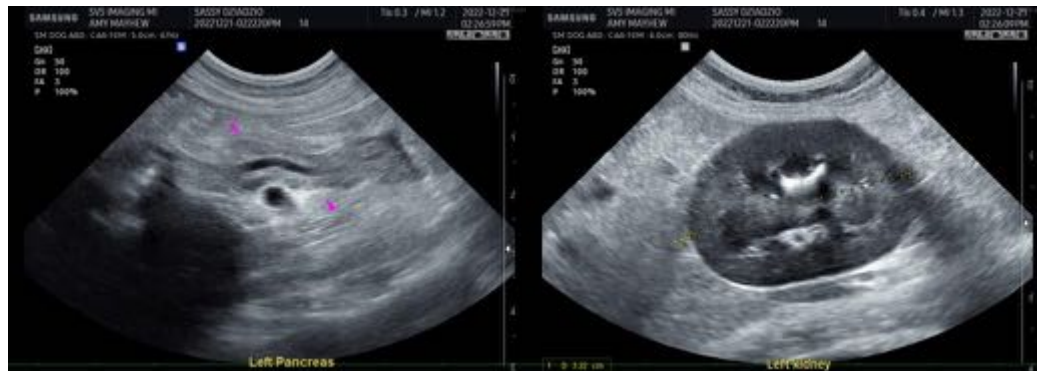
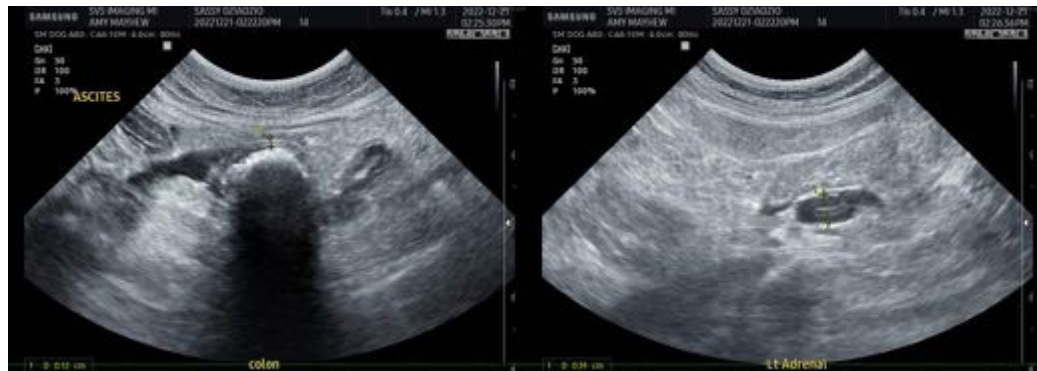
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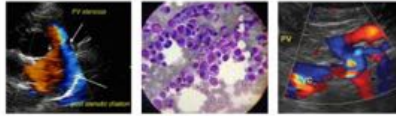
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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