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Clinical Sonography & Telecytology
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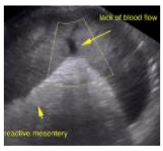
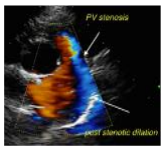
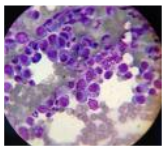
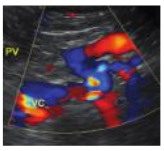

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Shadow Diaz

**SPECIES**
Canine

**BREED**
Labrador Retriever Mix

**SEX**
Neutered Male

**AGE**
9 Years

**WEIGHT**
60 Lbs.

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

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
Animal General on Hudson

**REFERRING VET**
Dr. William Freedman

**INVOICE**
10083

**DATE**
12/29/21

## PRESENTING CLINICAL SIGNS

History: Recheck abdomen, intermittent vomiting for 2 months approx. 3 x a week, history of megaesophagus. Current meds: Reglan and Prilosec.
Abnormal PE/Chem/CBC/UA Results: Blood work WNL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal are normal.

The prostate is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.66 cm at caudal pole) (3.01 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 (0.69 cm at cranial pole) (0.56 cm at caudal pole) (2.25 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 (2.20 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 subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.60 cm ill-defined hyperechoic nodule/area is observed approximately mid-liver. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

(No images provided of the gall bladder).

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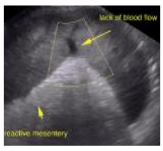
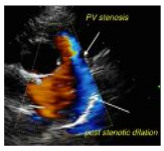
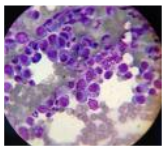
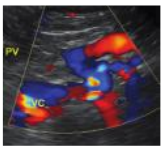

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### *Gastrointestinal*
The gastroesophageal inlet appears normal without evidence of pathology. The gastric lumen is not dilated. The gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. Two to three small intestinal segments are mildly fluid distended. The wall in these segments is normal in thickness with occasional mucosal fogging and/or mild thickening of the submucosal layer. The remaining small intestinal segments are not dilated and have a normal wall thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern

### *Pancreas*
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### *Free Abdomen*
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 1.39 cm in length

## ULTRASONOGRAPHIC FINDINGS

- The segmental bowel wall changes are suggestive of an inflammatory process (i.e., inflammatory bowel disease), with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). Changes are similar to the previous sonogram.
- The hyperechoic hepatic nodule/area could be consistent with benign change (i.e., regenerative nodular). Alternatively, an emerging neoplastic process cannot excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further GI workup could include the following (if not already performed):

1. Evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
5. 6-week limited antigen diet trial
6. +/- Endoscopic or surgical gastrointestinal biopsies. Surgical biopsies would be ideal, as all areas of the bowel can be accessed with this approach.

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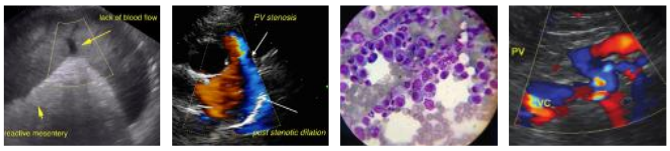

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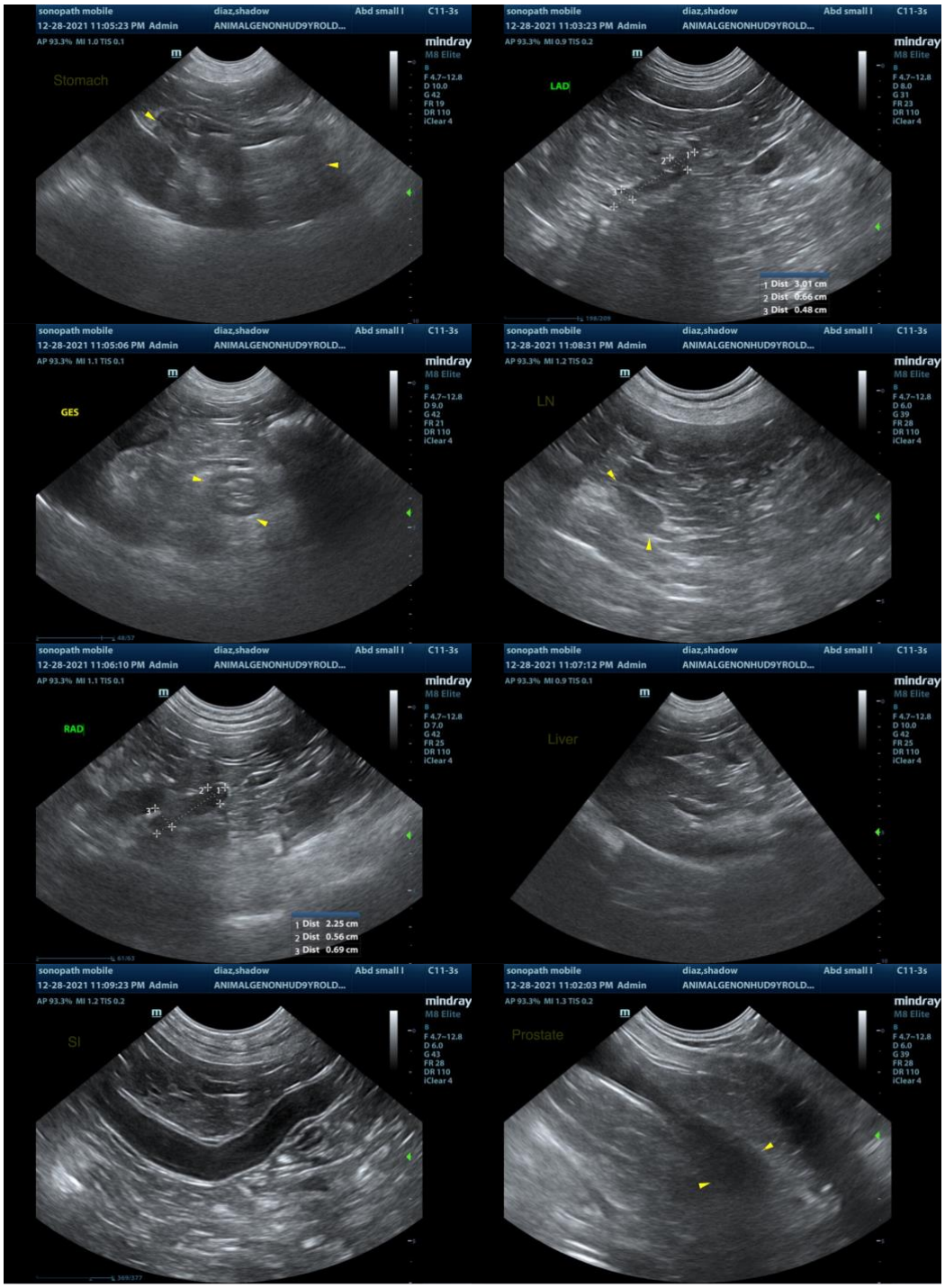

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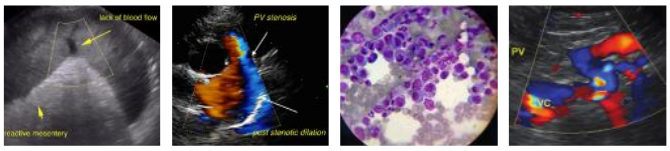

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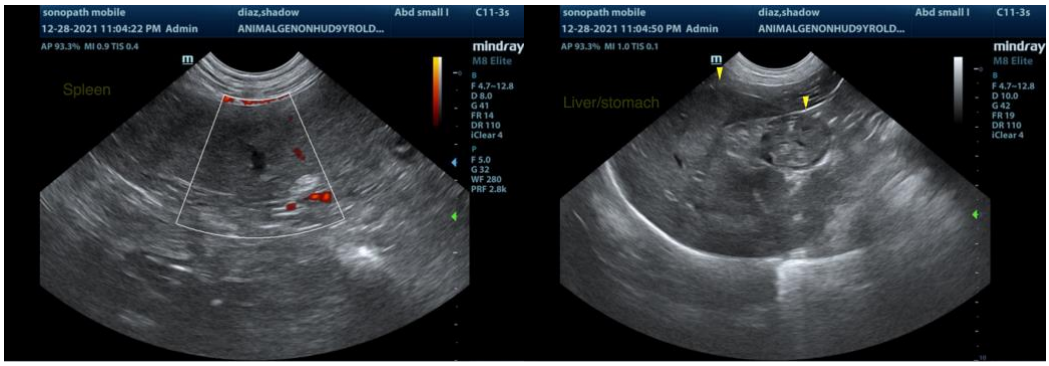


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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