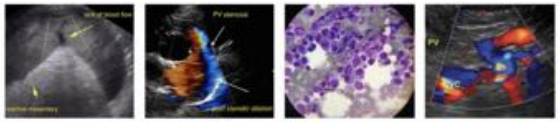

PATIENT

Ghost Fiddes

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

1.6.2021

WEIGHT

52.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kline

INVOICE

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DATE

12.30.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented on 12/9 for Bloody diarrhea at Cane Bay Vet, placed on Fortiflora and Purina EN.Seen on 12/17 with us for bloody diarrhea continuing, placed on Cerenia, Proviable and Metoclopramide with no resolution.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra (visible to a depth of 3-4 cm) are normal.

The prostate is normal in size (1.61 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.98 cm in length) with a normal shape, architecture and 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 is normal size (5.96 cm in length) with a normal shape, architecture and 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 (0.47 cm at cranial pole) (0.52 cm at caudal pole) (3.16 cm in length) with a normal shape and 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 (0.79 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

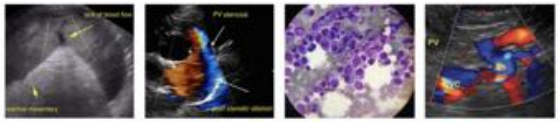
Spleen

The spleen is normal in size (1.76 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 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic sludge is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic lumen wall is diffusely thickened (up to 0.91 cm), particularly the descending portion, with a loss of the normal layering pattern. The lumen of the descending colon contains shadowing fecal material. There is no obvious 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

There is no obvious evidence of free fluid. Several enlarged, slightly rounded lymph nodes are observed in the caudal abdomen (the largest measuring 2.92 cm in length). In addition, at least two large, rounded lymph nodes are observed adjacent to the ileocecocolic junction (the largest measuring 2.59 cm in length).

*Fine needle aspirates of the caudal abdominal lymph nodes were performed at the end of the study without incident.

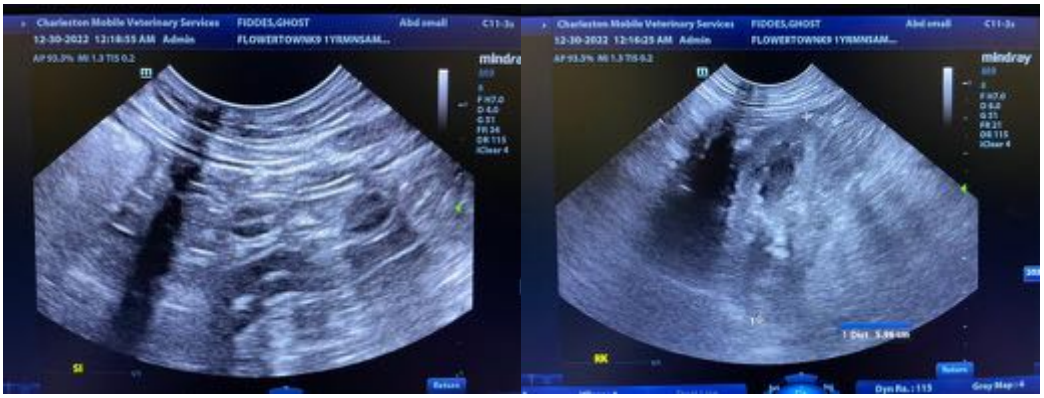
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The colonic wall changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a severe inflammatory process (i.e., pyogranulomatous), secondary to pythiosis or another fungal organism.
- The abdominal lymphadenopathy could be consistent with Inflammatory or severe lymphadenitis (i.e., pyogranulomatous).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the cytology results, further testing (i.e., PARR, flow cytometry, pythiosis testing +/- colonic wall and abdominal lymph node biopsies) may be warranted. Also consider three-view thoracic radiographs to assess for lymphadenopathy in the chest.



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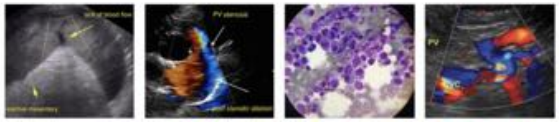

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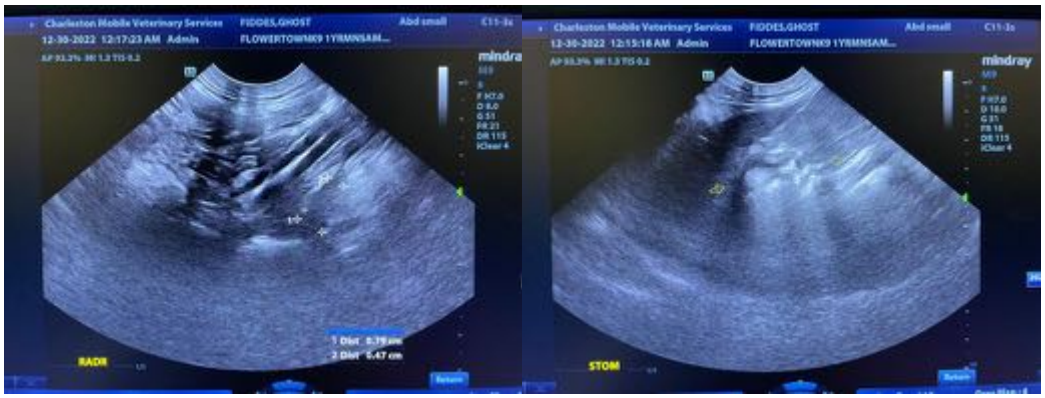

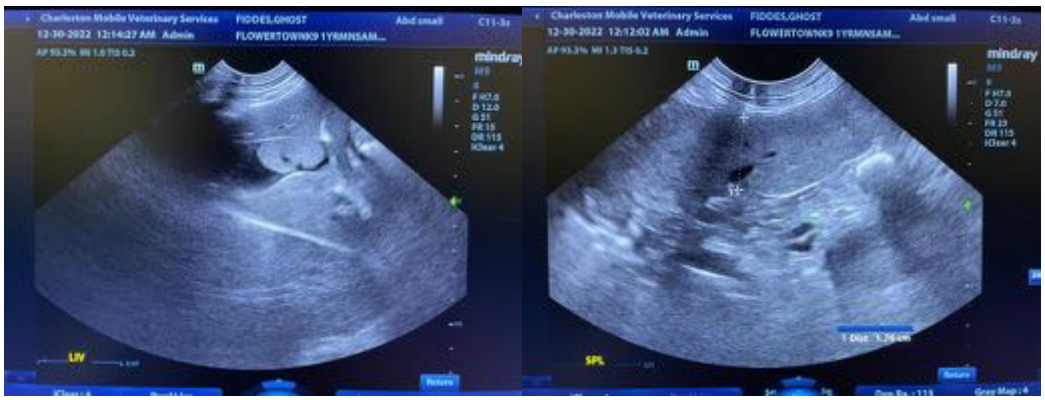

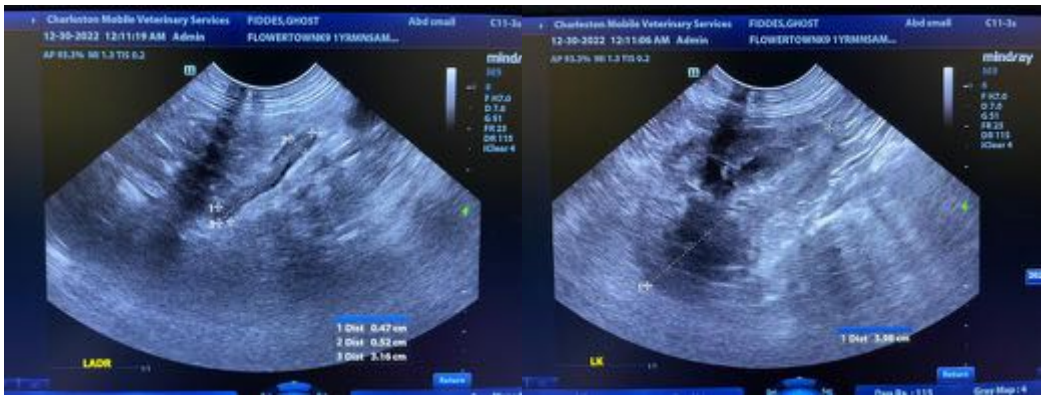

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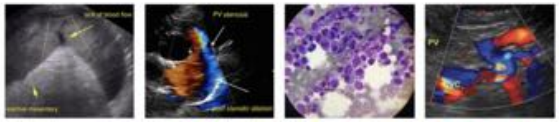

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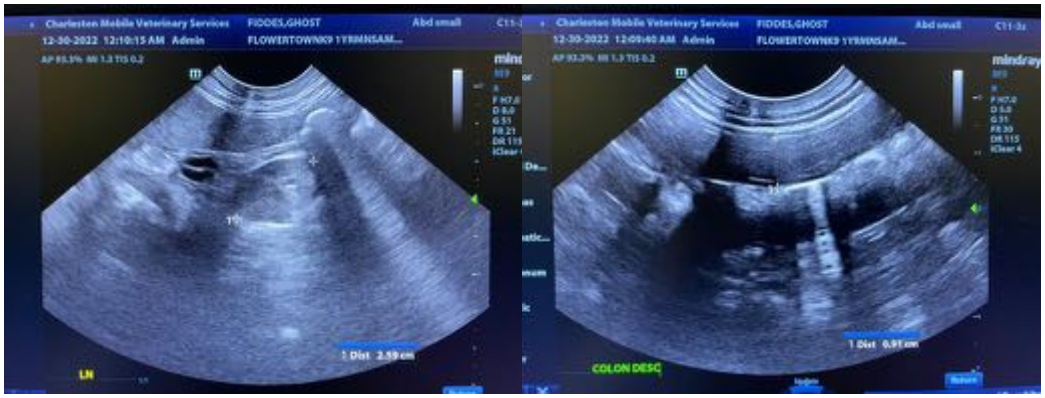

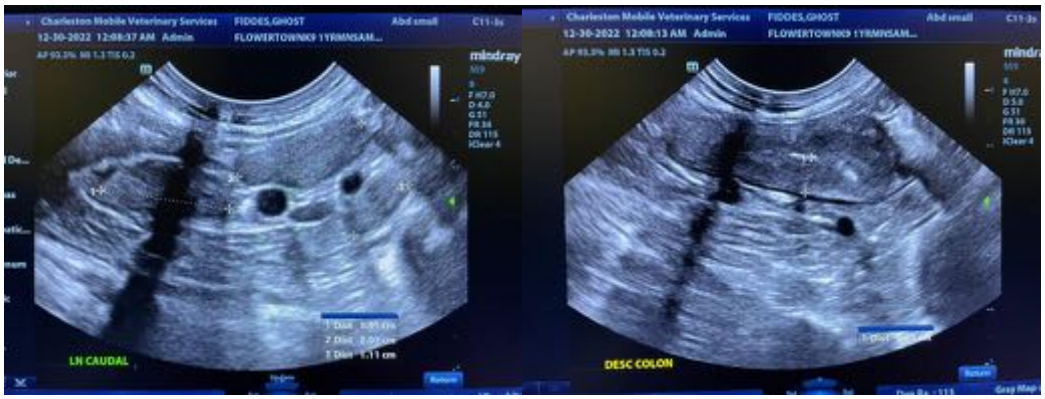

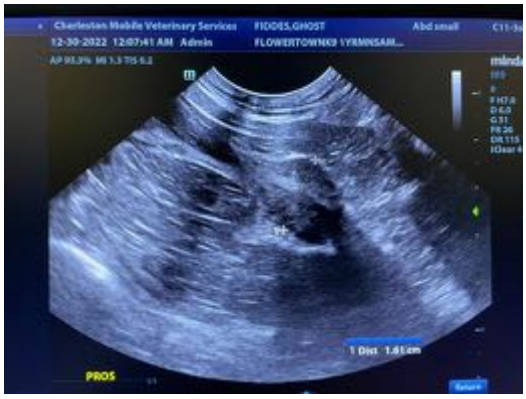

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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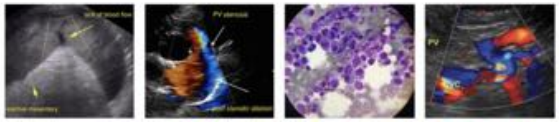

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