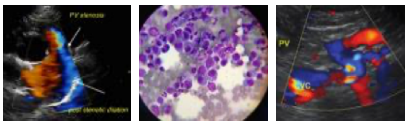
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/6/22

PATIENT

Millie Coard

SPECIES

Canine

BREED

Pitbull mix

SEX

Female, spayed

AGE

12/23/2021

WEIGHT

54.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

14316

PRESENTING CLINICAL SIGNS

Referral for potential FB; continued care. Hx: 2 days ago Millie ate some cat food and then started having diarrhea. (this has happened before.) O started giving boiled chicken and rice; had that yesterday and this morning. Late morning had rDVM tech appt. to get anal glands expressed, as she had been scooting and licking. After getting home from the appointment owner gave her some of her regular dog food. Was then in house and out in yard some as usual, but at 3 pm vomited up the dog food. About an hour later he vomited multiple times, watery/mucusy, then blood-tinged. Owner is not aware of anything in house or yard that was chewed up. They returned to rDVM; concern for pale gums. Bloodwork and xrays done. Xrays were suspicious for foreign material in stomach. IV catheter placed; started on IVF. Has been treated multiple times (O not sure which medications) for Giardia; last fecal was 5-6 weeks ago and was still +. rDVM discussed with owner that since she wasn't having clinical signs, if positive again they may not medicate and just monitor and hopefully she will build immunity. Is on Nexgard and Heartgard regularly.

Current Medications: sucralfate, protonix, ondanestron, buprenex
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (7.47 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 is normal size (6.47 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 (0.51 cm at cranial pole) (0.49 cm at caudal pole) (2.96 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 (0.66 cm at cranial pole) (0.66 cm at caudal pole) (3.18 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 enlarged (3.25 cm in width at the level of the hilus) with swollen peripheral margins and rounding at the poles. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. There is an increase in portal markings. Hepatic vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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

A small amount of anechoic free fluid is present. A 2.52 cm medial iliac lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are visualized, the largest measuring 5.50 cm in length.

Other

In the right caudal abdomen, a 2.92 x 2.12 cm round, well circumscribed, heterogeneous multi-septated cystic mass/structure is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the cystic mass/structure in the right caudal abdomen is unclear. It may be arising from the mesentery, lymph nodes, residual right ovarian tissue, other. Differentials include inflammatory focus/abscess, granuloma, tumor, cystic lymph node, other.
- The splenomegaly could be consistent with infiltrative neoplasia (i.e., round cell tumor). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis) may be present.
- Ascites (small amount).

Secondary Findings:

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered less likely.
- The increase in hepatic portal markings is suggestive of an inflammatory hepatopathy. However, correlation with the patient's liver values is recommended.

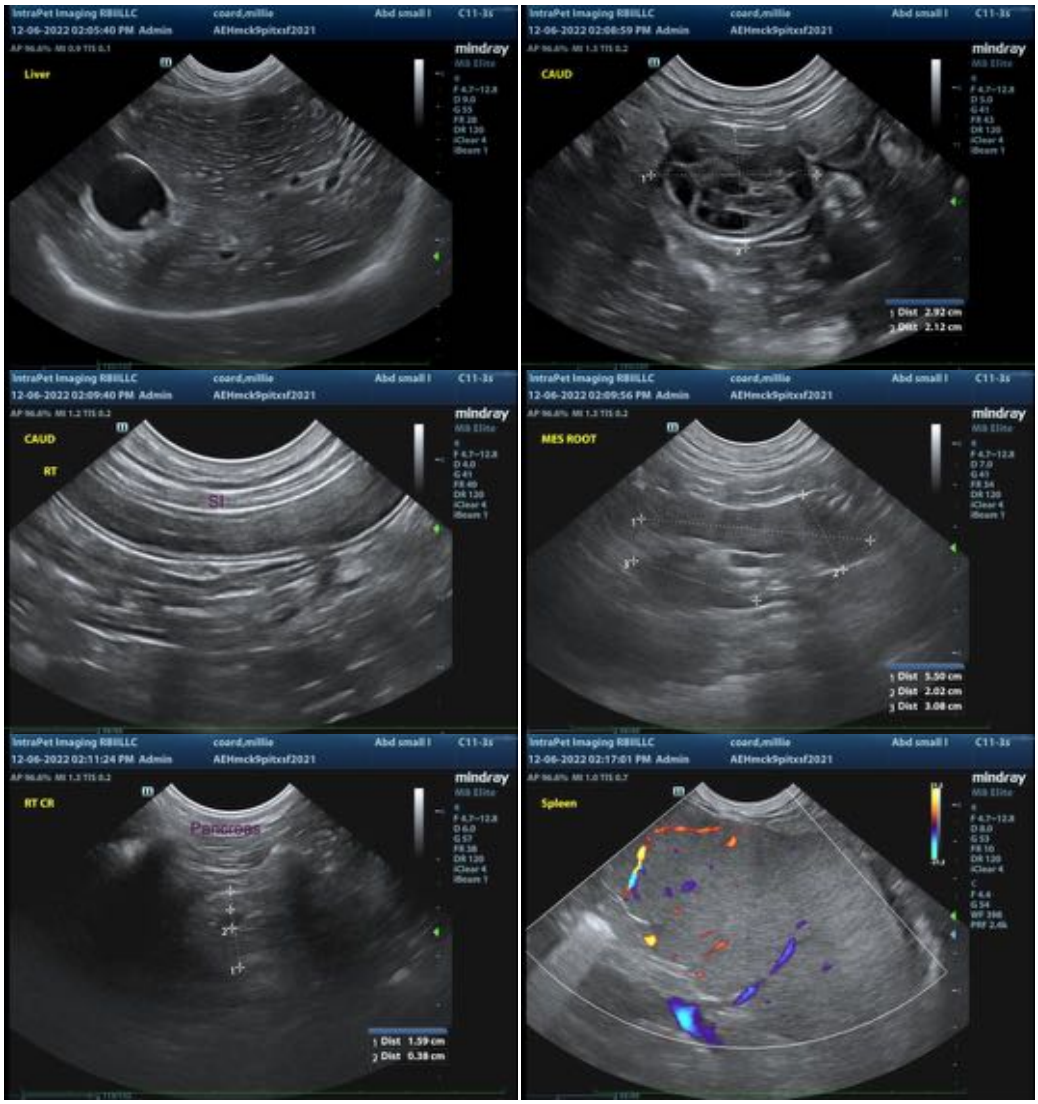
*An obvious cause for the patient's vomiting is not identified in this study. Considerations include primary gastrointestinal disease, occult neoplasia, underlying metabolic issue, other.

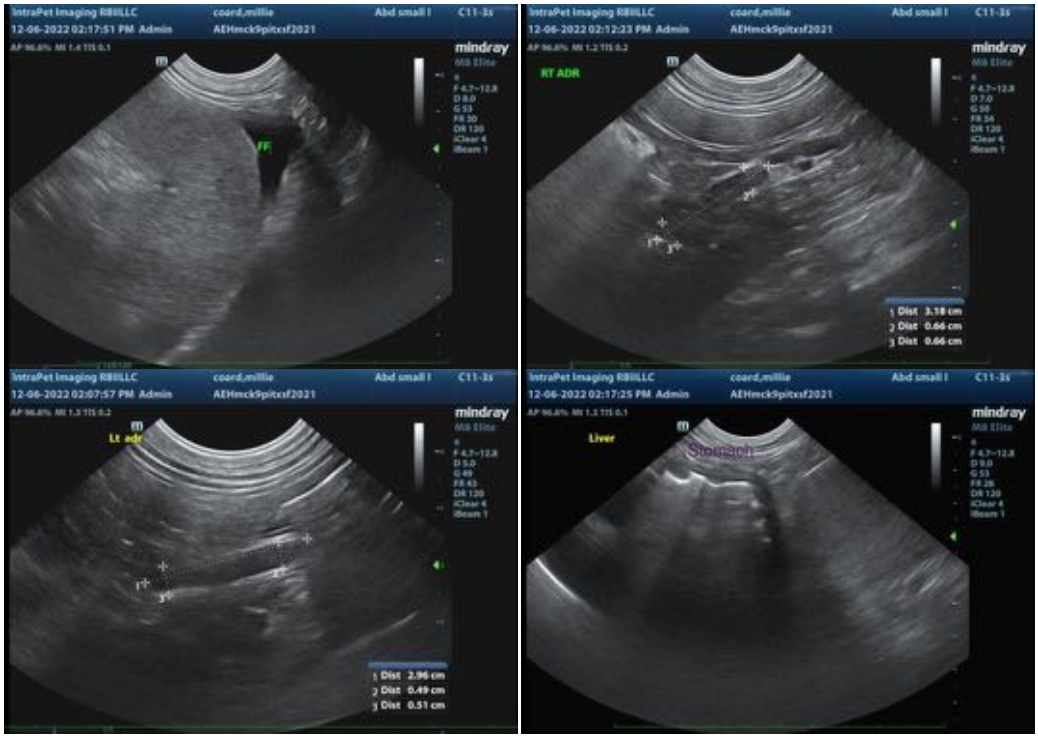
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended (if not already performed) to assess overall metabolic function.

- Consider a fine needle aspirate of the spleen and free fluid, if clotting status is appropriate. A 25 gauge needle should be used.

- Regarding the lesion in the right caudal abdomen, surgical removal with submission for histopathology would be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to anesthesia.





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