



PATIENT

Geechee Schultz

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: BAR, MM light pink, moist, CRT<2sec
No murmur/arrhythmias noted. Abdomen soft/comfortable on palpation, no masses/organomegaly noted.
Ambulatory x4; moderate muscle wasting of masticatory muscles. Otherwise NSF.

SPECIES

Canine

Abnormal lab-work values: Total Protein: 5.0. Albumin 2.4. Lipase 260. USG 1.015.

BREED

Hound Mix

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.

SEX

Spayed Female

The left kidney is normal in size (6.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11/23/16

The right kidney is normal in size (6.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

71.4 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.45 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.

INTERPRETED BY

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

The right adrenal gland is in normal size (0.89 cm at cranial pole) (0.63 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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Animal Internal Medicine*)

Spleen

The spleen is normal in size (2.24 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.

HOSPITAL NAME

Park West VA

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.

REFERRING VET

Harasim

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/not seen.

INVOICE

12250

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

DATE

2.20.23

normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular-appearing 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

Trace free fluid is observed. Two prominent, slightly rounded lymph nodes are observed in the left cranial to midabdominal (the largest measuring 1.97 cm in length).

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

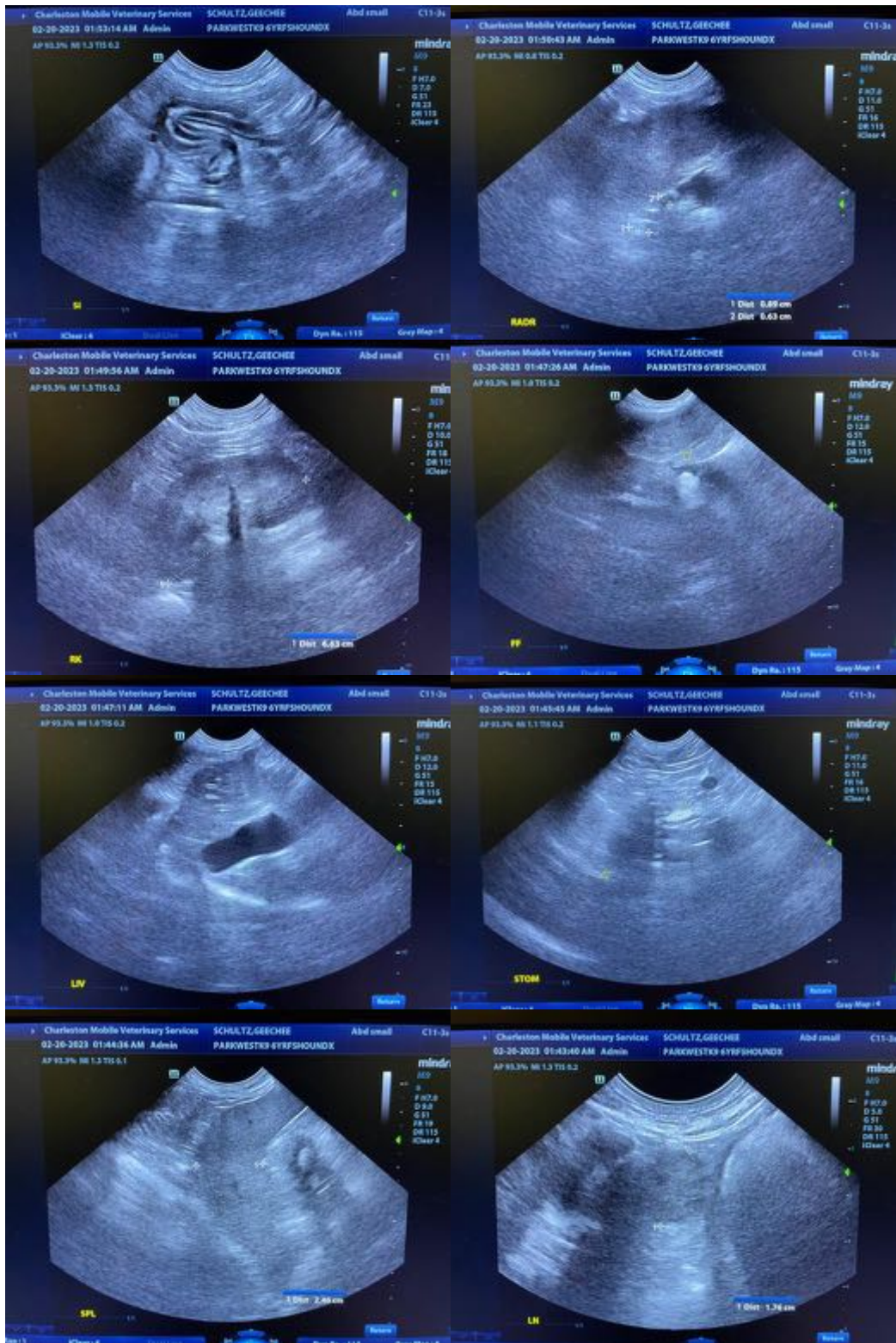
Primary Findings

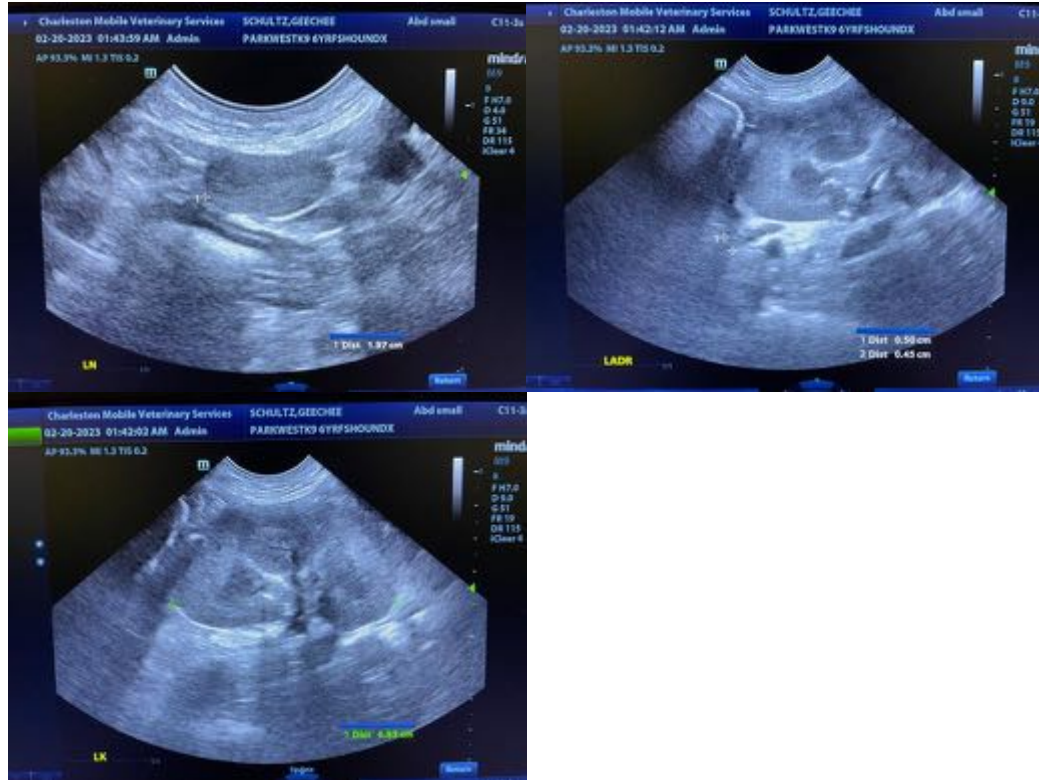
- The abdominal lymphadenopathy could be consistent with reactive change or emerging neoplasia (i.e., lymphoma).
- Trace ascites. Differentials include increased vascular permeability (i.e., vasculitis), low oncotic pressure or increased hydrostatic pressure.

*An obvious cause for the patient's clinical signs and bloodwork abnormalities is not definitively identified in this study. Given the patient's clinical history, maldigestion/malabsorption is the top differential. However, other disease processes (i.e., primary neurologic disease, low-grade pancreatitis, other) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the prominent abdominal lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, and a resting cortisol level is recommended (send to Texas A&M).
- Also consider initiation of a probiotic.
- A limited antigen or hydrolyzed protein should also be considered as empirical treatment for inflammatory bowel disease.
- A neuro examination is also recommended to assess for subtle deficits that may indicate primary neurologic disease.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.





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.

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