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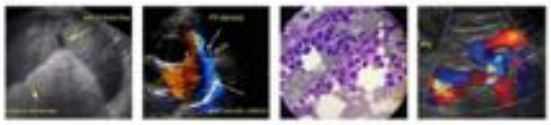


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sammy House

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

9 years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr Dayna Mills DVM

INVOICE

12482

DATE

3.23.23

PRESENTING CLINICAL SIGNS

History: * GI and Urinary issues. Chronic diarrhea. Not eating, drinking little. Has been treated for UTI this month. Fecal negative. Working diagnosis Ultrasound to r/o gastroenteritis, pancreatitis, IBD, neoplasia, other. Med: Augmentin 875mg 3/4t PO q12hr. Front leg amputation- Rectal done after AUS and NSF

Abnormal PE/Chem/CBC/UA Results: Summary of Abnormal LABs High Chol, PSL, Neutrophils. UA found RBC, WBC, bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal. The penile urethra is also evaluated. No obvious abnormalities are seen.

The prostate is prominent in size (1.64 cm in width) with normal curvilinear peripheral contours. Parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (9.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.56 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.

The right adrenal gland is in normal size (0.96 cm at cranial pole) (0.62 cm at caudal pole) (3.27 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.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.78 cm irregular hyperechoic nodule is present, along with a 1.19 cm irregular, hypoechoic-to-heterogenous nodule. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen. A few small, ill-defined hypoechoic nodules are visualized. Hepatic vasculature and intrahepatic biliary tracts are 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic 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

There is no obvious evidence of free fluid. Several prominent lymph nodes are observed at the aortic trifurcation/sublumbar area (the largest measuring 3.00 cm in length). Surrounding mesentery is mildly hyperechoic. A few prominent right inguinal lymph nodes are also seen (the largest measuring 1.33 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent caudal abdominal lymph nodes trend toward the benign (i.e., lymphoid hyperplasia or reactive lymphadenitis). However, emerging neoplasia (i.e., round cell tumor) cannot be completely excluded.

Secondary Findings

- Bilateral chronic age-related renal changes
- The hypoechoic splenic nodule could be consistent with a focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar. Alternatively, an emerging tumor is possible. The hyperechoic nodule trends toward the benign (i.e., myelolipoma).
- The prominent prostate may be a normal variant for this patient or may be secondary to hyperplastic changes (if neutered later in life). Alternatively, emerging neoplasia is possible.

  *An obvious cause for the patient's chronic diarrhea is not definitively identified in this study. Differentials include infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

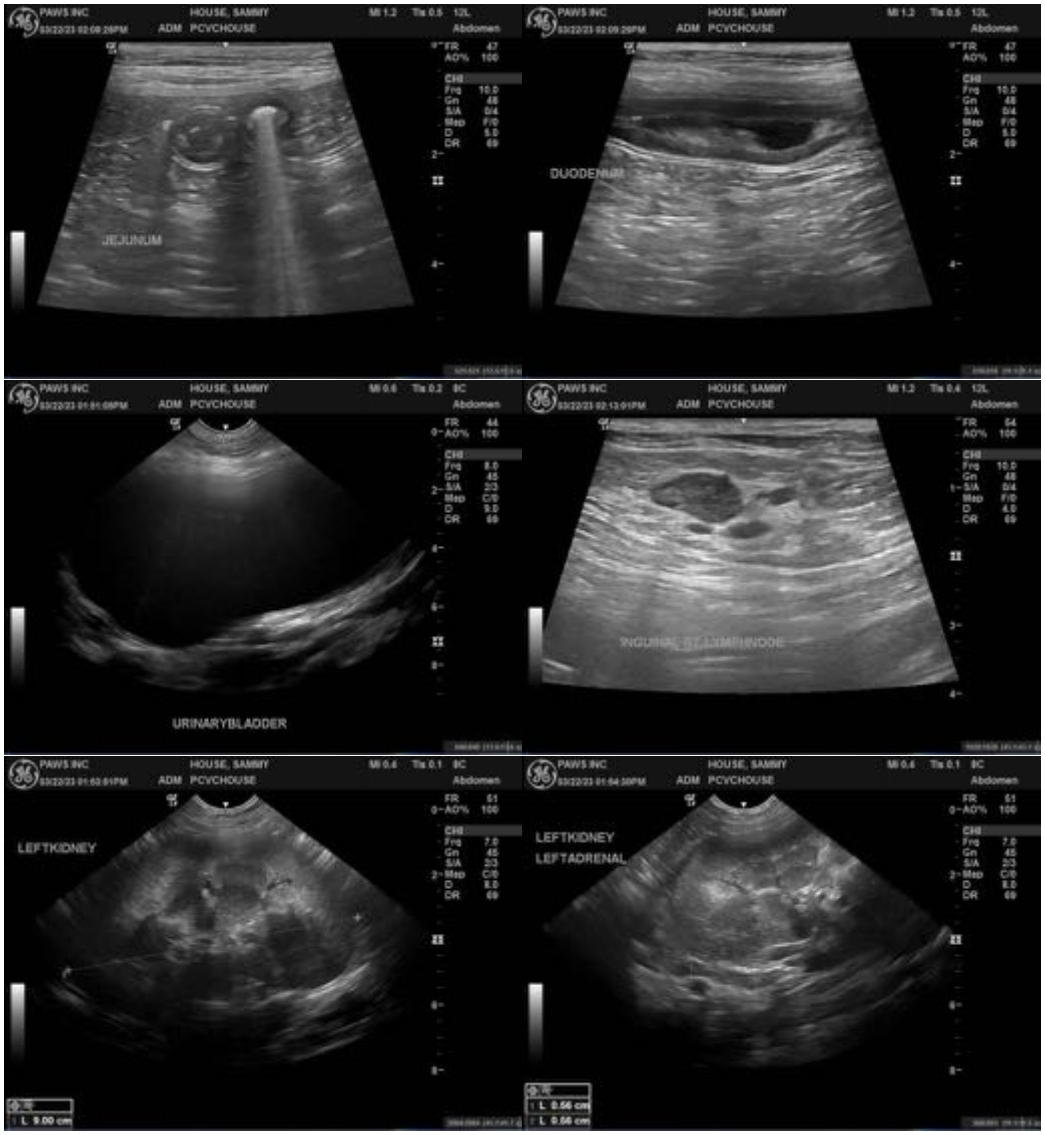
- Fecal evaluation for ova and Giardia along with a fecal PCR infectious disease panel should be considered.
- Prophylactic deworming with Fenbendazole
- Consider initiation of a probiotic +/- a fiber supplement

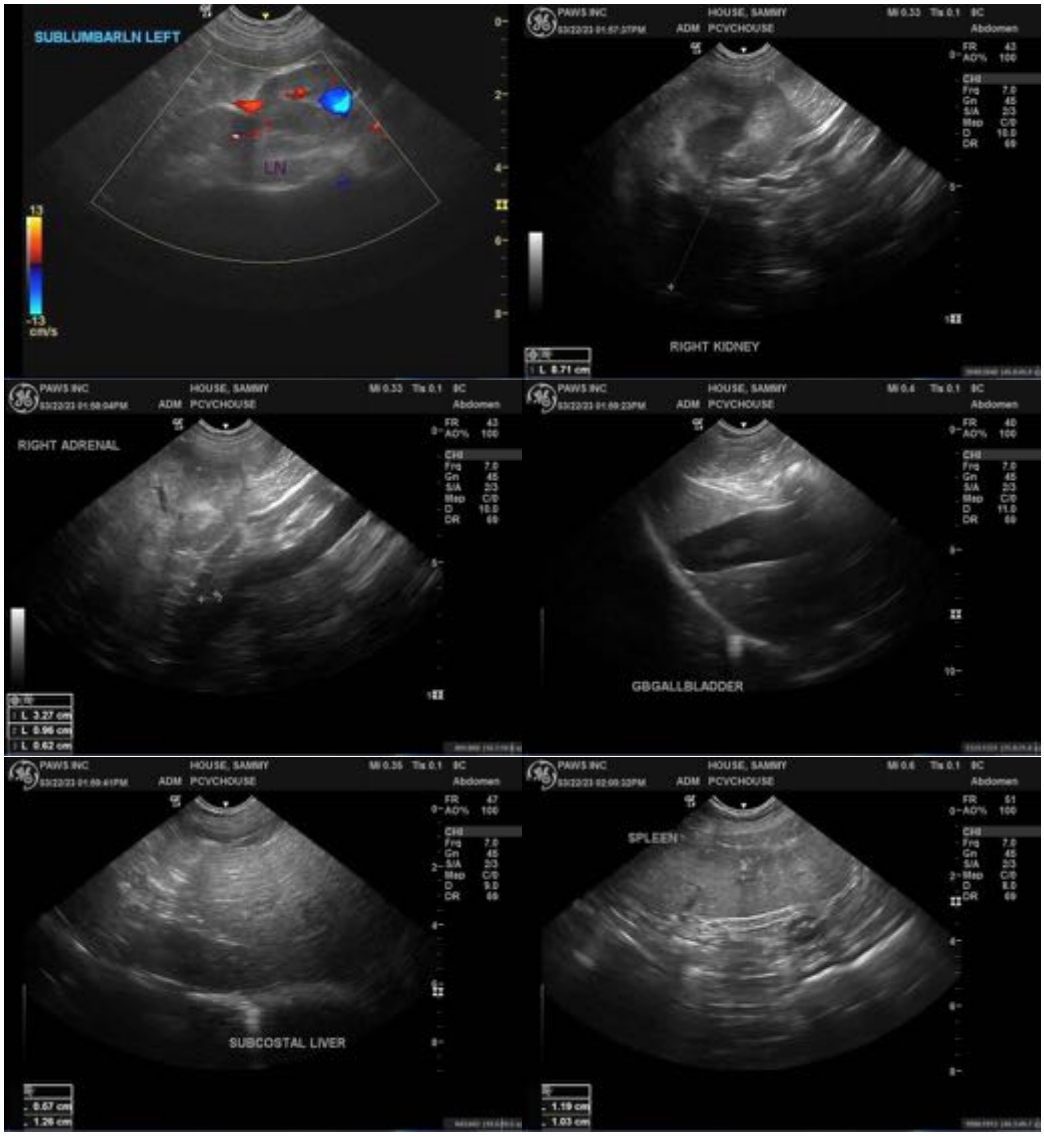
- A more advanced GI work-up could include the following:

    1. GI panel including serum cobalamin and folate, TLI, PLI and a resting cortisol level (send to Texas A&M).
    2. Limited antigen or hydrolyzed protein diet trial to assess for food allergies
    3. Endoscopic or surgical GI biopsies

- Regarding the splenic nodules, consider a repeat ultrasound in 4-6 weeks to assess for progression.

- Regarding the prominent caudal abdominal lymph nodes, consider fine needle aspiration if accessible and if clotting status is appropriate.





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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