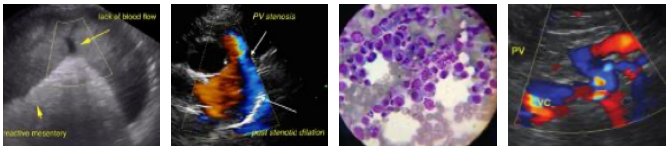
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Abby Pereira

SPECIES
Canine

BREED
Pitbull

SEX
Female, spayed

AGE
2013

WEIGHT
73 lbs.

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

IMAGING PERFORMED BY
RJ

HOSPITAL NAME
Brodheadsville VC

REFERRING VET
Dr. Goldstein

INVOICE
14711

DATE
3/7/23

PRESENTING CLINICAL SIGNS

History: Distended abdomen.

CBC Chem unremarkable, 4DX negative

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.09 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 (6.31 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.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.43 cm at caudal pole) (2.68 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 (0.73 cm at cranial pole) (0.67 cm at caudal pole) (2.78 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

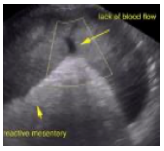
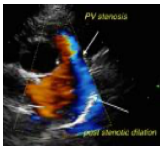
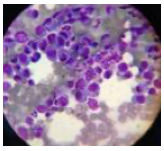
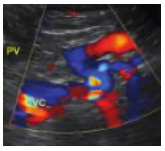
The spleen is subjectively normal in width (2.20 cm in width at the level of the hilus) with a slightly elongated contour. The parenchyma is subtly mottled in appearance. A few ill-defined, hypoechoic nodules/areas are observed, the largest measuring 1.57 cm in diameter. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and 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 small amount of aggregated, echogenic, gravity-dependent debris/sludge 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

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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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis). Alternatively, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the spleen can be considered (if clotting status is appropriate). A 25-gauge needle should be used.
- To further evaluate for other causes of abdominal distention, consider the following:
  1. T4/free T4 by equilibrium dialysis to assess for hypothyroidism
  2. Orthopedic and neurologic examinations to assess for pain, which can occasionally result in a tense/distended abdomen.
  3. Malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and underlying pancreatic disease, which occasionally can result in gas distended bowel loops.
  4. If the above diagnostics are inconclusive, consider measuring the patient's caloric intake to determine if the abdominal distention is due to weight gain from excessive caloric intake.

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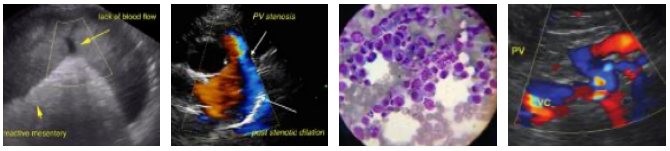

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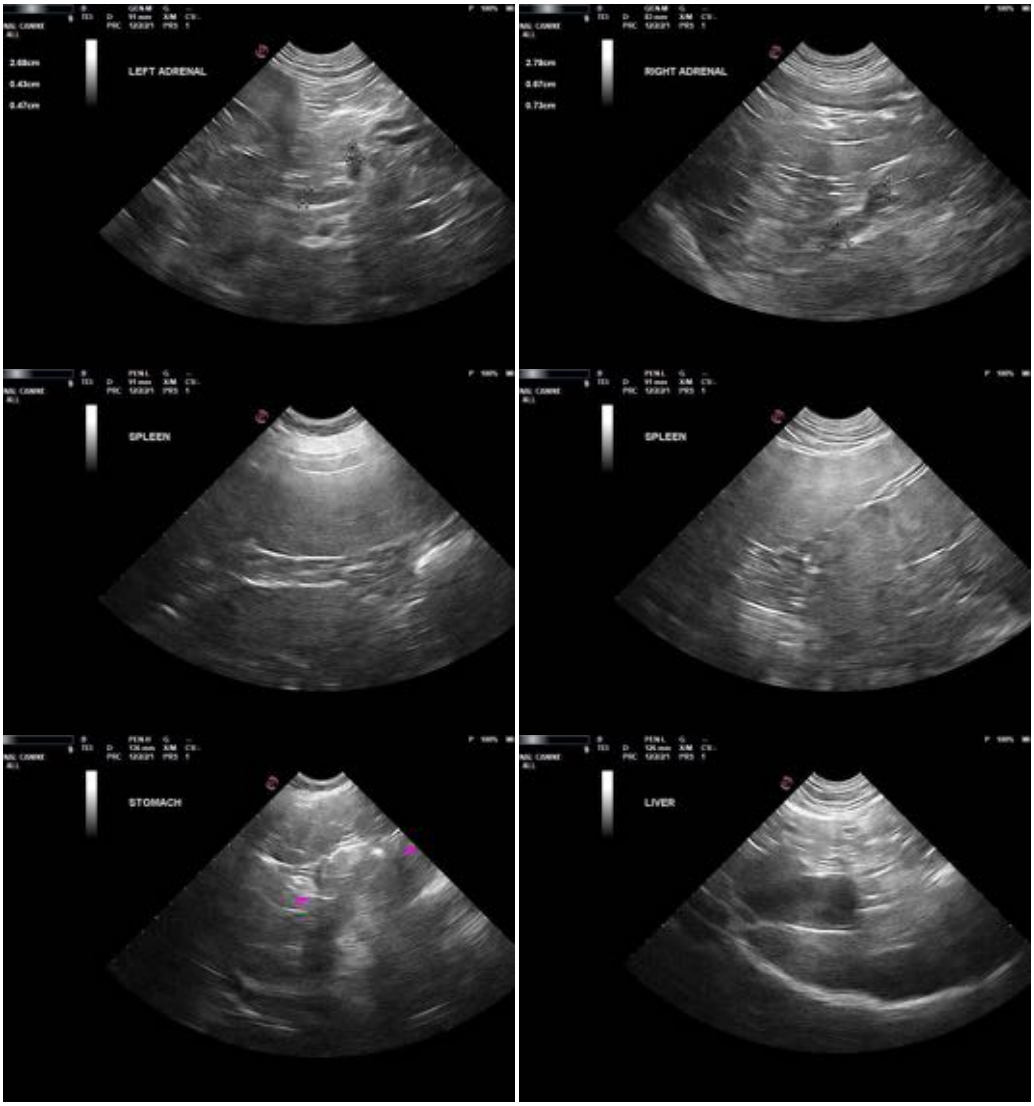

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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