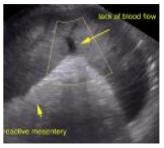
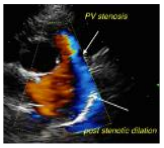
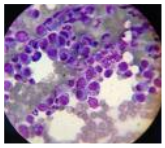
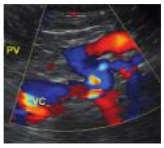
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Diesel Desantis

SPECIES
Canine

BREED
Bulldog Mix

SEX
Neutered Male

AGE
1 year

WEIGHT
112 lbs

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
10731

DATE
4/13/22

PRESENTING CLINICAL SIGNS

History: Severe gastritis, gastric distention, vomiting blood.
Abnormal PE/Chem/CBC/UA Results: NSF

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 proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not visualized in its entirety due to its pelvic location. In the visualized portions, no obvious abnormalities are seen.

The left kidney presented normal size (8.78 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 presented normal size (8.97 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 (0.39 cm at cranial pole) (0.43 cm at caudal pole) (2.48 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 (0.56 cm at cranial pole) (0.75 cm at caudal pole) (2.99 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 normal in size (2.63 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The mesentery effacing the serosal surface of the stomach is mildly hyperechoic. A small amount of fluid is observed within the pyloric antrum and the proximal duodenum. The remainder of the small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering

pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
There is There is no evidence of free fluid. 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. Several prominent to enlarged mesenteric lymph nodes are visualized, the largest measuring 3.45 cm in length.

ULTRASONOGRAPHIC FINDINGS

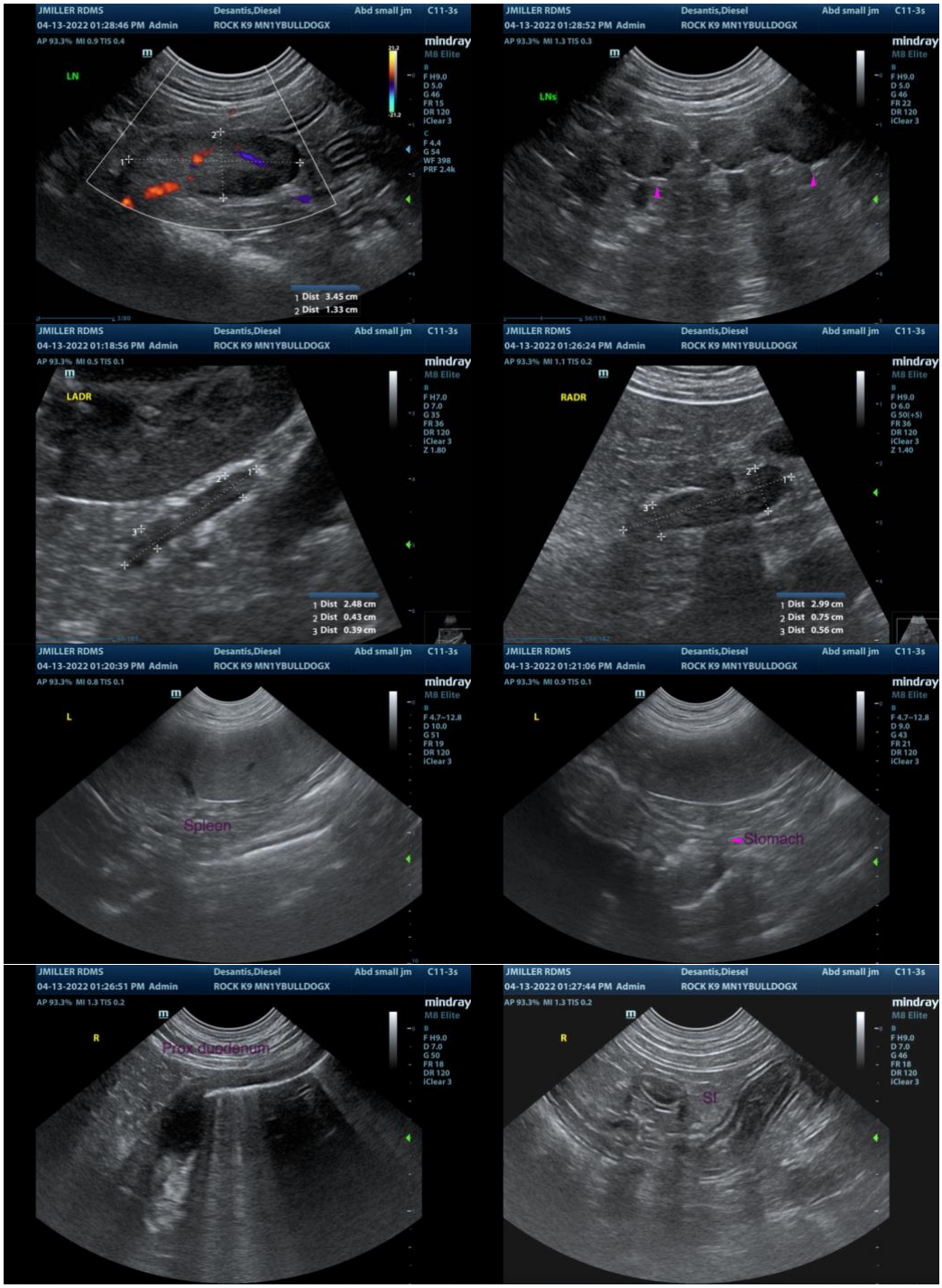
Primary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia (i.e., round cell tumor).
- The splenic parenchymal changes are nonspecific and could be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or infiltrative neoplasia (i.e., round cell tumor).
- Small intestinal wall changes are suggestive of an inflammatory process. However, correlation with the patient's long-term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Although the patient's clinical history could be associated with severe gastroenteritis, given the sonographic changes, there is some concern for neoplasia (i.e., mast cell disease or lymphoma) in the spleen and lymph nodes. Therefore, fine-needle aspirates of these organs should be considered (if clotting status is appropriate). If aspirates are pursued, the patient should be pretreated with diphenhydramine (at 2.2 mg/kg) subcutaneously 15 minutes prior to the procedure. Also consider the following diagnostics:

1. Baseline lab-work including a CBC chemistry panel and urinalysis, if not already performed.
2. Three-view thoracic radiographs
3. Fecal evaluation for ova and Giardia
4. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. +/- GI biopsies, if clinical signs persist and if above diagnostics are inconclusive.



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com