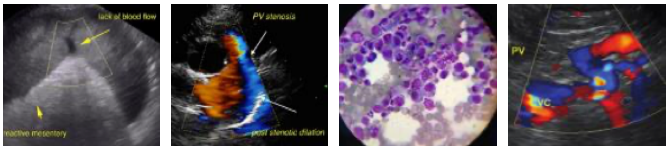
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Lexi Busela

SPECIES
Canine

BREED
Black Mouth Cur

SEX
Female, spayed

AGE
7 Yrs.

WEIGHT
69.6 lbs.

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

IMAGING PERFORMED BY
Dr. Budden

HOSPITAL NAME
Frontier VH

REFERRING VET
Dr. Budden

INVOICE
14856

DATE
4/25/23

PRESENTING CLINICAL SIGNS

History: Clinical signs: Vomiting, decreased appetite, change to eating habits History: Seen 4/18/23 for a change in eating behavior. Started taking food away from the bowl and dropping it on the floor to eat. Was still eating normal amount at this time. Always has been a picky eater. Long history of going outside to eat grass and then vomit. 4/15 and 4/16 did not eat anything. Started to eat again 4/17. Prescribed Rimadyl for suspect dental pain. Baseline lab work run see below. Gingivitis on exam so COHAT done 4/20. No abnormalities on dental outside of moderate dental tartar/gingivitis. Returned 4/23 because appetite had been low since dental. cPL performed and UA/culture performed see below. Treated with SC fluids and Cerenia injection. Seen again 4/24 since started to vomit and have diarrhea within the 24 hour period. Owner gave oral Cerenia and Lexi ate some chicken and rice that afternoon. More vomiting overnight. Presented today for abdominal ultrasound to look for a cause of the vomiting and decreased appetite. Current medications: Prilosec Cerenia
Abnormal PE/Chem/CBC/UA Results: Physical exam: Iris cyst right eye, mild suspect gingival hyperplasia, normal exam otherwise Lab work: 4/18 CBC/Chem wnl 4/23 cpl normal 4/23 UA/culture USG 1.040 Protein 1+ Bilirubin 2+ Amorphous phosphate crystals 0-1 Culture negative Fecal pending

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 mostlyanechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.46 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.

The right kidney is normal size (7.69 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 subjectively normal in length (0.38 cm at cranial pole) (0.39 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

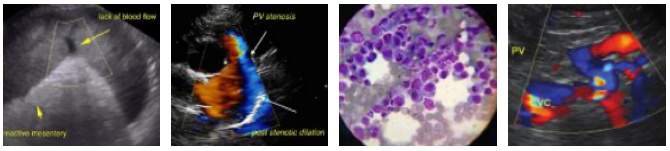
The right adrenal gland is normal size (1.03 cm at cranial pole) (0.60 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.70 cm ill-defined hypoechoic nodule is observed near the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with irregular peripheral contours. Several hypoechoic nodules/masses are observed in the region of the right medial lobe, the largest measuring 3.3 cm in diameter. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume



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with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally gas distended. An approximately 5 cm irregular small intestinal mass is visualized. The wall in this region is thickened (up to 0.66 cm) and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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

Trace free fluid is observed. 2-3 enlarged mildly hypoechoic mesenteric lymph nodes are visualized, the largest measuring 3.46 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

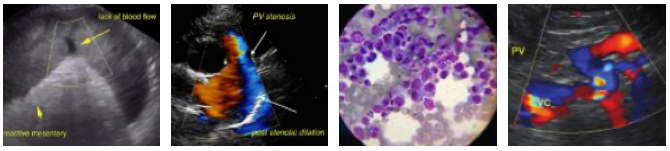
- Small intestinal mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, other) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- The hepatic nodule/masses are concerning for metastatic disease or primary hepatic neoplasia with a lower possibility of multifocal inflammatory disease, granulomas, regenerative nodules, other.
- The lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings:

- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging primary tumor or metastatic disease.
- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the bowel mass, enlarged abdominal lymph nodes +/- hepatic nodules, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive and there is no evidence of pulmonary metastatic disease, an abdominal exploratory with biopsies of the lesions can be considered. However, due to the concern for



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possible metastatic disease in the abdomen, the prognosis is considered guarded, and palliative should be considered in lieu of aggressive diagnostics/treatments.

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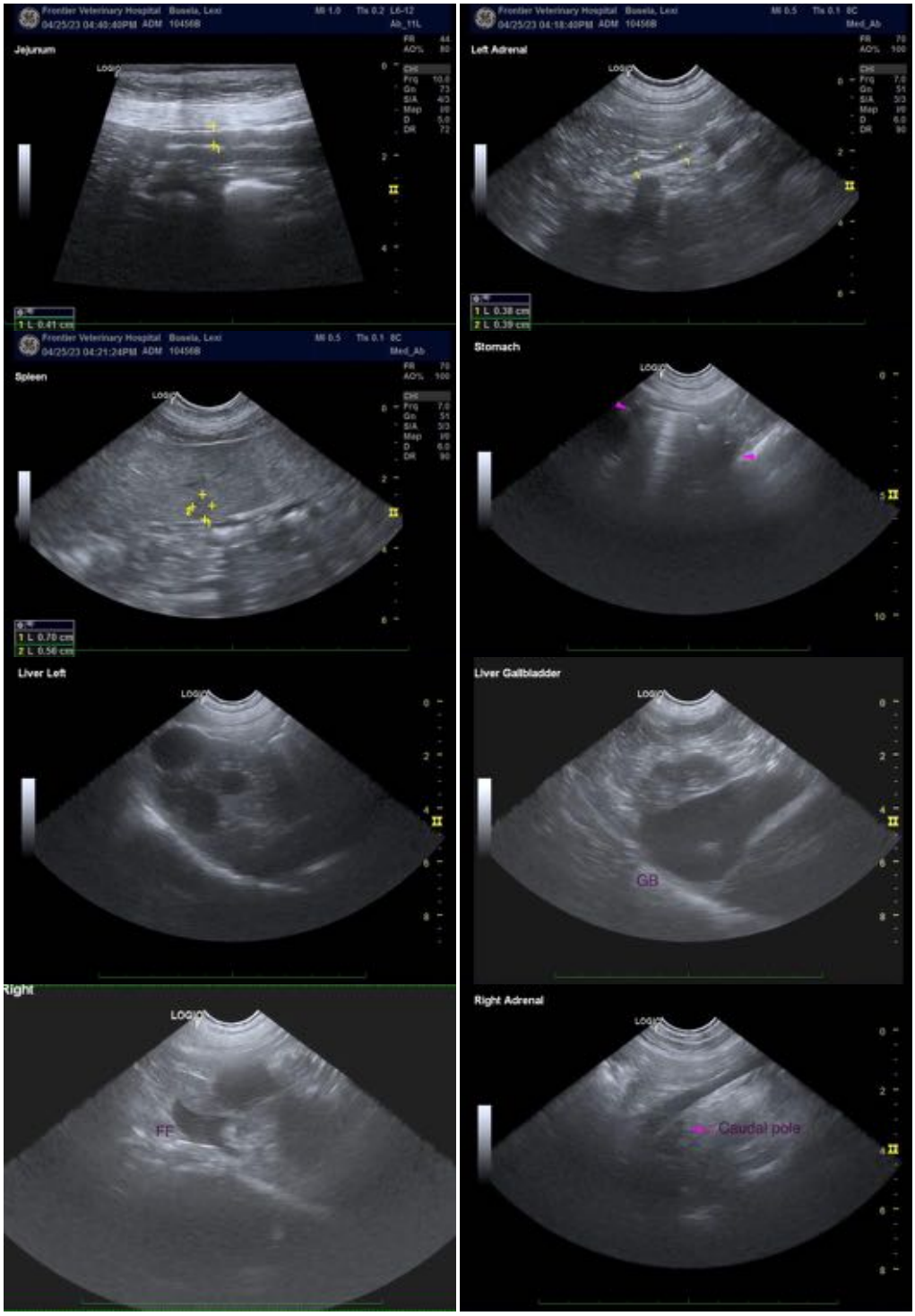

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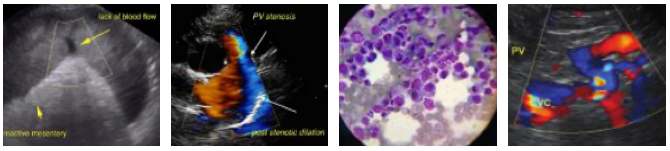

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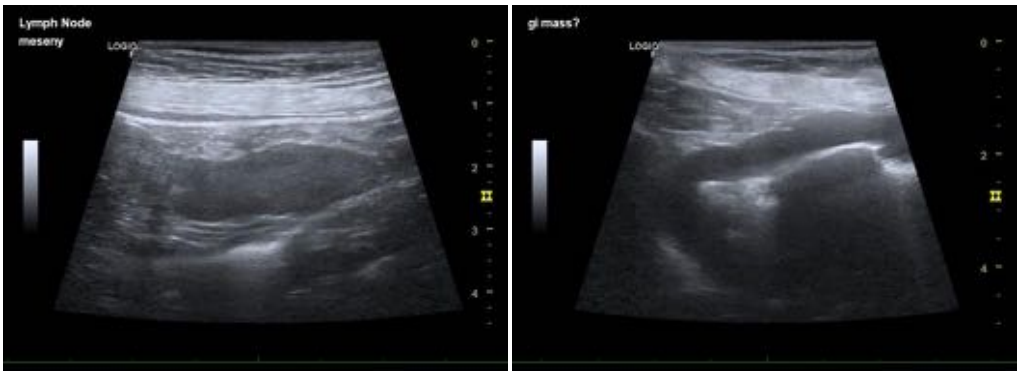

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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