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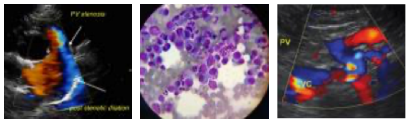
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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**DATE**

4.3.23

**PATIENT**

Diamond Ehm

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

Spayed Female

**AGE**

1/25/2009

**WEIGHT**

57.5 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Pleasantville AH

**REFERRING VET**

Dr. Gounaris

**INVOICE**

12627

## PRESENTING CLINICAL SIGNS

Presented 3/24/23 to another clinician with coughing, dry hacking cough for several days. E/D normal (has always drank a good bit) no v/d/s aside from vomiting about once weekly for a few months. Hx of a grade 4-5 left systolic heart murmur. was started on cough suppressants and abx which P had side effects from so were discontinued for several days, cough came back. Presented today 4/3 for vomiting more profusely several days 2-3 times daily and could not keep food down, inappetence for the last 18 hours. Vomited yesterday evening food and has not eaten anything since. O adamant has not eaten anything foreign.

Current Medications: Pimobendan 5 mg BID will be increasing to 7.5 mg BID, amoxicillin 500 mg BID
Lab Results: ALP 367. BUN 53. Calcium 12. Creatine 2.6. Mild leukocytosis with a neutrophilia.

Radiographs: cardiomegaly, VHS 11-11.5 mild bronchial pattern no pulmonary edema present abdominal rads show soft tissue opacity in the stomach smooth margins oblique shape with several areas of granular bone opacity debris.small rounded liver smooth margins, fluid filled small intestinal loops, gassy fecal debris colon, renal mineralization and likely urinary bladder stones
Date of Previous IntraPet Ultrasound: 5/20/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved. Echo offered and declined at this time.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness with a a relatively smooth mucosal surface. A moderate amount of mineralized sand, along with small cystic calculi are within the lumen. A small amount of suspended echogenic debris is also seen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.28 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (6.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is moderate loss of corticomedullary distinction. Numerous, varying-sized nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is prominent in size at the cranial pole (1.03 cm) and normal in size at the caudal pole (0.76 cm), (2.57 cm in length). A 1.36 x 0.75 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.81 cm at cranial pole) (0.72 cm at caudal pole) (2.72 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 normal in size (1.79 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.

### *Liver*
The liver is subjectively normal in size. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. In the caudate process, a 1.80 cm hypoechoic nodule is seen. The peripheral margins in this region are slightly rounded. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The sludge appears to extend into the proximal cystic duct. The common bile ducts is normal/not seen.

### *Gastrointestinal*
The gastric lumen contains irregular hard, shadowing material, as well as gas. The shadowing material appears to extend through the pyloric outflow tract but is not seen 1-2 cm beyond the proximal duodenum The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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. The colonic lumen contains granular-appearing fecal material.

### *Pancreas*
The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*
There is no obvious evidence of free fluid. A 0.98 cm irregular cystic lymph node is observed just caudal to the left renal artery.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Gastric foreign material with suspected extension into the pyloric outflow tract

### Secondary Findings

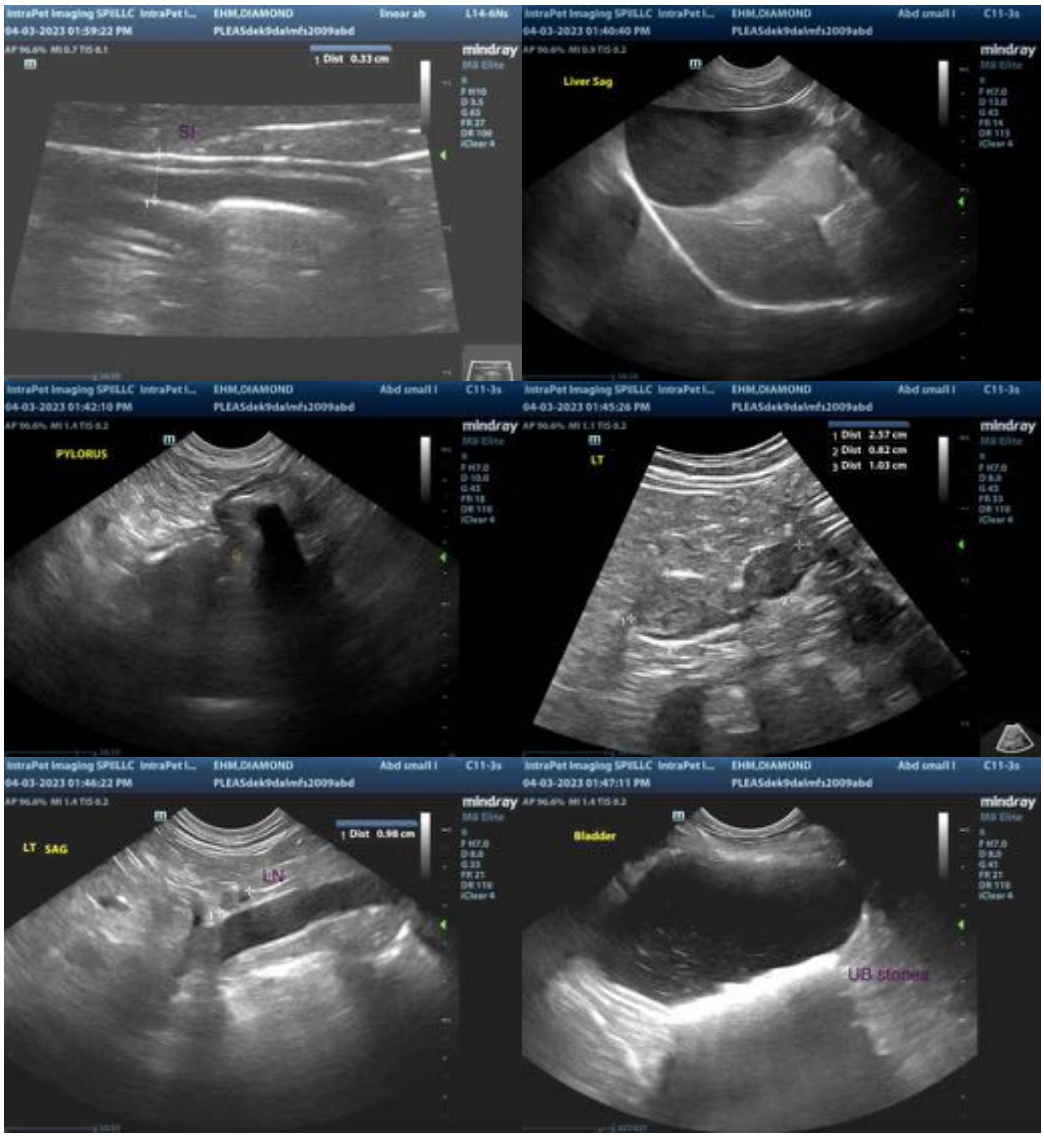
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The cystic lymph node in the left mid-abdomen likely represents a benign incidental finding, with a lower possibility of emerging neoplasia.
- Bilateral chronic age-related renal changes with nephrolithiasis, more severe in the right kidney
- Cystic calculi with mineralized urinary bladder sand. Changes are similar to the previous sonogram.
- The left adrenal nodule could be consistent with benign macronodular hyperplasia or an emerging tumor.
- Suspected right hypoechoic hepatic nodule. Differentials include regenerative nodule versus emerging tumor versus inflammatory focus.

- The gall bladder sludge could be consistent with cholestasis, fasting or an emerging mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gastric foreign material, consider an upper GI endoscopy to attempt retrieval or a abdominal surgery with a gastrotomy. If surgery is pursued, consider biopsy/removal of the right hepatic nodule, as well as a cystotomy with stone removal, analysis and culture. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.

- Regarding the gall bladder changes, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 6-8 weeks) to assess for progression. Alternatively, a repeat ultrasound can be considered in 2-3 months, preferably 1-2 hours following a small meal. If gall bladder changes are similar to today's scan, Ursodiol can be initiated at that time.



**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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