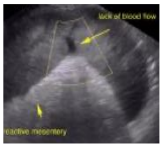
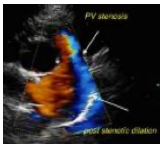
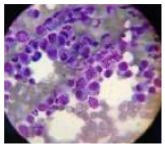
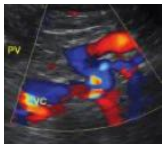
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Echo Rawlings

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

8 years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Healing Traditions VC

REFERRING VET

Dr Vockeroth

INVOICE

12679

DATE

4.5.23

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting since March 27.
History of mast cell on back, surgical excision planned for future. Grade 1 murmur. Labs NSF.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.59 cm in length) with a normal shape, architecture and 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 in size (7.26 cm in length) with a normal shape, architecture and 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 in size (0.35 cm at cranial pole) (0.45 cm 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 appear normal.

The right adrenal gland is in normal size (0.84 cm at cranial pole) (0.43 cm 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 appear normal.

Spleen

The spleen is subjectively normal in size (1.91 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely heterogenous in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-distended. Within the fluid, ill-defined echogenic material is observed. 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 colonic wall is 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Findings

- The echogenic material in the gastric lumen is thought to represent retained luminal debris/ingesta with a lower possibility of an ill-defined mucosal mass.

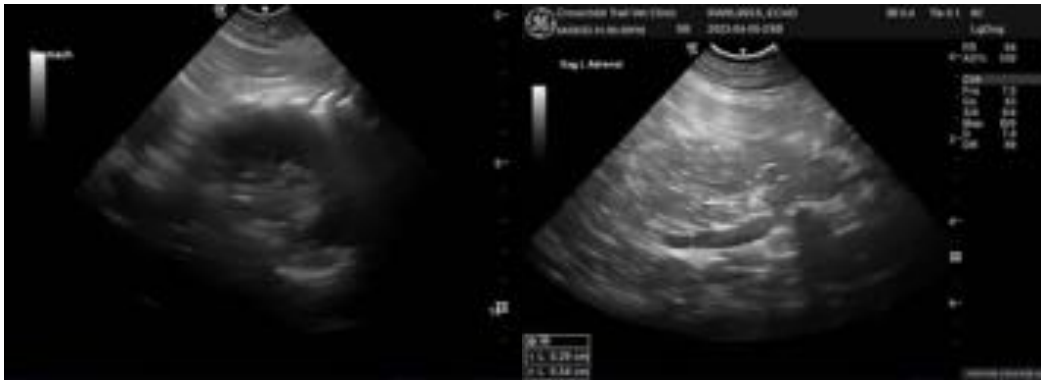
- The splenic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.

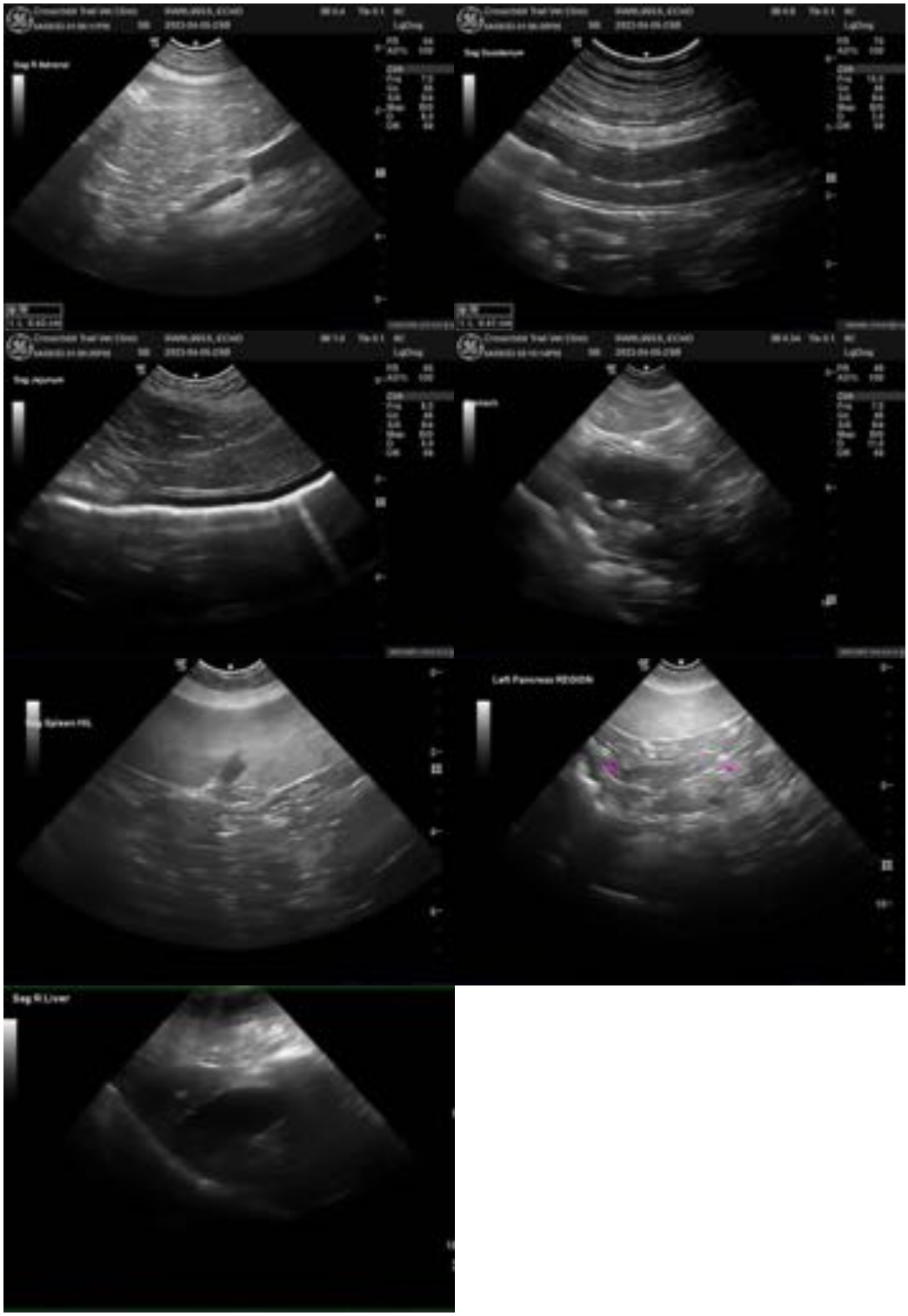
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of mast cell disease, consider a splenic aspirate (if clotting status is appropriate). A 25-gauge needle should be used, and the patient should be pretreated with diphenhydramine prior to the procedure to reduce the risk of possible mast cell degranulation.

- Other diagnostic considerations include the following:

    1. Fecal evaluation for ova and Giardia
    2. GI panel including serum cobalamin and folate, TLI, PLI and a resting cortisol level
    3. Three-view thoracic radiographs to assess for occult esophageal disease
    4. +/- elimination or hydrolyzed protein diet trial to assess for food allergies
    5. Consider initiation of a probiotic.
    6. If the above diagnostics are inconclusive, endoscopic or surgical GI biopsies may be warranted.




Sag R Adrenal
Sag Duodenum
Sag Jejunum
Left Pancreas REGION
Sag R Liver

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)
info@SonoPath.com