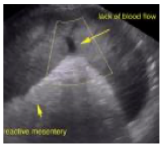
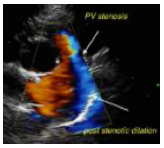
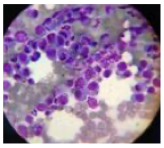
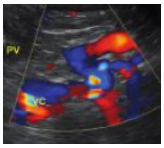
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Oakley Bruno

SPECIES
Canine

BREED
Goldendoodle

SEX
Neutered Male

AGE
9 years

WEIGHT
64 lbs

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
12688

DATE
4.6.23

PRESENTING CLINICAL SIGNS

History: He has waxing and waning diarrhea and vomiting for the past few years. Recently he has gotten worse, his appetite is down slightly, and he is vomiting and regurgitating every day. He is currently on Proviable Forte/Prilosec (didn't tolerate weaning off this medication-vomiting worsened)/hydrolyzed protein diet. screening chest rads no significant findings, abdominal rads-small liver noted. Bloodwork done 12/13/22 were normal.

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 the proximal urethra, visible to a depth of 1-2 cm, are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (6.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.63 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.80 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (1.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.69 cm hypoechoic nodule is observed at the cranial aspect. Splenic vasculature appears normal.

Liver

The liver is normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homg in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A polypoid-like lesion is arising from the luminal surface. Luminal contents are otherwise anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is 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 colonic wall is normal.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule is concerning for a for an emerging tumor (i.e., round cell tumor, sarcoma). However, a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be excluded.

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings

- Minor age-related pancreatic remodeling

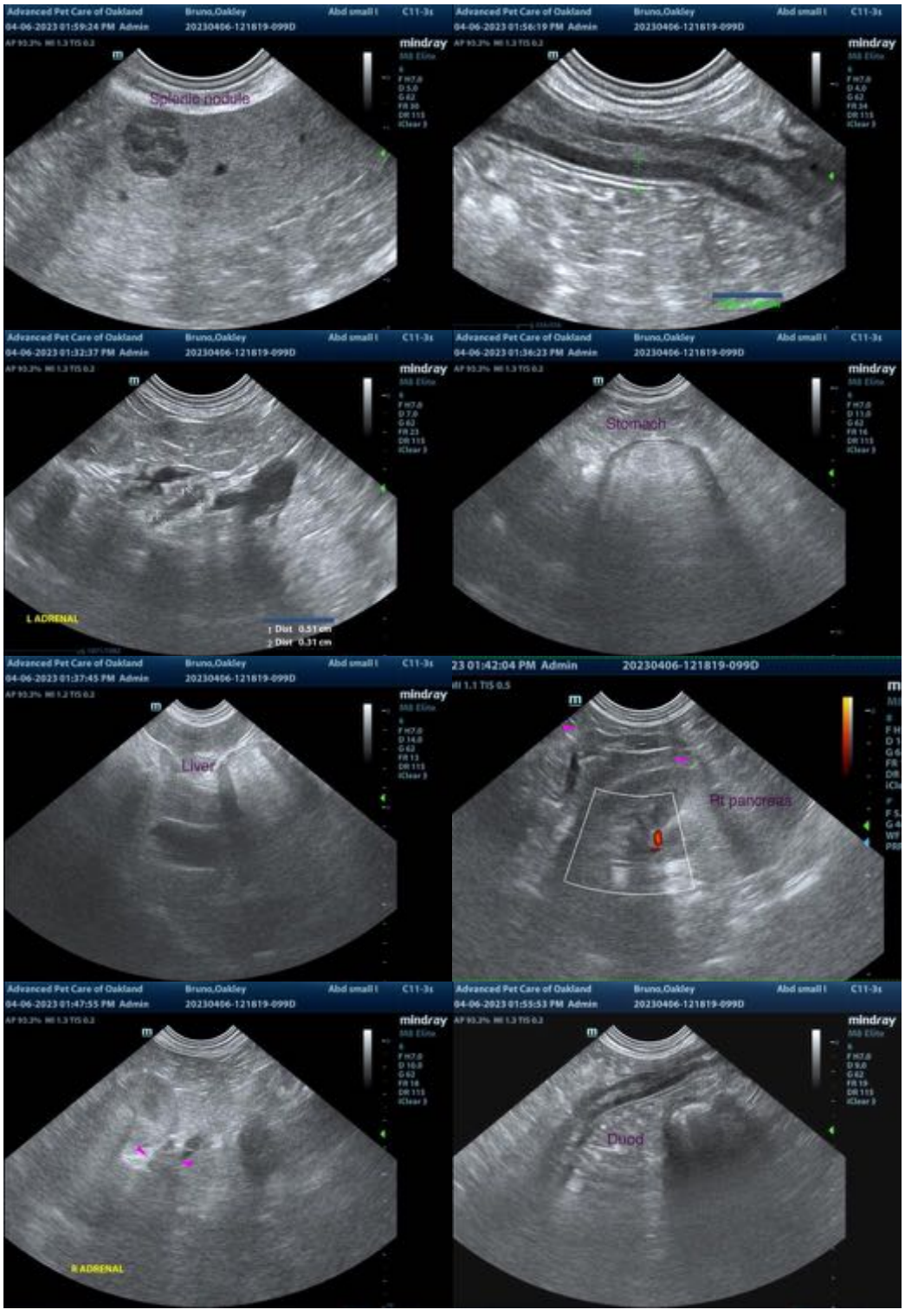
  *An obvious cause for the patient's clinical signs is not definitively identified in this study. Differentials include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the recent onset of regurgitation, consider a barium esophagram, preferably via fluoroscopy, to assess for possible esophageal dysfunction. There is a risk of aspiration barium with the procedure.

- Other diagnostics considerations include the following:

  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Fecal PCR infectious disease panel
  3. Prophylactic deworming with Fenbendazole
  4. Initiation of a fiber supplement (i.e., Metamucil or Konsyl)
  5. Consider changing to a different hydrolyzed protein or a limited antigen diet.
  6. Malabsorption panel, including serum cobalamin and folate, TLI, PLI and resting cortisol level is also recommended (send to Texas A&M).
  7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. Endoscopy would be beneficial in evaluating for esophagitis and upper mucosal GI lesions.


Advanced Pet Care of Oakland
Bruno,Oakley
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Splenic nodule
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Duod

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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