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Clinical Sonography & Telecytology
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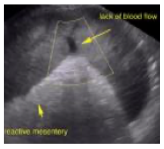
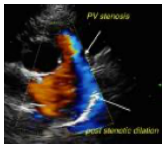
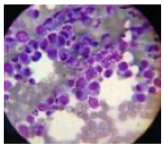
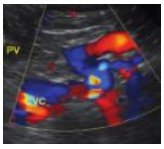

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Porter

SPECIES

Canine

BREED

Bassett Hound

SEX

Intact Male

AGE

10 years

WEIGHT

24.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho AH (VCA)

REFERRING VET

Fry Creek AC

INVOICE

12996

DATE

5.10.23

PRESENTING CLINICAL SIGNS

History: Presented for chronic vomiting over the last 3-4 weeks, and then increased frequency of vomiting 1 week ago when he stopped eating. rDVM exam noted severe dental disease and started enrofloxacin and sucralfate. Vomiting persisted so on recheck yesterday when dental care was scheduled, radiographs were performed. There was suspicion of an abdominal mass, so ultrasound referral was recommended. Patient was given subcutaneous fluids yesterday. Patient has lost weight over the last month. Only defecating small amounts, normal urination. Has history of several mass removals prior to visit to rDVM and 1 was noted as cancerous, owner does not remember what type.

Abnormal PE/Chem/CBC/UA Results: Superchem/CBC/T4 on 5/5/23 was unremarkable. No urinalysis performed. Patient has normal body condition but was previously overweight. Severe dental disease. Splenomegaly palpable on physical exam. Patient is quiet but alert and responsive.

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 visible portion of the proximal urethra are normal.

The region of the prostate is not visualized in its entirety due to its pelvic location. In the visualized portions, the prostate is enlarged (3.79 cm in width) with smooth curvilinear peripheral contours. The parenchyma is mildly hyperechoic relative to surrounding omental fat and heterogenous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.89 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 (7.18 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 (0.59 cm at cranial pole) (0.63 cm at caudal pole) (2.70 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent in size (2.29 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly 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.

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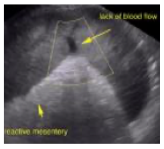
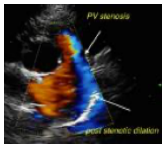
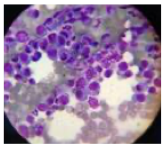
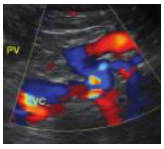

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall is subjectively thickened. However, wall thickness is difficult to determine due to the presence of numerous rugal folds. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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 mesentery surrounding the stomach is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia. Adjacent peritonitis is present.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Endoscopic or surgical GI biopsies of the stomach and bowel are recommended to get a definitive diagnosis. Also consider the following:

  1. Three-view thoracic radiographs to assess for occult esophageal disease
  2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
  3. Fecal evaluation for ova and Giardia
  4. While awaiting test results, symptomatic care is recommended.

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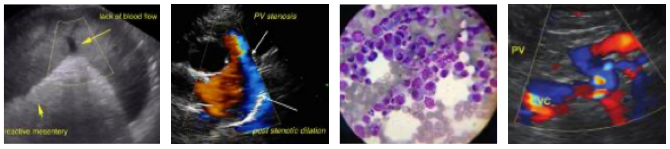

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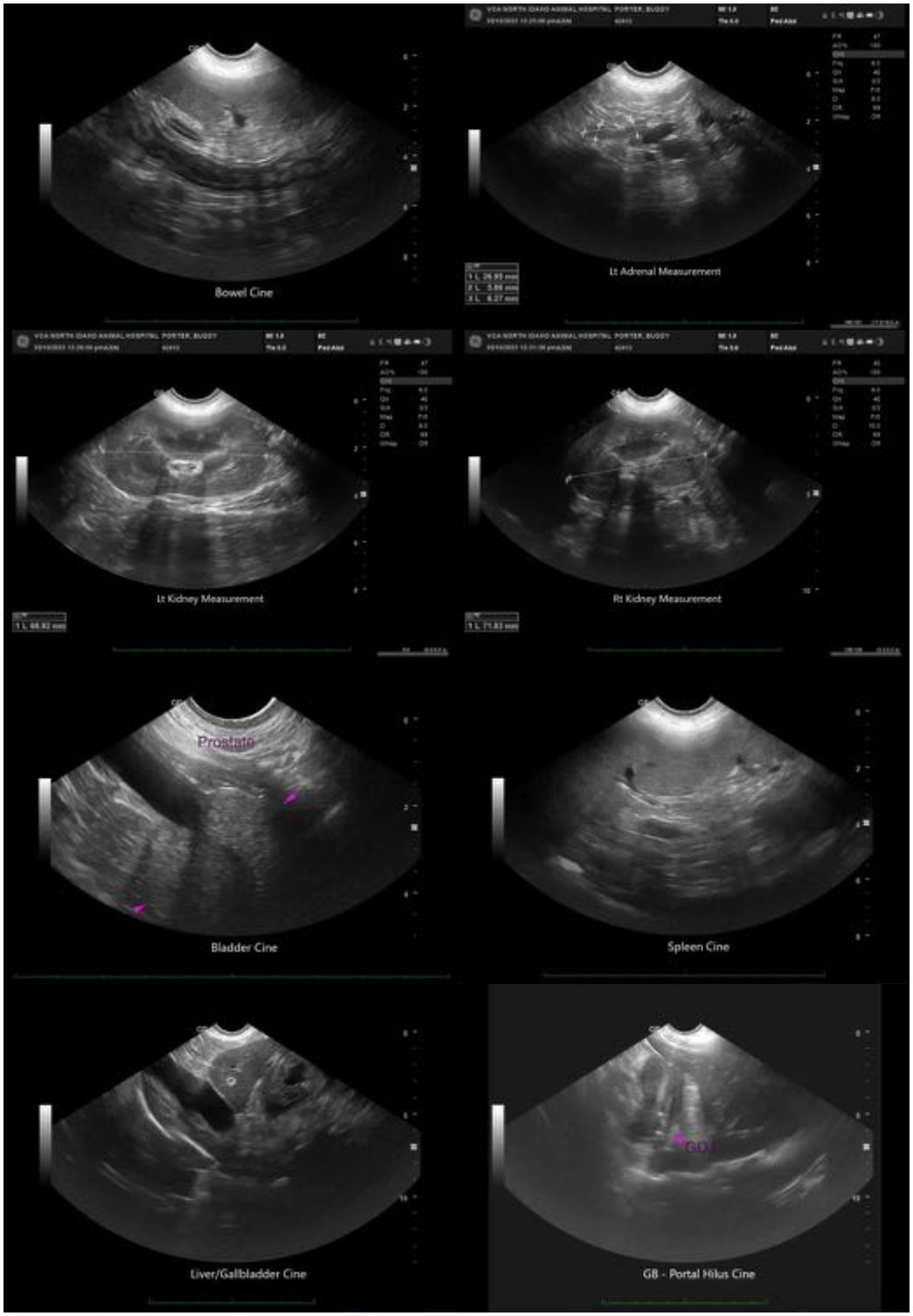

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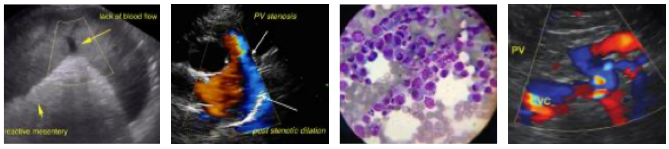

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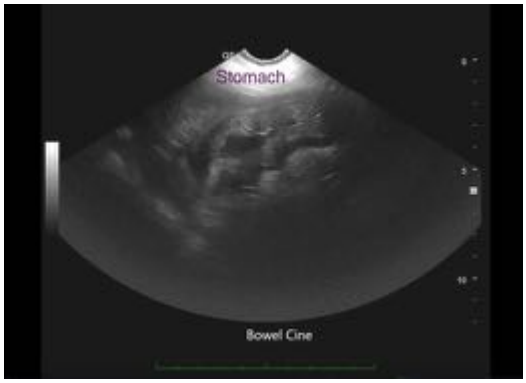

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com