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Clinical Sonography & Telecytology
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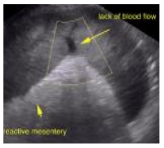
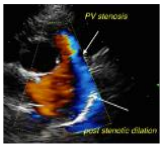
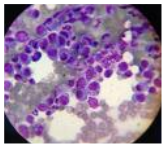
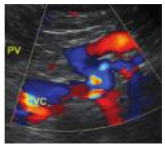

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PATIENT

Soleil Tazoi

SPECIES

Canine

BREED

Ibizan Hound

SEX

Spayed Female

AGE

3 years, 3 mos

WEIGHT

53 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Agnes Rupley, DVM

HOSPITAL NAME

All Pets Med. Ctr.

REFERRING VET

Dr. Jill Heatley, DVM

INVOICE

10896

DATE

5/11/22

PRESENTING CLINICAL SIGNS

History: 5/11/2022 No symptoms reported. Animal protects abdomen during palpation via abdominal splinting, however this may be normal for the breed. History from 4/21/2021: Pain is apparent on abdominal palpation, but no obvious organ enlargement, mass, or foreign body is palpated. History from 4/21/2021: REPORTED SYMPTOMS:She isn't excited about dinner and will only eat if I keep adding small treats to it. Started a Month or so. Vomited this week. Empty stomach sometime before dinner, it contained grass; happened once this week. REPORTED SYMPTOMS AT INTAKE: For the last month or so partial anorexia especially for dinner. Eating and vomiting grass, bile, foam. Bowel movements are normal. Owner is persistent to find the problem because something is off. Owner concern that during relandscape of yard No change in bowel movement frequency or character. Energy level is fine. Gagging after breakfast. Eating grass for the last week. Pain is apparent on abdominal palpation, but no obvious organ enlargement, mass, or foreign body is palpated. Tacky mucous membranes. Further evaluation recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (7.00 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 presented normal size (7.67 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 normal size (0.53 cm at cranial pole) (0.72 cm at caudal pole) (2.65 cm in length); 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.

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

Spleen

The spleen is subjectively prominent size (2.19 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. 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.

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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two to three prominent jejunal lymph nodes are visualized, the largest measuring 1.14 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchyma 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).

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance), low-grade pancreatitis, underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia

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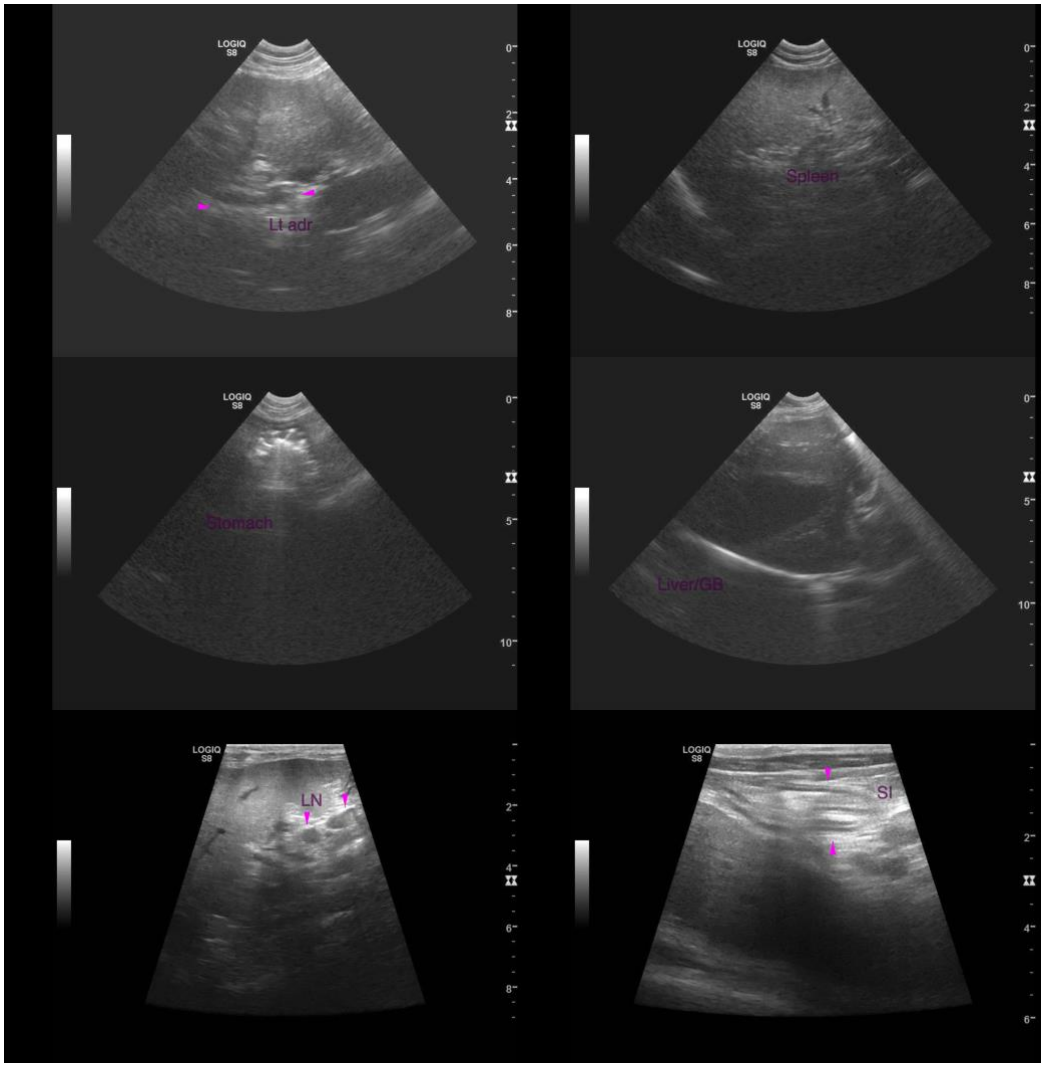
3. A 6-week limited antigen diet trial to assess for food allergies (if the patient will eat it)
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
5. Thoracic radiographs are recommended to assess for occult esophageal disease.

6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com