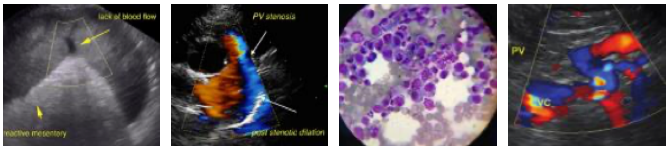
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Beau Joskowicz

SPECIES
Canine

BREED
Mixed breed

SEX
Male, neutered

AGE
11.8 Yrs.

WEIGHT
23.3 lbs.

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

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
13385

DATE
5/17/22

PRESENTING CLINICAL SIGNS

History: Presented 5/13 for acute vomiting and lethargy. CBC / Chem unremarkable, snap CPL normal. Treated with SQ fluids, cerenia, ondansetron. Recheck 5/16, no further vomiting but very lethargic & licking surfaces. Chest rads unremarkable. Added omeprazole to treatment.

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 cystourethral junction and visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 1.31 cm irregular cortical cyst is observed near the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.44 cm at cranial pole) (0.92 cm at caudal pole) with an irregular shape and slightly heterogeneous bordering on a nodular appearance with some loss of glandular detail. The glandular echogenicity and detail in the cranial pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The mid to caudal aspects of the right adrenal gland are well visualized and are normal size (0.51 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

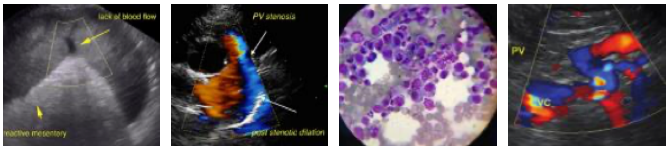
Spleen

The spleen is normal in size (1.65 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few ill-defined hyperechoic areas are observed at the craniomedial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Mild bilateral chronic age-related renal changes.
- The left adrenal changes could be consistent with benign nodular hyperplasia or an emerging tumor.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic considerations could include the following:

1. A fecal evaluation for ova/Giardia
2. Malabsorption panel (send to Texas A&M)
3. A resting cortisol level can be considered to screen for hypoadrenocorticism. However, given the appearance of the left adrenal gland, this differential is considered less likely, and results may be of low yield.
4. Continued supportive care for gastroenteritis is recommended. Sucralfate may be beneficial if esophagitis is present. If clinical signs do not improve within 48-72 hours of medical management and if the above diagnostics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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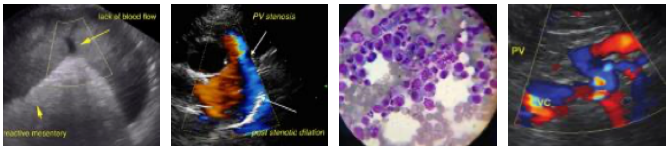

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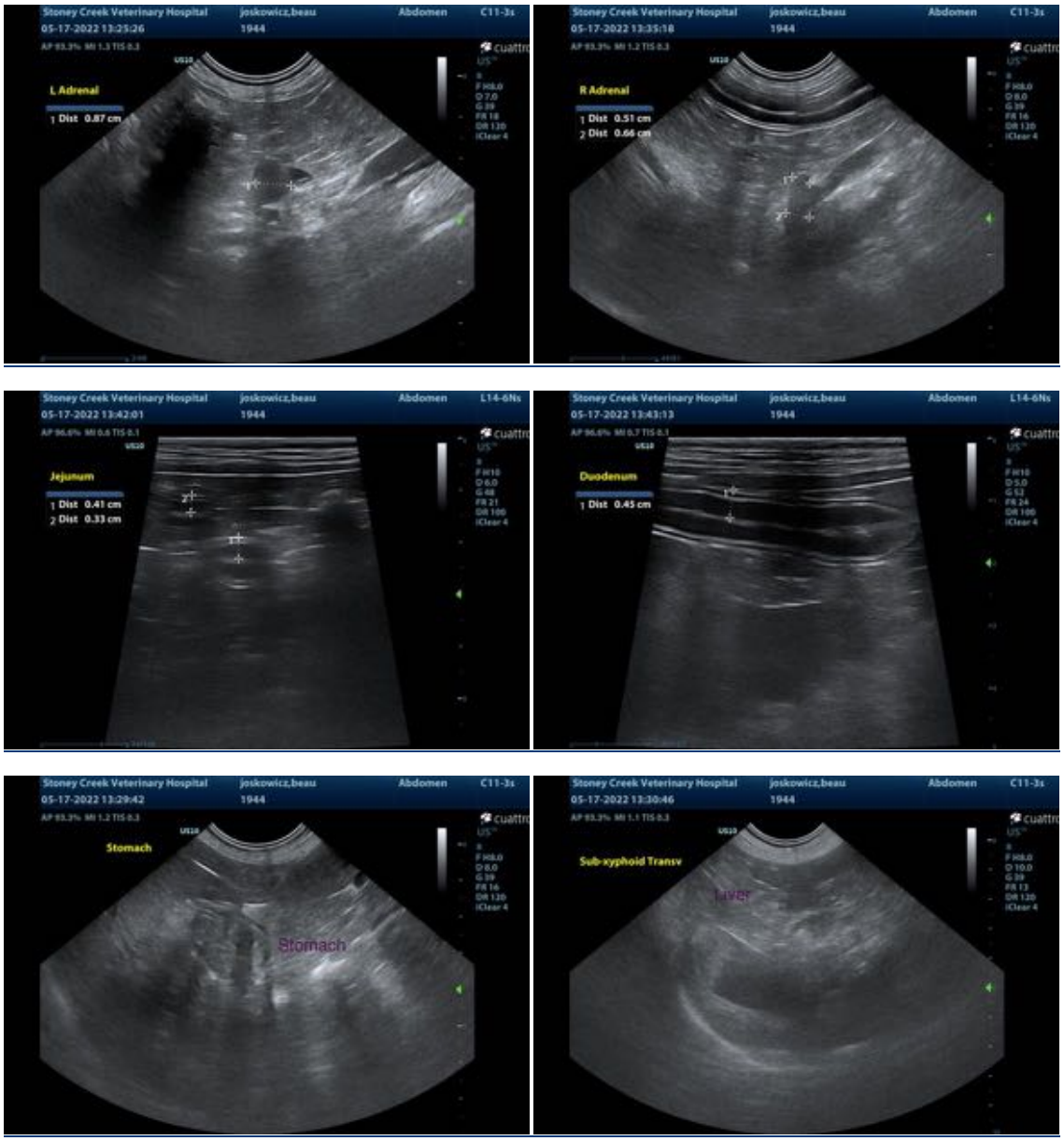

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com