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Clinical Sonography & Telecytology
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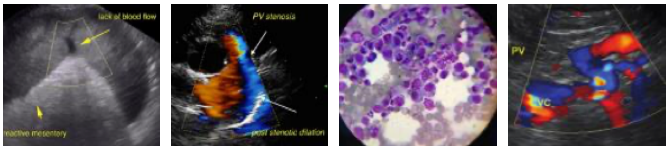

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Gigi Sperling

SPECIES
Canine

BREED
Mixed breed

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
43.7 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
American AH

REFERRING VET
Dr. Pascucci

INVOICE
13392

DATE
5/17/22

PRESENTING CLINICAL SIGNS

History: Progressive regenerative anemia. Dropped PCV from 35% to 25% with recent lethargy. Diagnosed with pancreatitis few months ago- has intermittent vomiting. Stool is blck-brown. No current meds.
Abnormal PE/Chem/CBC/UA Results: HCT 23%, Lymph 0.7k, Retic 303k, 4Dx neg, Chem from 3/22 unremarkable

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.85 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and hyperechoic. Numerous small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.12 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.75 cm at caudal pole) (2.76 cm in length) with a relatively normal shape. A 0.63 x 0.34 cm hyperechoic nodule is observed at the cranial pole. In addition, a 0.45 x 0.25 cm hyperechoic nodule is observed in the mid to caudal aspect. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.43 cm at cranial pole) (0.70 cm at caudal pole) (2.61 cm in length) with a slightly irregular shape. A 1.93 x 1.57 cm hyperechoic nodule is observed at the cranial to mid-aspect. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.49 cm in width at the level of the hilus) with a normal capsular contour. 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 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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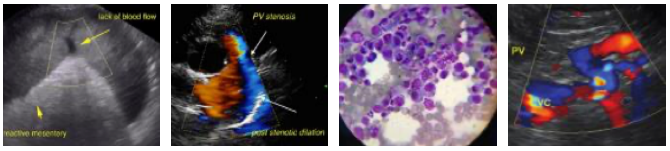

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Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall is diffusely thickened (up to 1.28 cm) and irregular with questionable retention of the normal layering pattern. The pyloric outflow tract is patent. Several segments of proximal duodenum are corrugated and mildly dilated with chyme. The remaining small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obvious obstructive disease is noted.

Pancreas

The base/right limb of the pancreas is enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent lymph nodes are observed in the right cranial quadrant, the largest measuring 1.65 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes could be consistent with severe inflammation, emerging neoplasia (i.e., lymphoma, adenocarcinoma) or less likely, hypertrophy.
- The pancreatic changes are consistent with chronic active pancreatitis.

Secondary Findings:

- Bilateral, chronic renal changes with dystrophic mineralization and left cortical cysts.
- The bilateral adrenal nodules trend toward the benign (i.e., nodular hyperplasia). However, emerging tumors cannot be completely excluded.
- The hepatic changes are most consistent with age-related parenchymal remodeling.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gastric wall changes and the history of possible melena, consider an upper GI endoscopy with biopsies. Also consider initiation of anti-ulcer therapy (i.e., Sucralfate, proton pump inhibitor). A blood transfusion may be warranted, particularly if the PCV drops below 20%.
- Thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.
- If gastrointestinal bleeding is ruled out, further anemia workup may be warranted.

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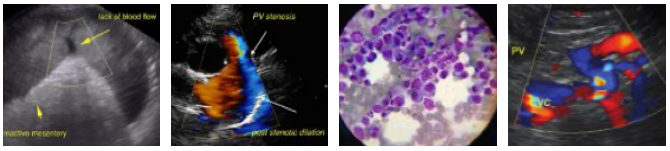

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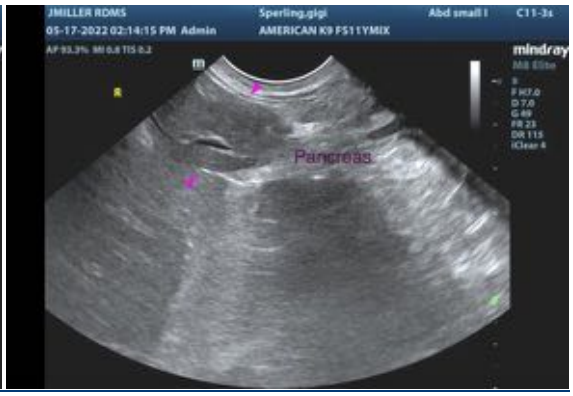

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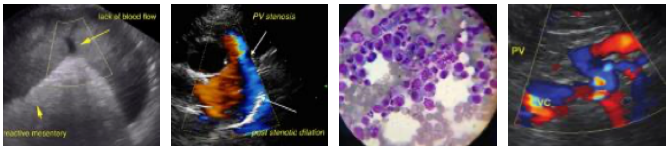

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com