

DATE

5-18-26

PATIENT

Margo Doll

SPECIES

Canine

BREED

Basset Hound

SEX

Intact Female

AGE

5/1/2023

WEIGHT

21.6kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Longbottom

INVOICE

23031

PRESENTING CLINICAL SIGNS

Patient History: P has 1-2 week history of anorexia and vomiting. Started being ADR about 6 weeks ago after last heat cycle in March. This visit is now her third time being seen for this, last visit (5/14) included a full work up where she was diagnosed with gastritis. P has not eaten since. Foreign body unlikely.

Current Medications: None listed.
Labwork Results: Radiographs attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Methodone IV.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.97 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.07 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.50 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 are normal.

The right adrenal gland is normal in size (0.52 cm at cranial pole) (0.58 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 are normal.

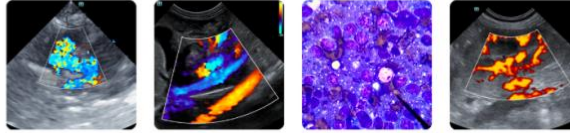
Spleen

The spleen is normal in size (1.76 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 peripheral contours. The parenchyma is hypochoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature is normal volume with no evidence of congestion.

The gallbladder is mildly- to moderately distended. The wall is variably thickened (up to 0.36 cm) and hyperechoic. A small amount of echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is minimally- to mildly fluid-distended. The gastric wall is variably thickened (up to 0.89 cm) with suspended retention of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract is patent. 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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent- to enlarged, with minimal deviation from the normal peripheral contours from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated. Surrounding mesentery is hyperechoic. A small amount of peripancreatic effusion is observed.

Lymph Nodes

Several prominent- to enlarged, rounded, hypoechoic lymph nodes are observed in the cranial abdomen (one measuring 2.0 x 1.3 cm). Surrounding mesentery is hyperechoic.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

The ovaries are visible and subtly normal-in-size (left 1.70 x 0.81) (right 1.67 x 0.86). No obvious pathology is observed.

The uterine body is visible (0.59 cm in width). No obvious pathology is observed.

In the visualized portion of the thorax, there are a few suspended B-lines.

A brief visualization of the heart reveals no evidence of right atrial or auricular masses. There is no obvious evidence of of pericardial effusion. There is questionable pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cranial abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma, mast cell disease), lymphoid hyperplasia or lymphadenitis.
- The pancreatic changes are suggestive of mild- to moderate pancreatitis with adjacent peritonitis.
- The gastric wall changes are most consistent with gastritis. However, hypertrophy or emerging neoplasia cannot be completely excluded. Adjacent peritonitis is present.

- Suspected B-lines, suggestive of pulmonary parenchymal disease

- Equivocal pleural effusion.

Secondary Findings

- The gallbladder wall changes are suggestive of cholecystitis. Correlation with the patient's liver values is recommended.

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- The increase in hepatic portal markings could be consistent with an inflammatory hepatopathy, or may be a normal variant for this patient. Correlation with the patient's liver values is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.
- Consider fine-needle aspiration of the prominent abdominal lymph nodes (if accessible, and clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the cytology results, further work-up or consultation with a board-certified oncologist may be indicated. In the meantime, symptomatic care is recommended.

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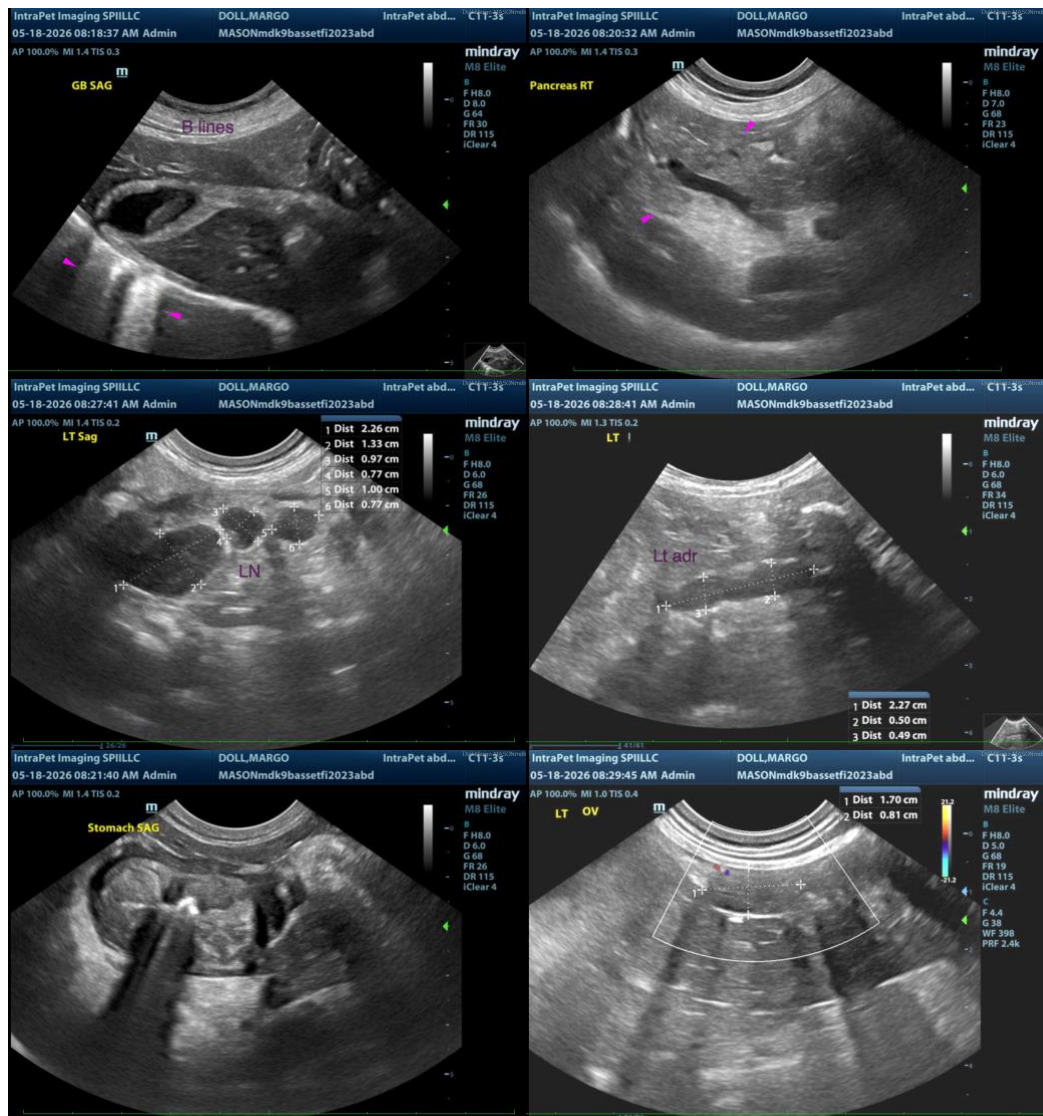
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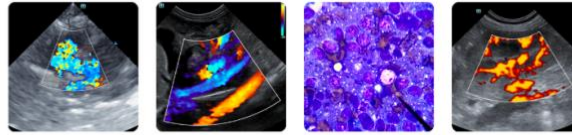
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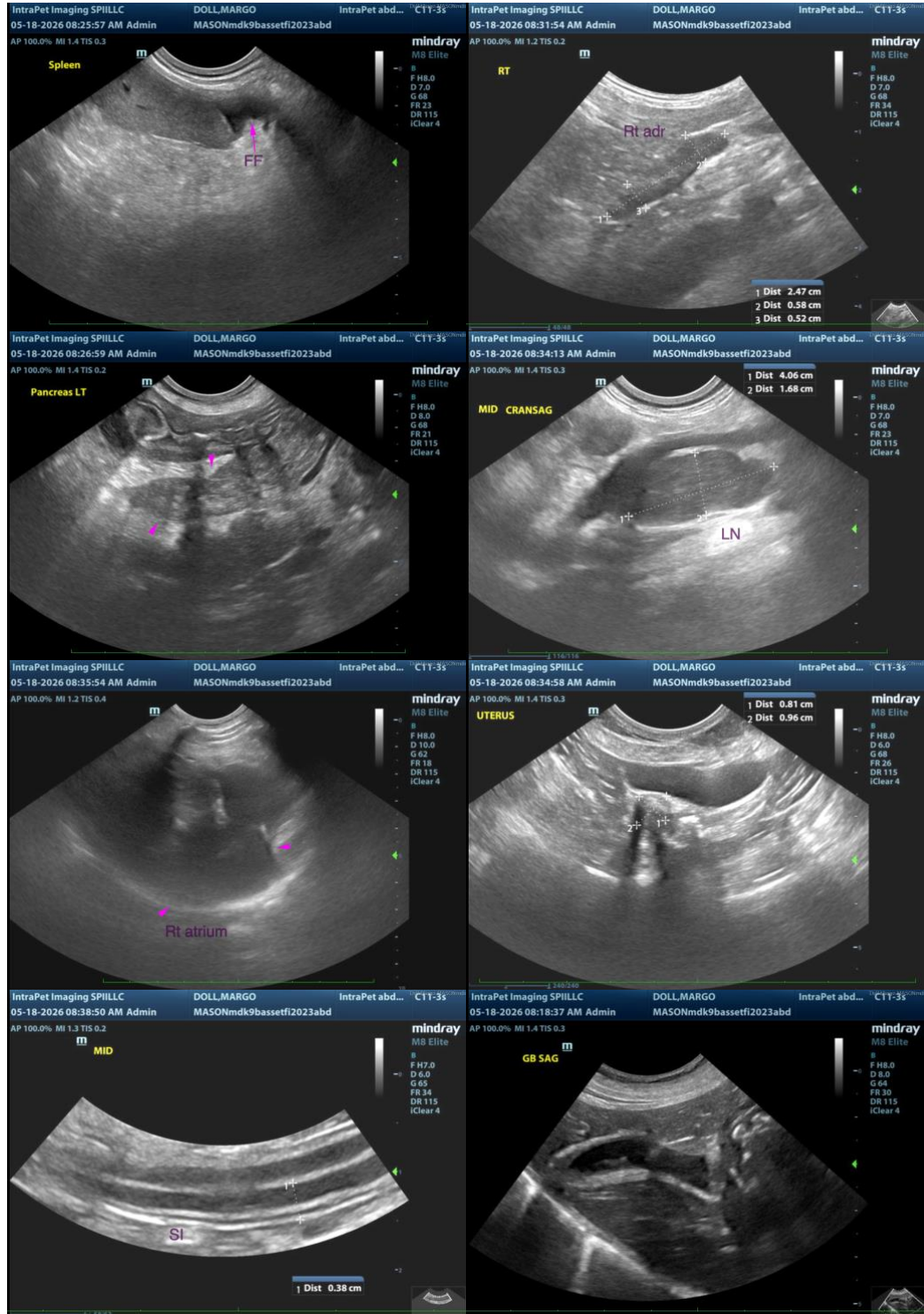
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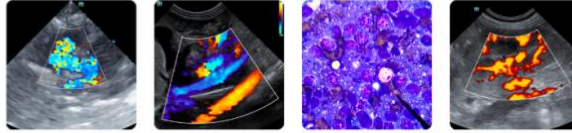
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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