



PATIENT PRESENTING CLINICAL SIGNS

Turk Fink History: Got into chicken bones (from Swiss Chalet) about a week ago. He ate for the first 2 days and now won't eat anything He has been vomiting bile, lethargic MM are pink but tacky - dehydrated ~ 10% Palpation of abdomen does not cause pain - stoic Current Medications Cerenia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Am Bully X

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is not fully visualized due to its pelvic location. In the visualized portion, it is subjectively normal in size with normal curvilinear peripheral contours and a homogenous parenchyma. The prostatic urethra is not overtly dilated.

AGE

7 years

The left kidney is normal in size (8.19 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

40.1 kg

The right kidney is normal in size (7.93 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.43 cm at caudal pole) (2.19 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is in normal size (2.12 cm at cranial pole) (0.72 cm at caudal pole) (2.23 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.

HOSPITAL NAME

Snelgrove VS

Spleen

The spleen is normal in size (2.11 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Loannou

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.

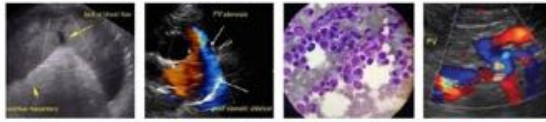
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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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. A >6.00 cm small intestinal mass is visualized in the cranial- to midabdomen. The wall in this region is severely thickened (up to 1.60 cm), irregular, and hypoechoic. The mesentery effacing the serosal surface of this segment is hyperechoic. In the remaining small intestinal segments, the 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 right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. Several enlarged rounded hypoechoic lymph nodes are observed in the cranial- to midabdomen (the largest measuring 9.95 cm in length in its longest dimension). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- The bowel mass and severe abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma with metastatic disease to the nodes), a non-neoplastic process (i.e., severe inflammation. (i.e., pyogranulomatous)) is possible, but considered less likely.
- Peritonitis is present, likely secondary to bowel and lymph node pathology.
- The pancreatic changes in the right limb are suggestive of mild pancreatitis.

Secondary Findings

- 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the bowel mass and enlarged abdominal lymph nodes (if clotting status is normal). Twenty-five gauge-needles should be used. If the cytology results are inconclusive, more advanced testing (i.e., PARR or biopsies) may be necessary to get a definitive diagnosis.
- A Texas GI panel (serum cobalamin, folate, TLI, PLI) should also be considered.



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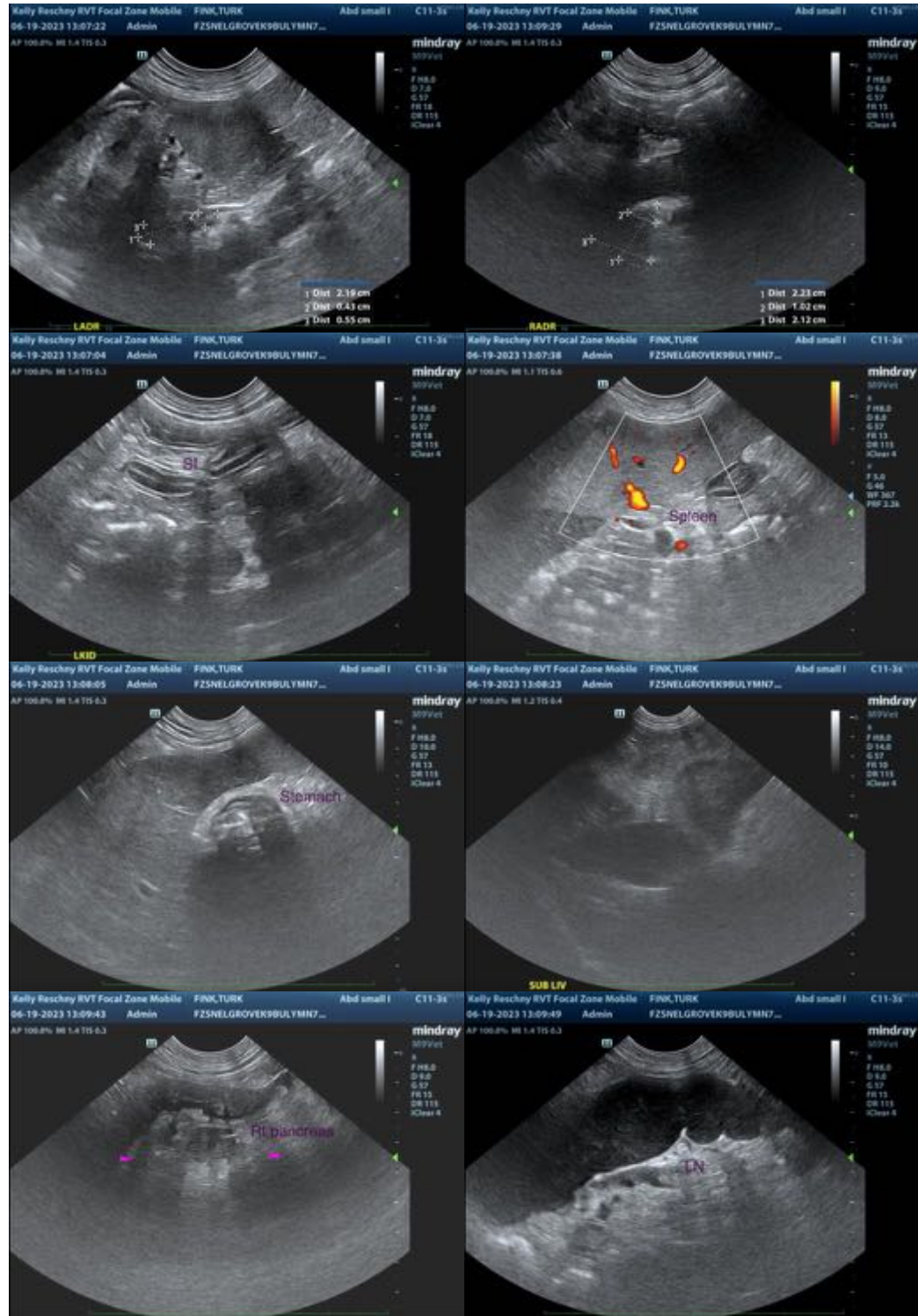
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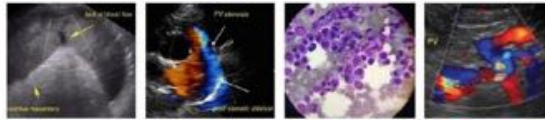
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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