
PATIENT PRESENTING CLINICAL SIGNS

Baxter Jones

History: 11yo MN keeshond presenting for vomiting, diarrhea, inappetence and lethargy. Cerenia, SQ fluids. Fortiflora and metronidazole stopped vomiting - still having diarrhea. No masses palpated on anal glands. Prostate palpates WNL. Taking Apoquel and Galliprant for allergies and OA.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results/CBC: lymphocytes 0.8 Chem: 12.5mg/dL, ALP 202 no masses palpated on anal glands

BREED

Keeshond

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Neutered Male

Urinary System

The urinary bladder is minimally distended. The wall is diffusely thickened (up to 0.70 cm) with a slightly irregular luminal surface. Luminal contents appear anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 years

The left kidney is normal in size (4.63 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. A few small nonobstructive nephroliths are visualized. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

38 lbs

The right kidney is subjectively normal in size with slightly irregular shape. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. A few small nonobstructive nephroliths are visualized. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, or hydroureter.

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Lanz

Adrenal Glands

The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.74 cm at caudal pole) with a relatively normal shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is visualized and is mildly enlarged (0.68 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

HOSPITAL NAME

New Holland VH

Spleen

The spleen is normal in size (1.33 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 appears normal.

REFERRING VET

Danielle Lanz

Liver

The liver is subjectively normal in size with irregular peripheral contours. Throughout the organ, ill-defined, hyperechoic-to-heterogenous coalescing nodules/masses are visualized. Hepatic vasculature appears to be of normal volume with no evidence of congestion.

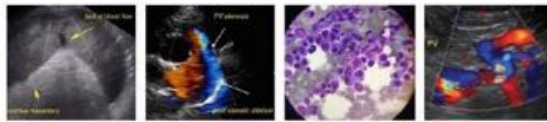
INVOICE

13520

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

6.28.23



PATIENT

Baxter Jones

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

11 years

WEIGHT

38 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

13520

DATE

6.28.23

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally distended with chyme. There is one area in the abdomen (thought to be small intestine) that may contain a small amount of shadowing material. In this short segment, the lumen is mildly dilated. The small intestinal wall is otherwise normal in thickness with a normal layering pattern. The colonic wall is normal.

Pancreas

The left limb and base of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

Primary Findings

- The hepatic changes are concerning for infiltrative neoplasia (i.e., carcinoma, round cell neoplasia). However, inflammatory disease, fibrosis, regenerative nodular hyperplasia, copper hepatotoxicosis, or other hepatopathies can be considered.

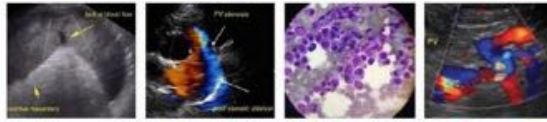
Secondary Findings

- Bilateral chronic age-related renal changes
- Mild left adrenomegaly
- Questionable shadowing material within the small intestinal lumen
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder wall changes could be consistent with cystitis, or less likely, emerging neoplasia. Alternatively, the wall thickening may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis findings and clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider hepatic tissue sampling (i.e., fine-needle aspirate) or biopsy (if clotting status is appropriate). A 25-gauge needle should be used.
- If the patient is hypercalcemic, also consider a PTH/PTHrP/ionized calcium level for further evaluation.

Regarding the possible shadowing material within the small intestinal lumen, additional small intestinal sonographic images would be useful in further characterizing this area.



PATIENT

Baxter Jones

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

11 years

WEIGHT

38 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

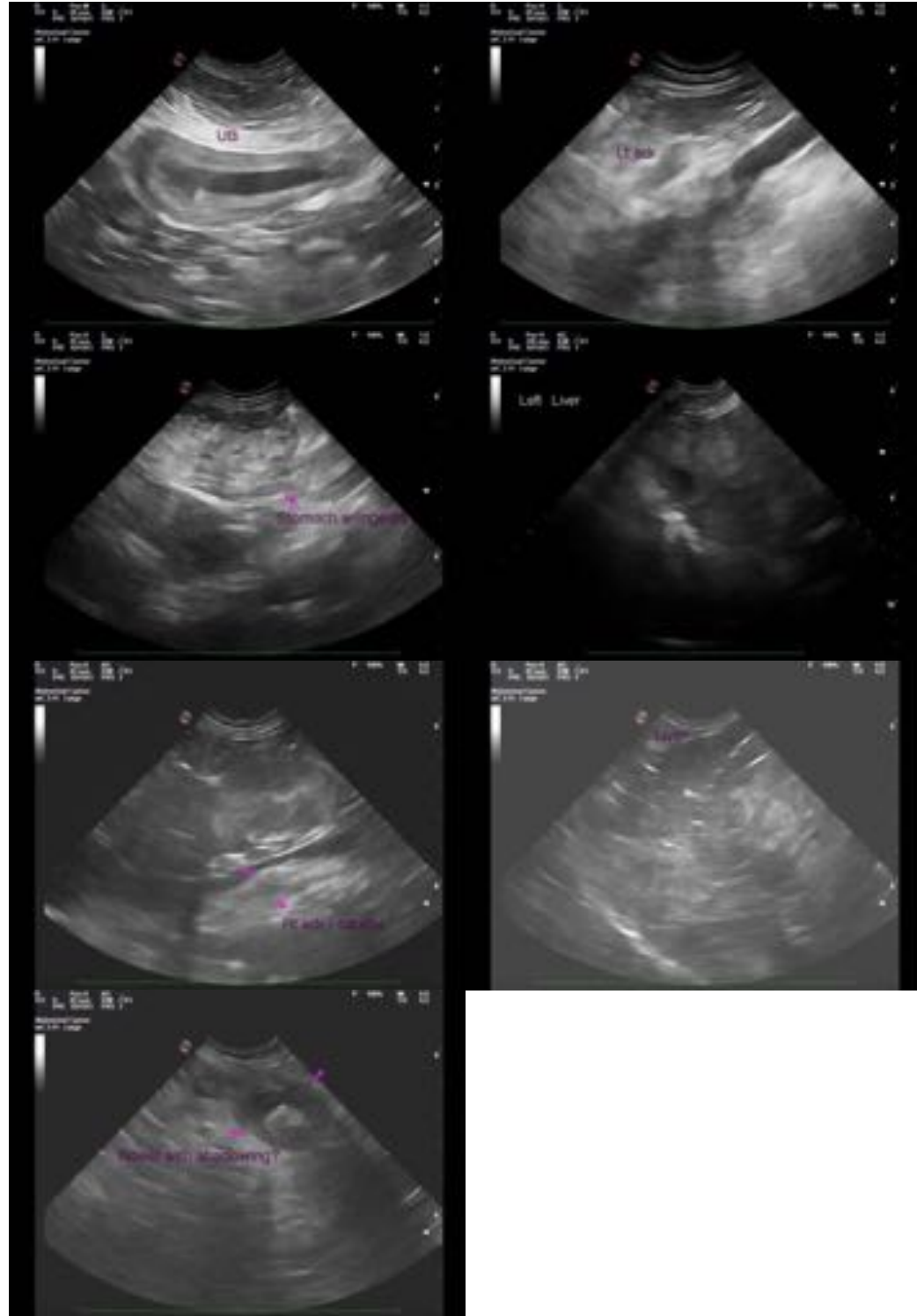
Danielle Lanz

INVOICE

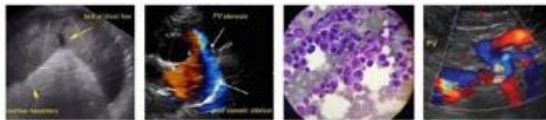
13520

DATE

6.28.23



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.



PATIENT

Baxter Jones

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

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

11 years

WEIGHT

38 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

13520

DATE

6.28.23