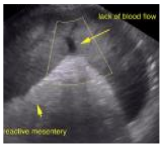
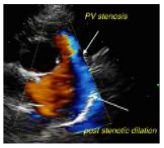
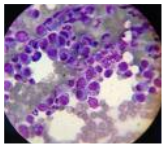
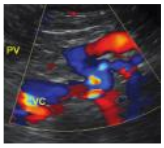
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Basil Sturton

SPECIES
Canine

BREED
Aust Cattle Dog

SEX
Neutered Male

AGE
8 years, 2 mos

WEIGHT
19.3 kg

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

IMAGING PERFORMED BY
Dr Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr Brian Barnes

INVOICE
11190

DATE
6.29.22

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting (new as of 6 mos ago), decreased appetite and weight loss of 2 mos. Is licking front legs

Abnormal PE/Chem/CBC/UA Results: CBC: Low MCV, MCH, MCH MCV, lymphopenia ;morphology normal. CHEM: mild decrease BUN 2.9 (3.2-11), hyperkalemia 5.6 (4-5.4) na:k ratio 26 (28-37) mild decrease ALB 26 (27-39) CARDIOPET mild elevation 1165 (0-900) UA: free catch, dk yellow, cloudy, usg 1.027, ph 8.5, protein +1 neg glu, ket, bld, bili +1, urobili wnl, 2-5 wbc/hpf no rbc, moderate rod bacteria 9-40/hpf 1-2 squamous epi cells/hpf, no crystals Random Cortisol Normal 59 (N 28-120) Xrays: DACVR 1. Unremarkable thorax. 2. Unremarkable abdomen. 3) Mild bilateral elbow arthritis. CPI Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the 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 (6.43 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.94 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.54 cm at cranial pole) (0.65 cm at caudal pole) (243 cm in length); normal shape; 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 size (0.87 cm at cranial pole) (0.78 cm at caudal pole) (2.91 cm in length); normal shape; 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 (2.00 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 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.

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.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. An approximately 5-6 cm focal segment of small intestine is thickened (up to 1.30 cm) and irregular, with suspected loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remainder of the small intestine, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The colonic lumen contains formed fecal material.

Pancreas

The left limb is prominent is with slightly irregular peripheral contours. Numerous, ill-defined, coalescing hyperechoic nodules/areas are observed throughout this region. The remaining parenchyma is slightly mottled in appearance. The pancreatic duct is not overtly dilated. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. At least one prominent mesenteric lymph node is visualized (measuring 2.82 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal small intestinal wall thickening/mass effect. Neoplasia (i.e., adenocarcinoma, round cell tumor, stromal tumor) is considered likely, with a lower possibility of a benign process (i.e., pyogranulomatous inflammation.) Adjacent peritonitis is present.

- The mesenteric lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or metastatic disease.

Secondary Findings

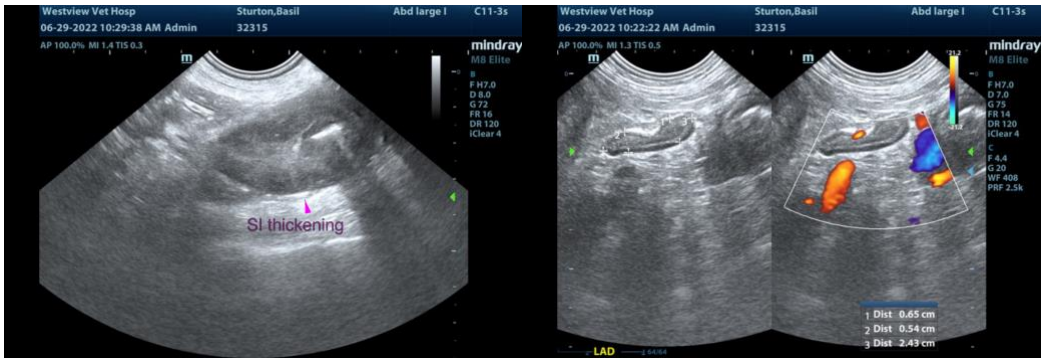
- The hyperechoic pancreatic nodules/areas are most consistent with benign lipogranulomas with a lower possibility of infiltrative neoplasia. Concurrent low-grade pancreatitis and/or remodeling may also be present. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A fine-needle aspirate of the small intestinal mass effect is recommended (if clotting status is appropriate). If cytology results are inconclusive, an abdominal exploratory with mass removal and submission for histopathology is recommended along with biopsies of the prominent mesenteric lymph nodes.

- Given the bacteriuria, a urine culture and sensitivity is recommended. Empirical treatment with broad-spectrum antibiotics should be considered while awaiting test results.


Westview Vet Hosp
Sturton,Basil
Abd large I
C11-3s
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32315
mindray
M8 Elite
SI thickening

Westview Vet Hosp
Sturton,Basil
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C11-3s
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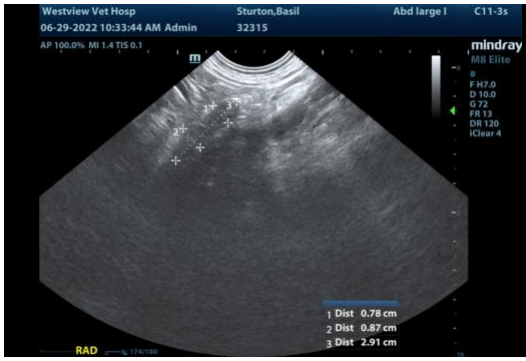
32315
mindray
M8 Elite
1 Dist 0.65 cm
2 Dist 0.54 cm
3 Dist 2.43 cm
LAD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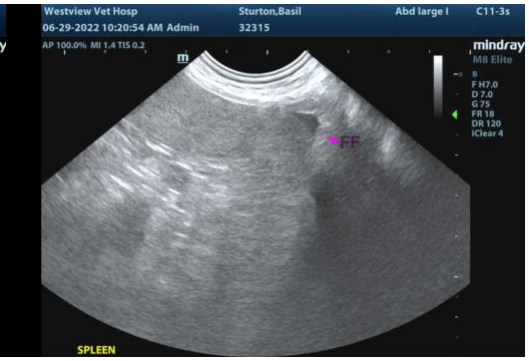
1 Dist 0.78 cm
2 Dist 0.87 cm
3 Dist 2.91 cm
RAD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SPLEEN


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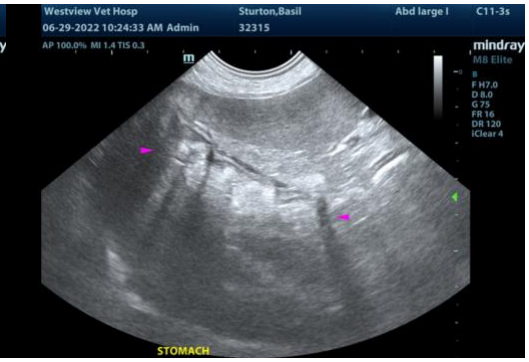
LIVER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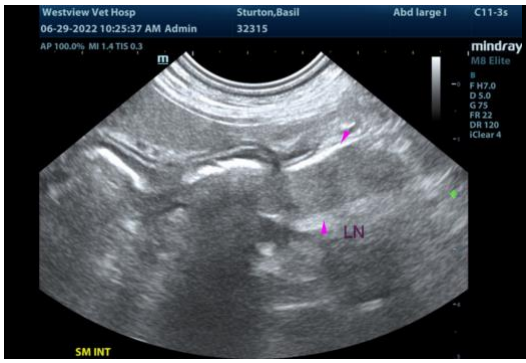
STOMACH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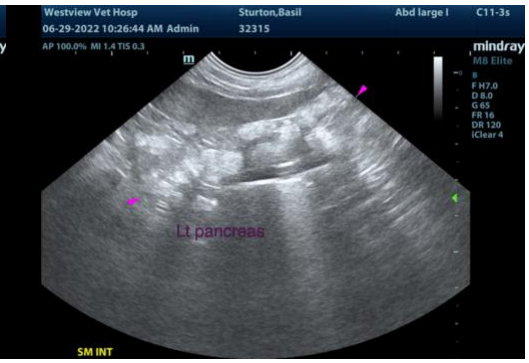
LN
SM INT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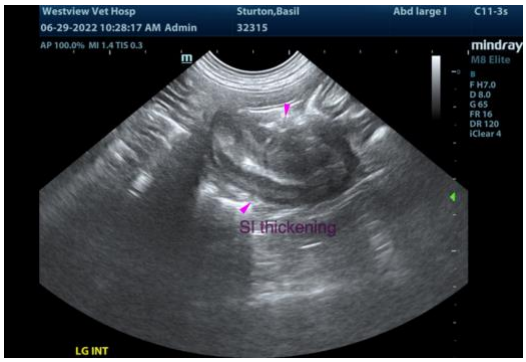
Lt pancreas
SM INT



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com