

PATIENT

Murphy Thomas

SPECIES

Canine

BREED

Brussels Griffon

SEX

Neutered Male

AGE

09/08/2008

WEIGHT

13.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Susie Han
Dr. Harris

INVOICE

13515

DATE

6.29.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P presented on 6/8/23 to establish care as O just moved from Michigan. P used to belong to O's mother, but she passed 3 years ago so O has only had P for ~3 years. Since adopting, P has done well but has always had on and off diarrhea/loss stools, always extremely gassy. Has tried probiotics but no improvement. P is a grazer, doesn't eat large meals in one sitting so eats here and there.

Recently, O believes that P has lost a bit of weight, has always been ~15 lbs but weighed in at 13.8 lbs at appt. Still eating/drinking.

Pertinent exam findings: Mildly diffuse muscle atrophy (MCS 2/3),
Abdomen: soft, non-painful, mild to moderate gassy filled loops. no obvious abnormalities palpated.
rest of pe wnl,

Abnormal lab-work values: Lipase 1,070
Rest of lab-work including CBC, Chem 17, T4, HWT, urinalysis fecal wnl/ neg.
Current Medications: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.12 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.10 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

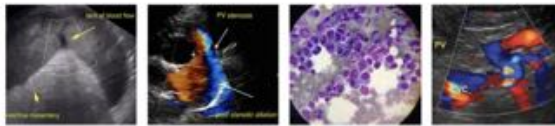
Adrenal Glands

The left adrenal gland is enlarged (0.77 cm at cranial pole) (0.70 cm at caudal pole) with an irregular shape. The parenchyma is heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.39 cm at cranial pole) (0.69 cm at caudal pole) (0.17 cm in length) with a slightly irregular shape. A pinpoint focus of mineralization is observed at the caudal pole. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.02 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 appears normal.



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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 1.25 cm (in its longest dimension) hyperechoic nodule is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The gall bladder is moderately distended. The wall is normal in thickness. A few polypoid-like lesions are arising from the luminal surface. A small amount of suspended echogenic debris is seen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. A 0.84 cm hypoechoic nodule is observed either within the lumen or arising from the wall. It appears avascular. The remaining gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.43 cm). The duodenal and jejunal walls are mildly thickened (up to 0.43 cm) with retention of normal layering. There is evidence of mucosal striations and fogging in several segments. In the region of the distal ileum, a 3.00 cm segment is moderately to severely thickened (up to 0.84 cm) and irregular, with loss of the normal layering pattern. Surrounding mesentery is hyperechoic. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 0.99 x 0.67 cm cystic area is observed in the right limb. Surrounding mesentery is mildly hyperechoic.

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Free Abdomen

The mesentery throughout the cranial to midabdominal is hyperechoic. A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Suspected mass effect at the ileoceocolic junction. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected, with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present. The diffuse small intestinal wall changes are most consistent with lymphangiectasia and/or inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with chronic active pancreatitis, with a pancreatic cyst.
- The hypoechoic nodule observed in the stomach may represent a polyp, tumor, granuloma, foreign material (less likely), other.

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Secondary Findings

- Bilateral adrenomegaly
- The hepatic parenchymal changes are nonspecific and could be consistent with vacuolar hepatopathy, age-related remodeling, inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other hepatopathy, or some combination thereof.

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- Bilateral chronic nephropathy with dystrophic mineralization and trace pyelectasia.

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- 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

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the ileocecolic junction lesion, biopsies would be necessary to get a definitive diagnosis.

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- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, along with a fecal evaluation for internal parasites. A low-fat limited antigen or hydrolyzed protein diet can also be considered along with a fiber supplement (i.e., psyllium).

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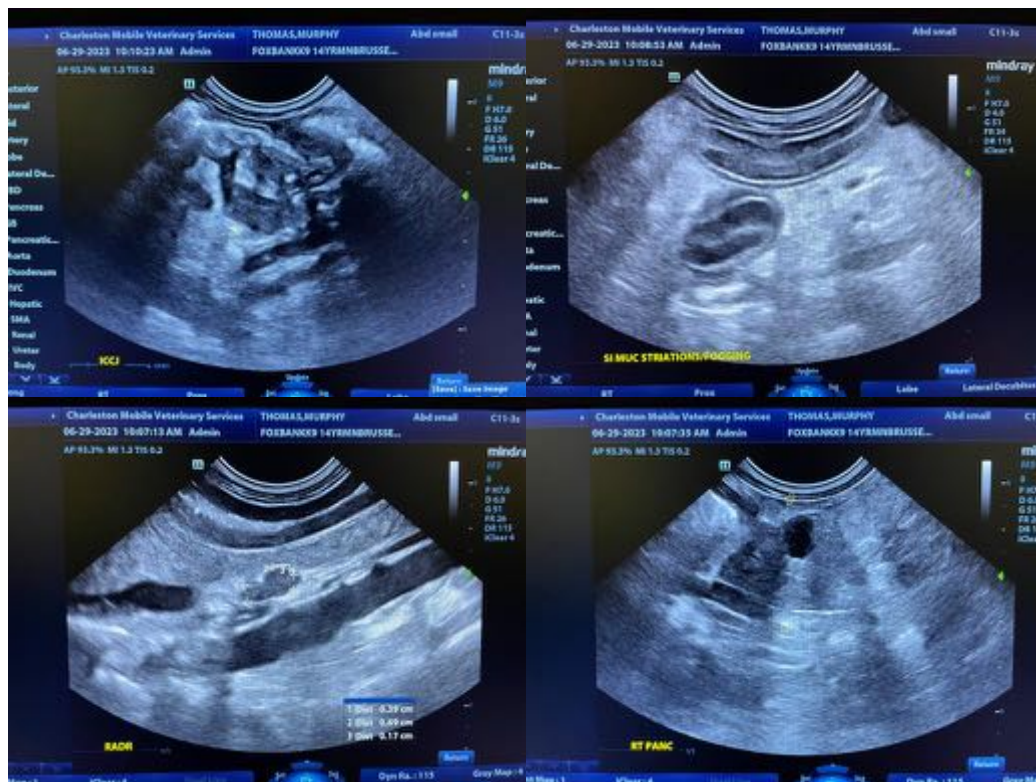
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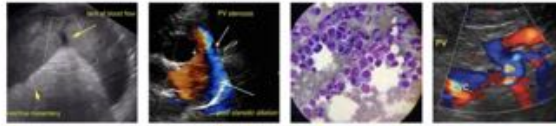
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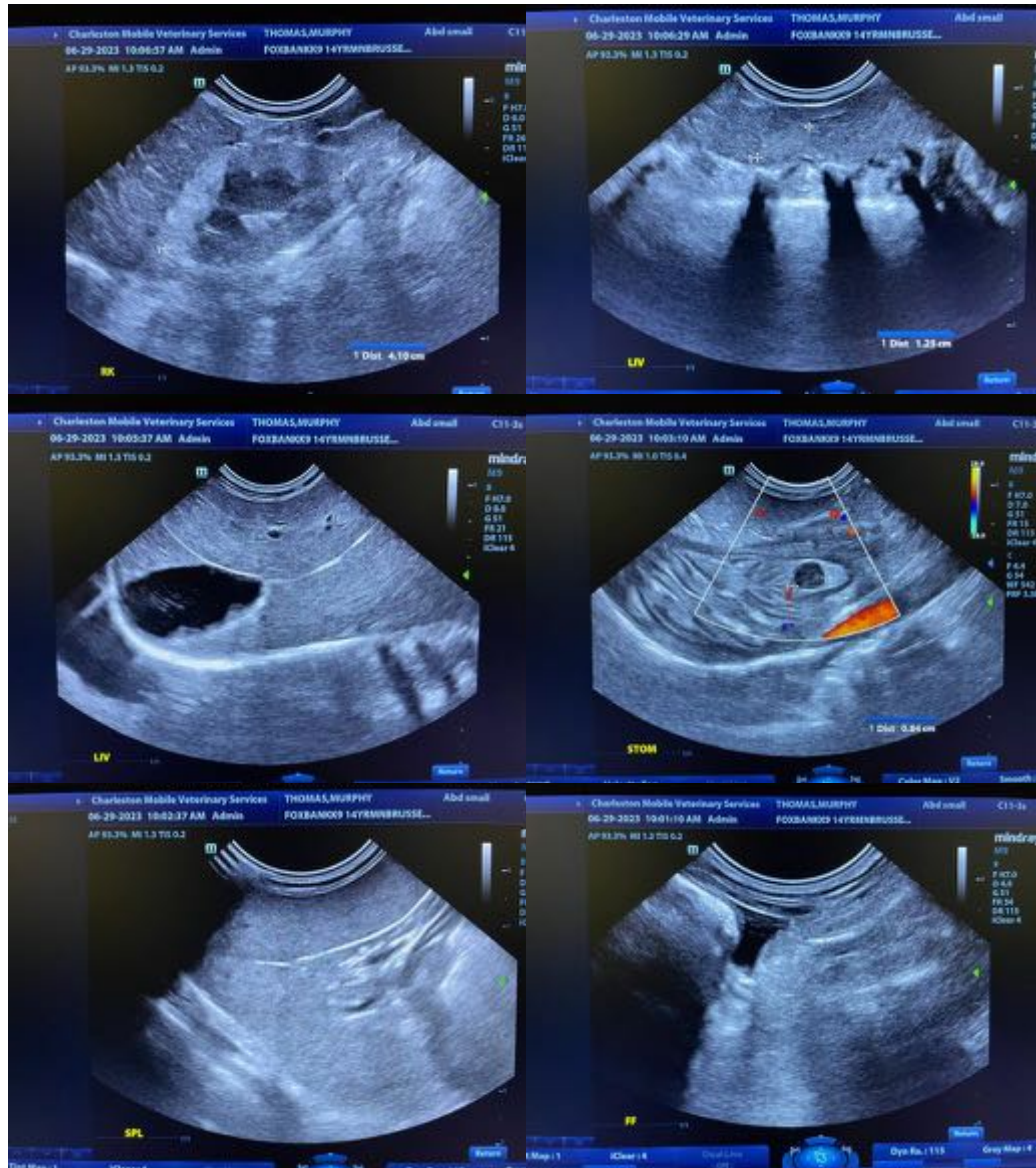
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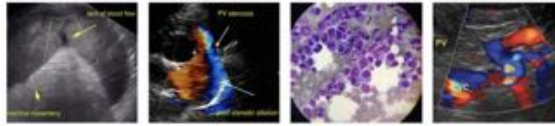
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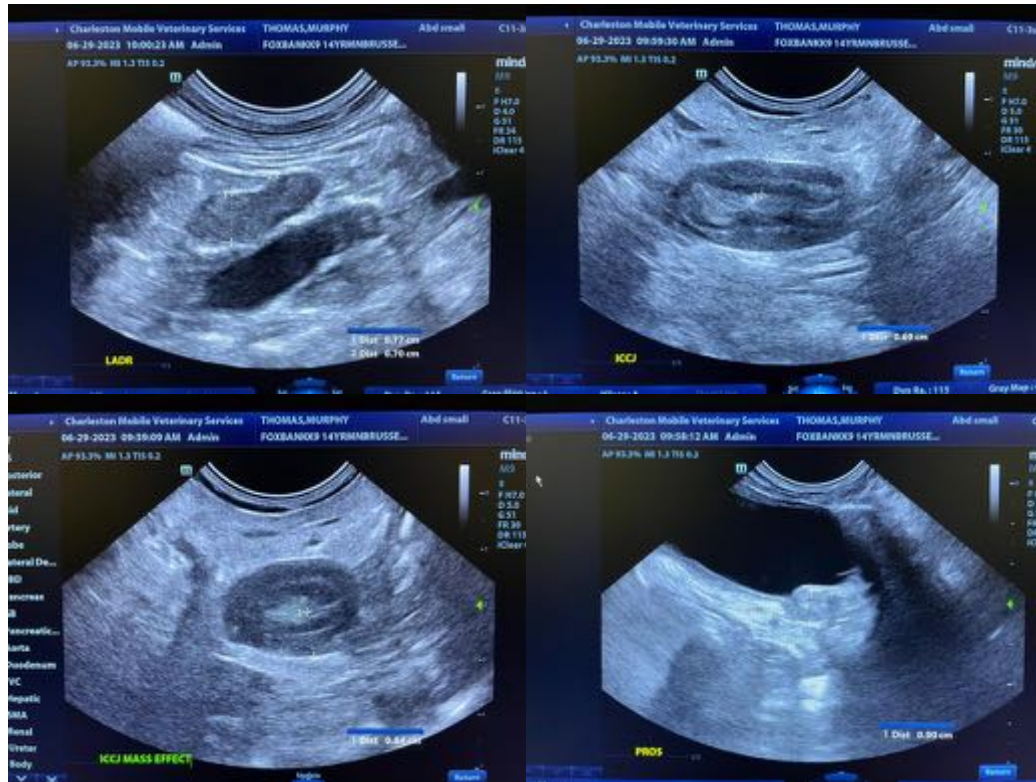
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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