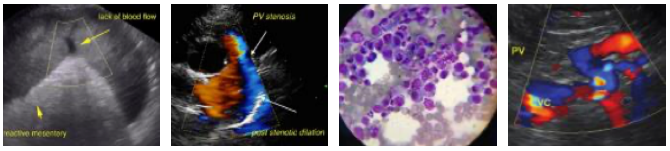
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gobi Nicholas

SPECIES
Canine

BREED
Saluki

SEX
Female, spayed

AGE
2 Yrs.

WEIGHT
19.75 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
13506

DATE
7/11/22

PRESENTING CLINICAL SIGNS

History: History of eating grass, bringing up grass, possible airway hack and cough. Tonsils a bit red and mildly inflamed on oral exam. DDX: esophagitis, foreign body in pharynx/nasal passages, gastritis, gastric ulcers, low grade pancreatiis
Abnormal PE/Chem/CBC/UA Results: Dog is stable and BAR/H CBC WNL, except: WBC 25.63 (N 5.05 - 16.76), Neu 21.24 (N 2.95 - 11.64) Mono 1.35 (N 0.16 - 1.12) , Eos 1.44 (N 0.06 - 1.23) HIGH Chem 17 WNL SDMA 12 (N 0 - 14) TT4 20 (N 13 - 51) Xrays:1. Suspect enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis can cause bowel atony resulting in a similar radiographic change. 2. Otherwise unremarkable abdomen. 3. Microcardia secondary to hypovolemia and an otherwise unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is minimally distended. The wall in the region of the apex is thickened (up to 0.67 cm) and irregular. Scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.20 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.

The right kidney is normal size (5.17 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

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.39 cm at caudal pole) (1.48 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 caudal pole of the right adrenal gland is visualized and is normal size (0.66 cm in width); normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

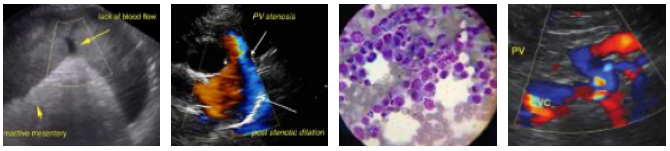
Spleen

The spleen is normal in size (1.75 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.

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. An aggregation of echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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

PATIENT
Gobi Nicholas

SPECIES
Canine

BREED
Saluki

SEX
Female, spayed

AGE
2 Yrs.

WEIGHT
19.75 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
13506

DATE
7/11/22

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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:

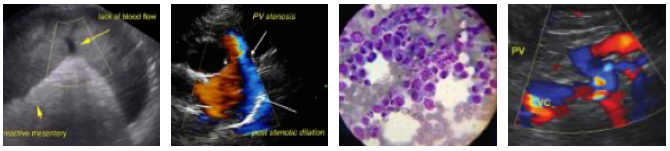
- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include esophageal disease, microscopic gastric or small intestinal disease, underlying metabolic issue (i.e., hypoadrenocorticism), mild pancreatitis, other.

Secondary Findings:

- The urinary bladder wall changes are likely artifactual due to lack of full repletion. However, cystitis cannot be excluded. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's clinical signs appear to be regurgitation (vs vomiting), a barium esophogram, preferably via fluoroscopy, should be considered to assess for esophageal dysfunction.
- If vomiting is suspected, consider the following:
  1. 6 week hypoallergenic diet trial
  2. GI panel including serum cobalamin, folate, TLI and PLI
  3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  4. A fecal evaluation for ova/Giardia
  5. Given the eosinophilia, consider prophylactic deworming with Fenbendazole.
  6. Consider empirical treatment for gastroesophageal reflux (i.e., proton pump inhibitor).



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

PATIENT

Gobi Nicholas

SPECIES

Canine

BREED

Saluki

SEX

Female, spayed

AGE

2 Yrs.

WEIGHT

19.75 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

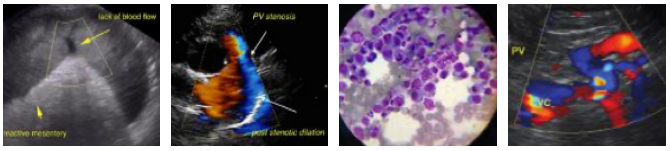
13506

DATE

7/11/22

7. Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gobi Nicholas

SPECIES

Canine

BREED

Saluki

SEX

Female, spayed

AGE

2 Yrs.

WEIGHT

19.75 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

13506

DATE

7/11/22

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com