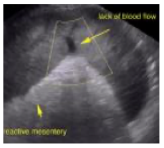
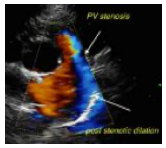
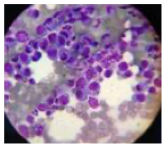
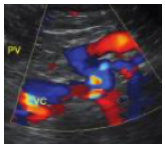
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Tule Jasperson

SPECIES
Canine

BREED
Lab

SEX
Spayed Female

AGE
11 years

WEIGHT
34 kg

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

IMAGING PERFORMED BY
Jolee Stegemoller, DVM

HOSPITAL NAME
No. Idaho AH (VCA)

REFERRING VET
Jolee Stegemoller, DVM

INVOICE
11239

DATE
7.20.22

PRESENTING CLINICAL SIGNS

History: Presented July 8th for reduced appetite and intermittent vomiting. Recommended bloodwork and ultrasound, but owner elected to start supportive therapy. Recheck on July 14th showed a lot of improvement, so owners elected to continue supportive care. Recheck on July 16th, Tule presented with ptyalism and inappetence, and dark, soft stools. Performed bloodwork at this visit. Owner elected to have ultrasound interpreted today as no improvement has been seen since changing supportive therapy recommendations after AUS.

Abnormal PE/Chem/CBC/UA Results: Severe ptyalism, soft brown stools, and some cranial abdominal pain. CBC - Slight neutrophilia and high normal leukocytes Chem/Lytes - unremarkable UA - USG 1.033, pH 7, trace proteinuria Current medications include metoclopramide, metronidazole, omeprazole, Cerenia, and gabapentin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction is normal.

The **left kidney** is normal size (6.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.11 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.41 cm at cranial pole) (0.64 cm at caudal pole) (2.08 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 (0.92 cm at cranial pole) (0.56 cm at caudal pole) (1.98 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 prominent to enlarged (2.50 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The **gastric lumen** is mildly distended with irregular shadowing material. The gastric wall in the region of the fundus/lesser curvature, is thickened (up to 1.74 cm) and irregular with suspected loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining gastric wall appears normal in thickness. The small intestinal lumen is not dilated. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
There is no obvious evidence free fluid. abdominal **lymph nodes** are normal/not visible.

Other
A 1.15 cm echogenic nodule is observed just medial to the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall thickening could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be excluded. Adjacent peritonitis is present. The gastric luminal contents could be consistent with normal ingesta and/or foreign material.

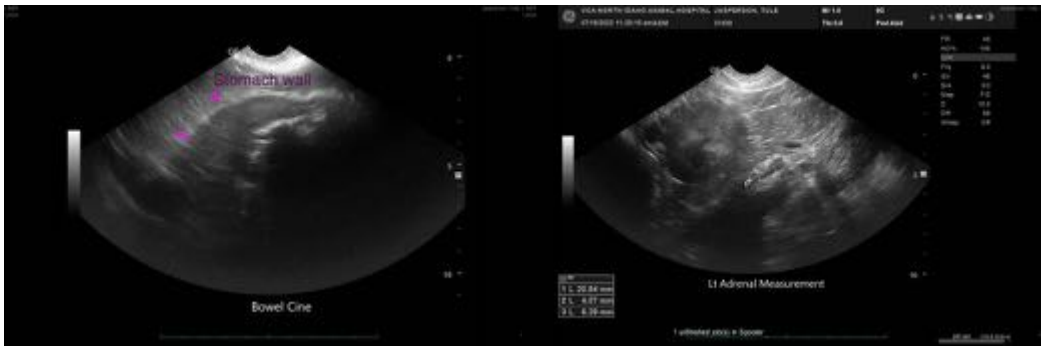
Secondary Findings

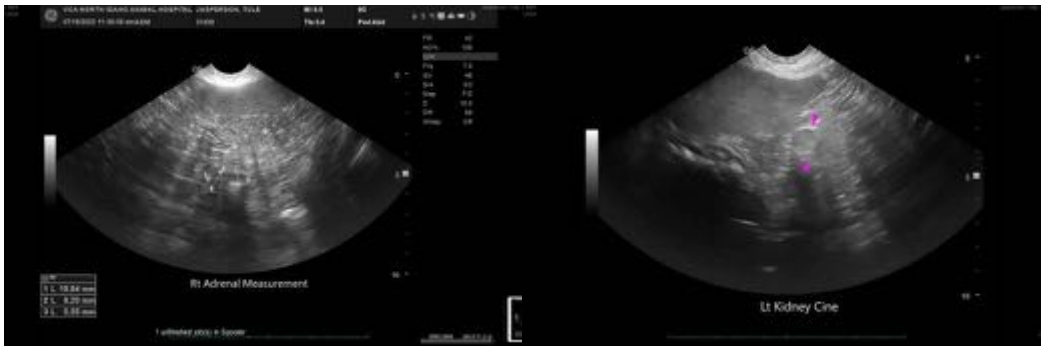
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor, age-related renal changes
- The echogenic nodule medial to the spleen may represent extra splenic tissue, lymph node, a nodule within the mesentery or pancreas, other.

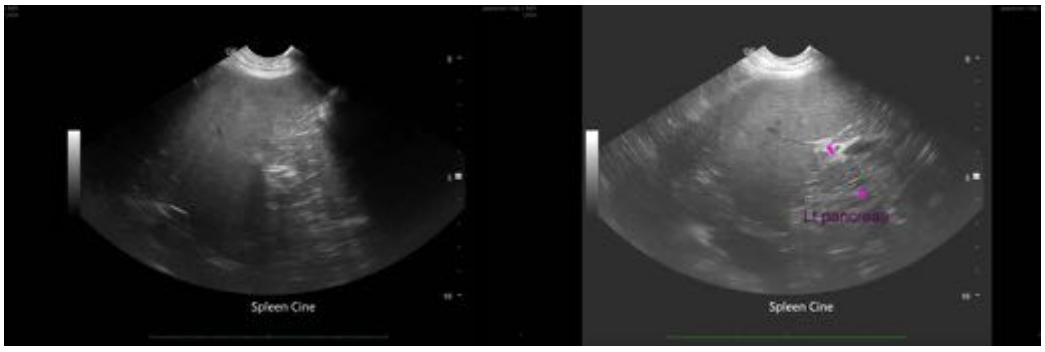
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

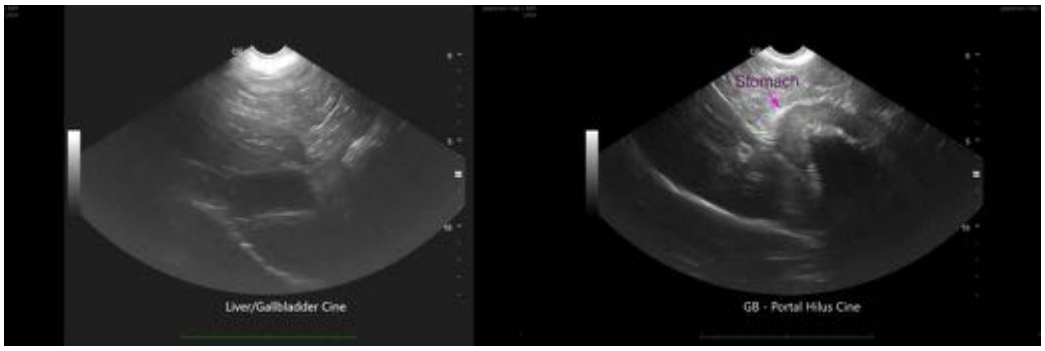
Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

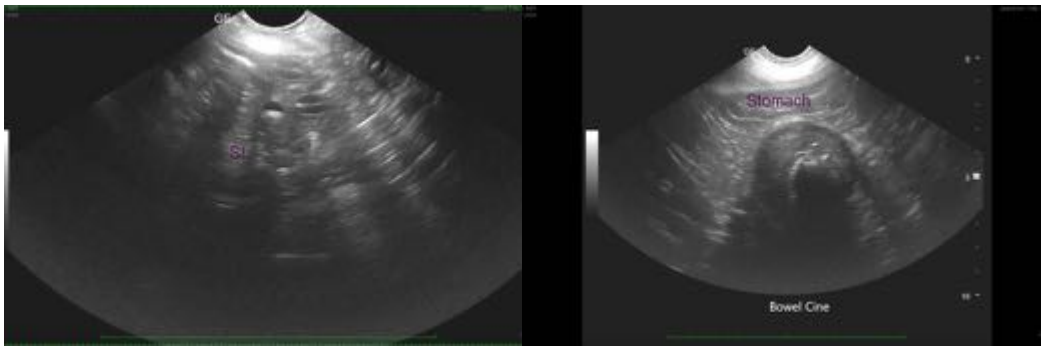
A fine-needle aspirate of the thickened gastric wall is recommended, if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If the region is not accessible, or if clotting status is inconclusive, consider endoscopic or surgical gastric wall biopsies.


Stomach wall
Bowel Cine
Lt Adrenal Measurement


Rt Adrenal Measurement
Lt Kidney Cine


Spleen Cine
Lt pancreas
Spleen Cine


Liver/Gallbladder Cine
Stomach
GB - Portal Hilus Cine



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