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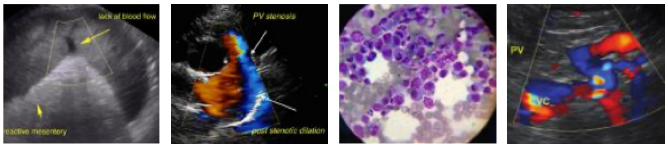
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Bear Bolognese

SPECIES
Canine

BREED
GSD

SEX
Intact Male

AGE
5 years

WEIGHT
36.4 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Vet Emerg Ctr.

REFERRING VET
Dr. Miller

INVOICE
11415

DATE
8.15.22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for weight loss over several weeks; increase respiratory effort; weak; owner has been changing/ trying different food to get him to eat. NE much at all
Previous Health Concerns: none
Current Medications/Supplements/OTC: none

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: No obvious murmur; weak femoral pulses
Respiratory: increased BV sounds
Abdominal: tense/ painful/ distended
rads- large amount abdominal effusion (verified by Fast scan US) microcardia; no obvious fb/ obstructive gas patterns
CBC- stress leukogram, WBC 18.5K; mild dehydration (Hct 60)
Chem- GGT 15 (H) TBILI (0.70)
EPOC – Na 137 (L) Cl- 99(L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

In the visualized portion of the prostate, the gland is enlarged (3.22 cm in width) with a relatively normal shape. The parenchyma is isoechoic to mildly hyperechoic relative to surrounding omental fat and subtly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (8.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (8.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 (0.50 cm at cranial pole) (0.39 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.

The **right adrenal gland** is normal size (xxx cm at cranial pole) (xxx cm at caudal pole) (xxx 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 (2.34 cm in width at the level of the hilus) with a normal capsular contour. The Parenchyma is subtly heterogenous 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** 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.

Gastrointestinal

The **gastric lumen** is not distended. 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the diffuse mesenteric pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

The mesentery throughout the organ is hyperechoic. Within the mesentery, ill-defined hypoechoic nodules/areas are observed. A large amount of echogenic free fluid is present. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

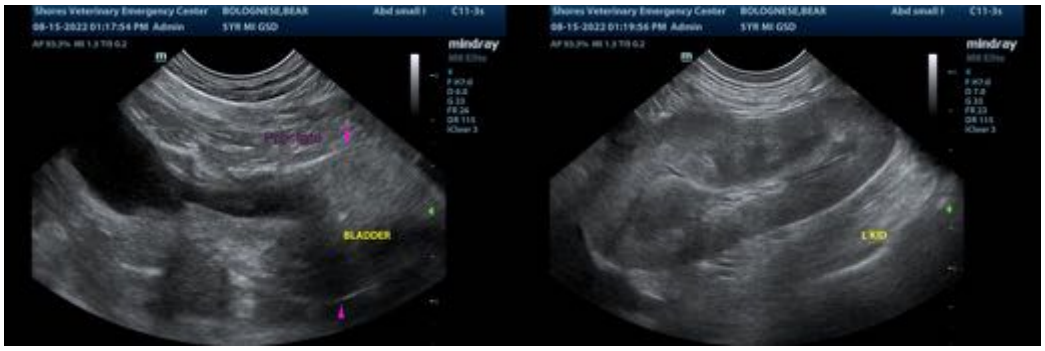
- The diffuse mesenteric changes are concerning for carcinomatosis. However, reactive/inflammatory mesentery cannot be completely excluded.

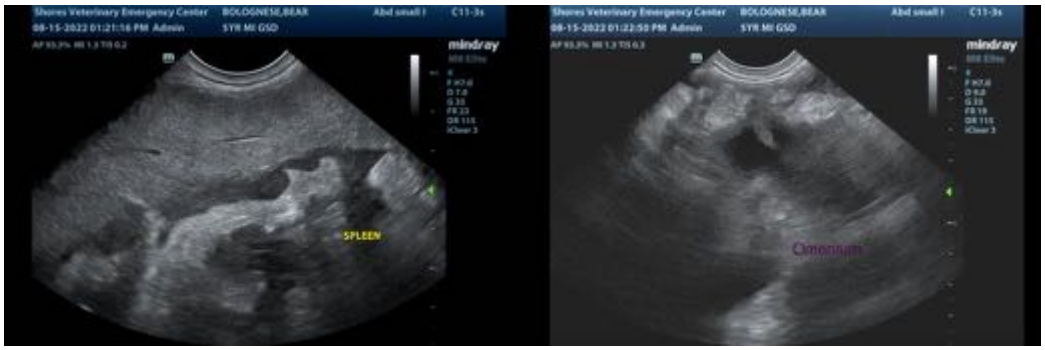
Secondary Findings

- The prostate changes are consistent with benign prostatic hyperplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fluid analysis and cytology on the abdominal fluid is recommended. Also consider aspiration of the mesenteric nodules with submission for cytologic evaluation.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, further work-up may be warranted.





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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