

PATIENT PRESENTING CLINICAL SIGNS

Tyson Geer

History: 8/14/2021 Owner reported that patient seems stable with fair appetite, though still lethargic. No V/D. Blood Pressure WNL SYS 124 8/10/2021: Possible seizure. Patient had an episode of disorientation with stiffness 3 d ago. Episode lasted less than 1 minute and patient did not appear to lose consciousness. There were no overt post ictal signs. He has not had any further episodes since then, but his energy level has been poor. Diarrhea and vomiting yesterday and today. Good appetite up until this morning. Now decreased appetite. No C/S. No historical problems/current medications reported. Up to date on vaccines with regular vet. Cardiovascular: Regular rhythm; IV/VI left systolic murmur detected; strong femoral pulses Musculoskeletal: No lameness and strong gait Gastrointestinal: Benign abdomen on palpation; observation of diarrhea contents revealed many pieces of under cooked rice and no overt worms. Assessment: 1. Moderate left sided cardiomegaly, likely secondary to mitral valve disease. No evidence of congestive heart failure. Recommend echocardiogram. 2. Colonic contents are consistent with diarrhea. 3. Wire foreign body, incidental. 4. Redundant dorsal tracheal membrane. No evidence of noncardiogenic pulmonary edema. Comments: Wire foreign bodies in the abdomen are common. They can be transient and pass through the gastrointestinal tract asymptotically, or they can migrate through the gastrointestinal tract and either remain quiescent or produce local inflammation in the mesentery, peritoneum, liver etc. These foreign bodies are rarely clinically significant and can be difficult to identify with ultrasound, however, this could be considered for further evaluation if this is a clinical concern. CBC/chem: Mild ALT elevation (174), rest WNL. FAST AUS revealed ~1 cm mass effect on dorsal bladder wall with scant surrounding free fluid. Centesis of effusion revealed transudate vs exudate (pale yellow), no hemoabdomen.

SPECIES

Canine

BREED

Corgi mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall is normal in thickness with a smooth mucosal surface. In the region of the urinary bladder neck, the wall is slightly irregular. No cystic calculi are observed. The proximal urethra appears normal.

The prostate is normal in size (0.79 cm in width) with a slightly irregular shape. The parenchyma is homogenous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.05 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 (4.10 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 mildly enlarged (0.93 cm at cranial pole) (0.73 cm at caudal pole) (1.60 cm in length) with a slightly irregular shape. A 0.66 x 0.65 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (0.86 cm at cranial pole) (0.55 cm at caudal pole) (1.88 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are

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Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Trucktree VH

REFERRING VET

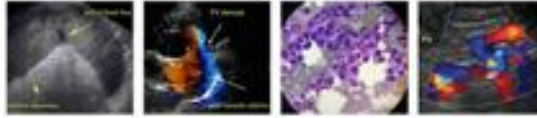
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PATIENT unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

SPECIES The spleen is normal in size (1.10 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.

Canine

BREED ***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. A small to moderate amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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AGE ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. In a 1.52 cm segment of jejunum, the wall is thickened (up to 0.40 cm) with loss of the normal layering pattern. In a separate segment, there is evidence of hyperperistalsis. In the remaining small intestinal tract, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obvious obstructive disease is noted.

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Pancreas

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The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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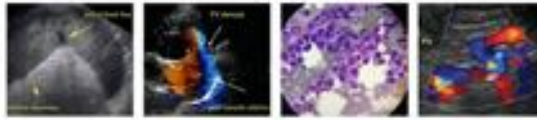
- The focal jejunal changes are concerning for infiltrative neoplasia (i.e., round cell tumor), adenocarcinoma, leiomyosarcoma, other. A severe inflammatory process is also possible but considered less likely. Focal small intestinal hyperperistalsis is present.

Secondary Findings:

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- The pancreatic changes may be a normal variant for this patient or could be consistent with



PATIENT

mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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- Gallbladder debris, non-mucocele.
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of a neoplastic process.

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- The irregular urinary bladder wall in the region of the neck is most consistent with inflammation with a lower possibility of emerging neoplasia (i.e., transitional cell carcinoma).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, an ultrasound guided fine needle aspirate of the jejunal wall thickening is recommended. A 25-gauge needle should be used. If the lesion is not accessible or if cytologic evaluation is inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis.
- To further evaluate the neurologic signs, consider referral to a board-certified veterinary neurologist (if the echocardiogram report does not indicate a cardiac origin for the episode of disorientation).
- With regard to the urinary bladder wall changes, consider serial sonographic monitoring or a urine BRAF test for further evaluation.

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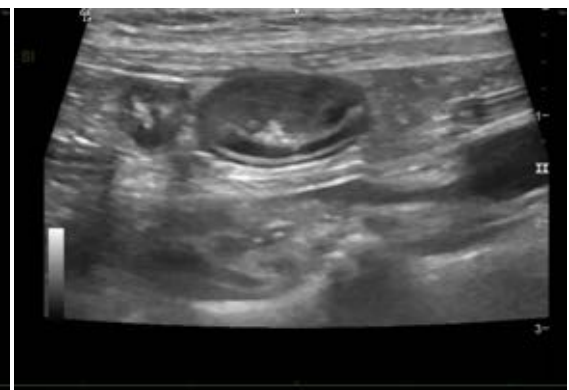
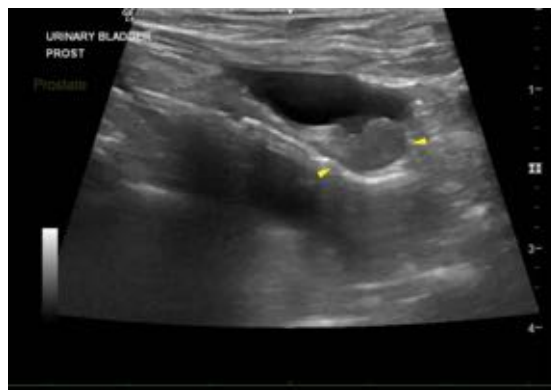
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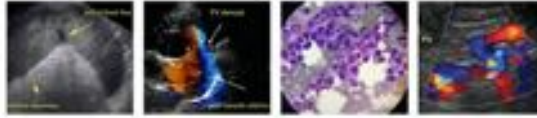
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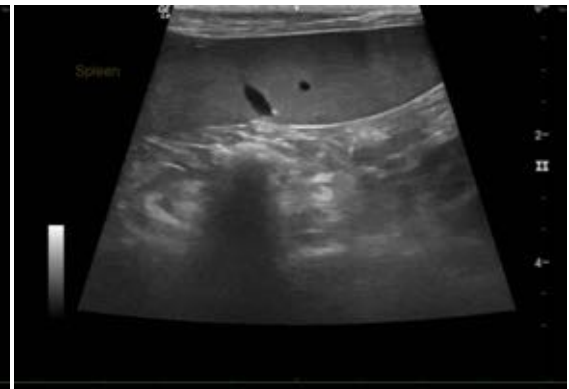
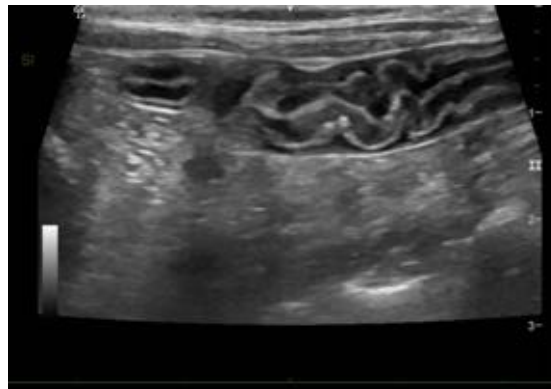
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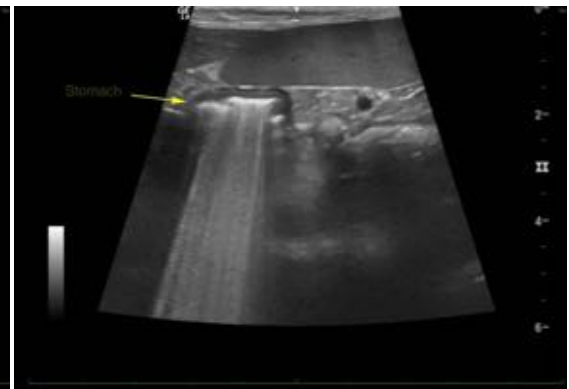
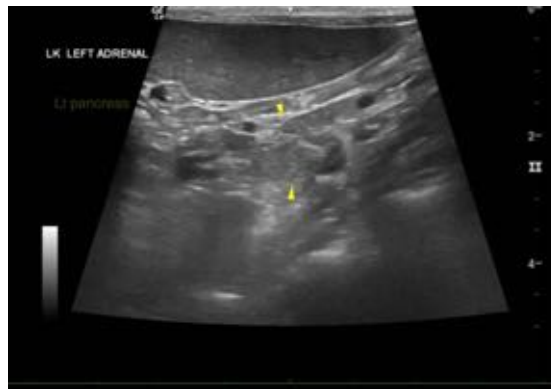
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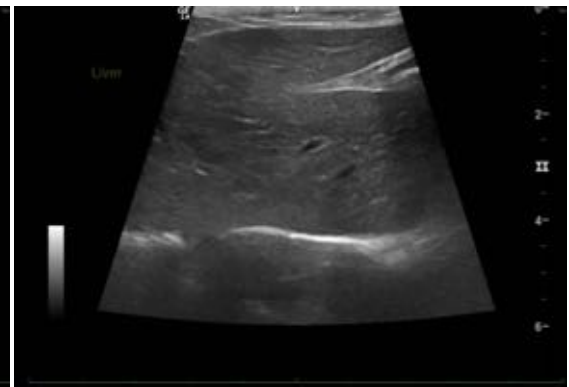
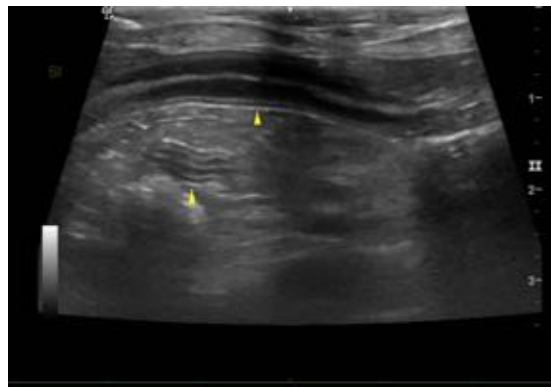


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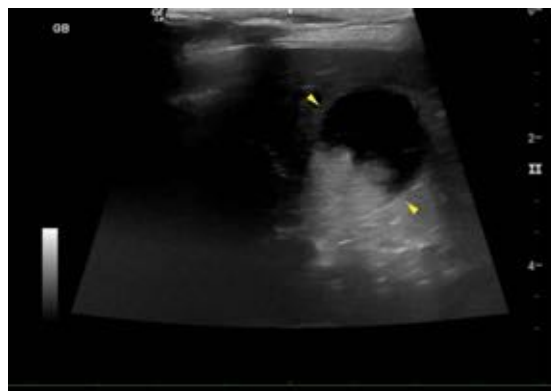
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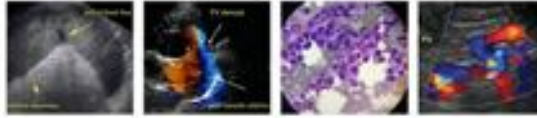
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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