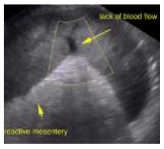
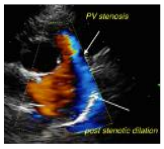
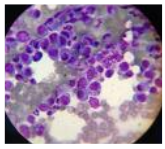
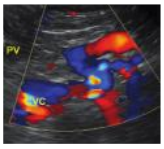
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Guiness Coleman

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

15 years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

14121

DATE

8.16.23

PRESENTING CLINICAL SIGNS

History: Seen at Newton for not eating, drinking more water over last few months, within last week tore apart garbage ate tissues, stuffing, rope toys

Abnormal PE/Chem/CBC/UA Results: PE: stiff gait, muscle atrophy, dental disease CBC/Chem, mild increase cholesterol, alkphos, lymphopenia

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 is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (6.48 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 adrenal glands are not definitively visualized in the available images. However, no obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal in size (1.49 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled and heterogenous in appearance, with a few hypoechoic nodules (the largest measuring 1.17 cm in diameter) as well as hyperechoic nodules/areas. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

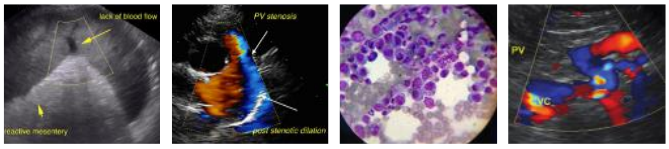
The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous, with several ill-defined hypoechoic and hyperechoic nodules throughout the organ (the largest hypoechoic nodule measures 1.72 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is not definitively visualized in the available images.

Gastrointestinal

The gastric lumen is moderate-to-severely fluid-distended and hypomotile. Within the fluid, a hyperechoic linear structure is visualized in several video clips. The gastric wall is normal in thickness with a normal layering pattern. One small intestinal segment (3-4.00 cm) is thickened up to 0.68 cm with questionable loss of the normal layering pattern. Within the segment, slightly shadowing luminal contents are visualized. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Guiness Coleman

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

15 years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

14121

DATE

8.16.23

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. The mesentery in the cranial to midabdominal region is hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

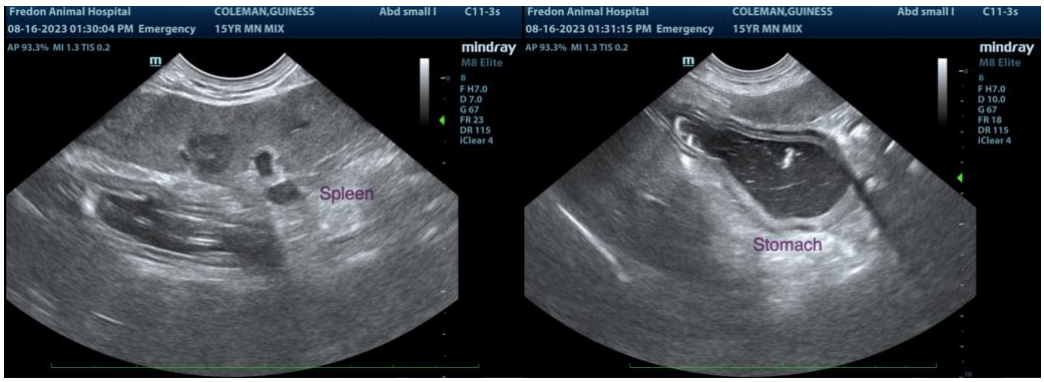
- The gastric distention may be secondary to functional or mechanical ileus. The pyloric outflow tract is difficult to visualize. Therefore, a pyloric outflow tract obstruction cannot be excluded. The hyperechoic linear structure within the gastric lumen may represent imaging artifact or foreign material.
- The thickened small intestinal segment may be secondary to emerging neoplasia or an inflammatory process.
- Peritonitis is present, likely secondary to bowel pathology.

Secondary Findings

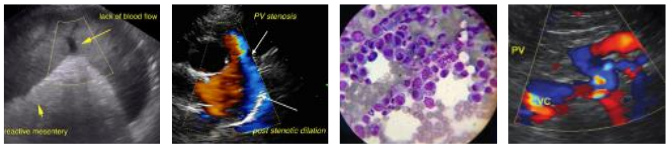
- Bilateral chronic age-related renal changes
- The splenic parenchymal changes, including the hypoechoic nodules could be consistent with emerging neoplasia (i.e., lymphoma), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation. The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bowel changes, consider an abdominal exploratory to assess for a gastric outflow tract obstruction and to obtain biopsies of the thickened small intestinal segment. Fine-needle aspirates of the spleen +/- liver should also be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used. Three-view thoracic radiographs are recommended prior to anesthesia to assess for cardiopulmonary status.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Guiness Coleman

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

15 years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

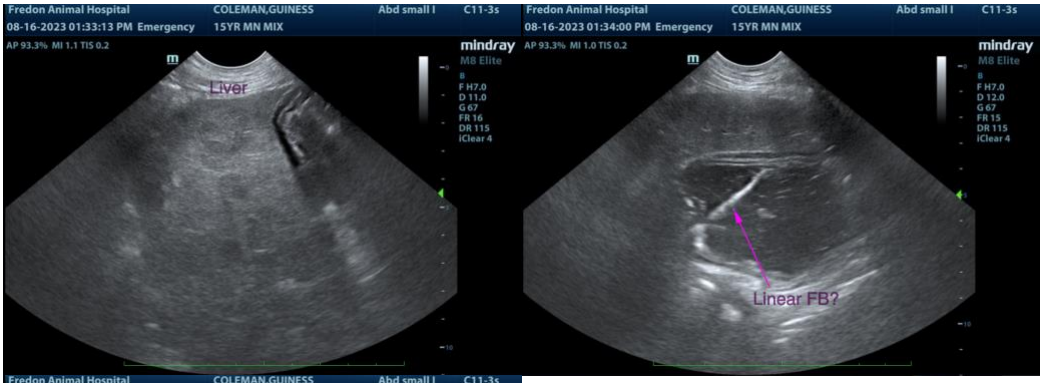
Dr. Linda Grau

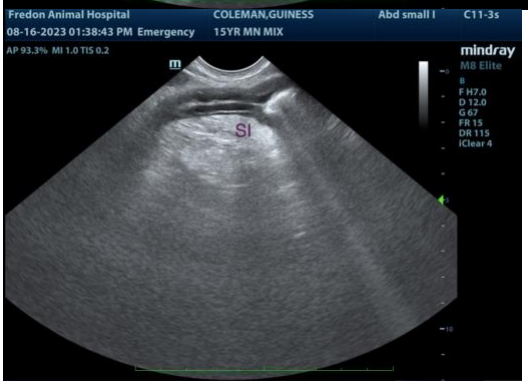
INVOICE

14121

DATE

8.16.23





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com