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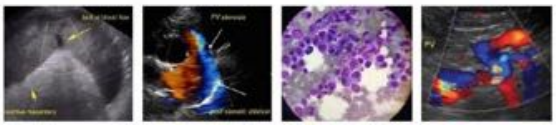

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jack Bozzo

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

7 years

WEIGHT

8.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Ancaster

REFERRING VET

Dr. Pandya

INVOICE

11451

DATE

8.18.22

PRESENTING CLINICAL SIGNS

History: bloody diarrhea for past 2 weeks, weight loss, vomiting, neg for parasites and giardia, tense abdomen

Abnormal PE/Chem/CBC/UA Results: abnormal: eos, MPV, Pct, SDMA, Bluc, Creat, TT4

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 moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

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

The **left kidney** is normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.70 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 (0.36 cm at cranial pole) (0.44 cm at caudal pole) (0.68 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 (0.98 cm at cranial pole) (0.42 cm at caudal pole) (1.80 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 (1.01 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.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.40 cm heterogenous nodule/mass is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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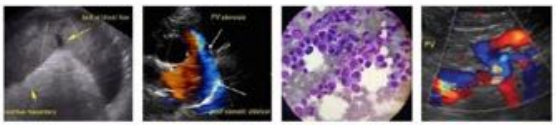

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The **gastric lumen** is moderately fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild to moderate). The small intestinal wall is normal to borderline thickened (up to 0.42 cm). In several segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.51 cm) and slightly corrugated in appearance. The colonic lumen contains liquid-appearing fecal material.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal and colonic changes are most consistent with gastroenteritis/colitis. There is no obvious evidence of a foreign body/obstruction, however, a partial obstruction cannot be completely excluded. The small intestinal wall changes could be consistent with inflammatory bowel disease, with some potential for emerging lymphoma.

- Left hepatic nodule/mass. This lesion is concerning for neoplasia (i.e., adenoma, adenocarcinoma). However, a benign process (i.e., inflammatory focus, granuloma, regenerative nodule) cannot be completely excluded.

Secondary Findings

- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the negative fecal evaluation, prophylactic deworming with Fenbendazole is recommended. Also consider a fecal PCR infectious disease panel.

Other considerations include the following:

1. Malabsorption panel including serum cobalamin and folate, TLI and PLI
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
3. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin
4. Supplementation with a probiotic with a high colony count (i.e., Proviable Forte or Visbiome)
5. Ultimately, GI biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis. Endoscopic biopsies are the safer means for obtaining a biopsy of the colon.

Regarding the left hepatic mass, consider three-view thoracic radiographs to assess for pulmonary metastatic disease and a fine-needle aspirate (if the lesion is accessible and if clotting status is appropriate). If cytology results are inconclusive, surgical biopsy/removal with submission for histopathology may be necessary to get a definitive diagnosis. If hepatic tissue sampling is not pursued at this time, consider a repeat ultrasound in 4-6 weeks to assess for growth.

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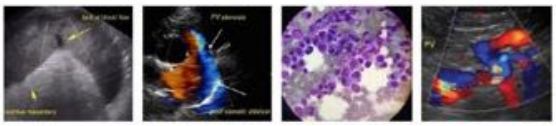

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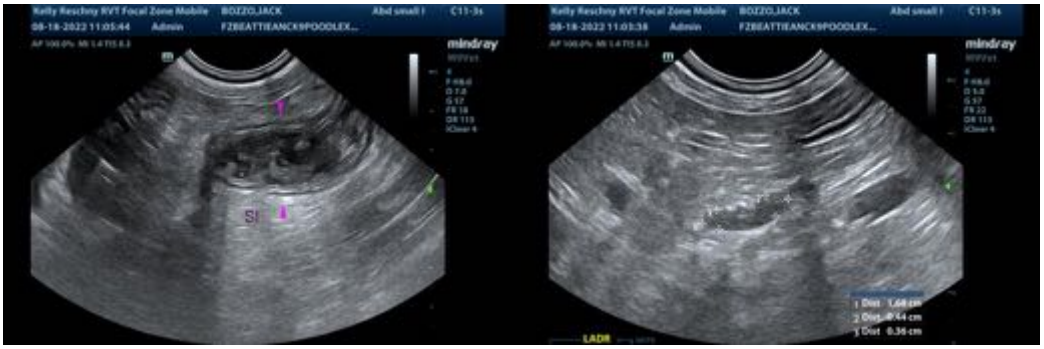

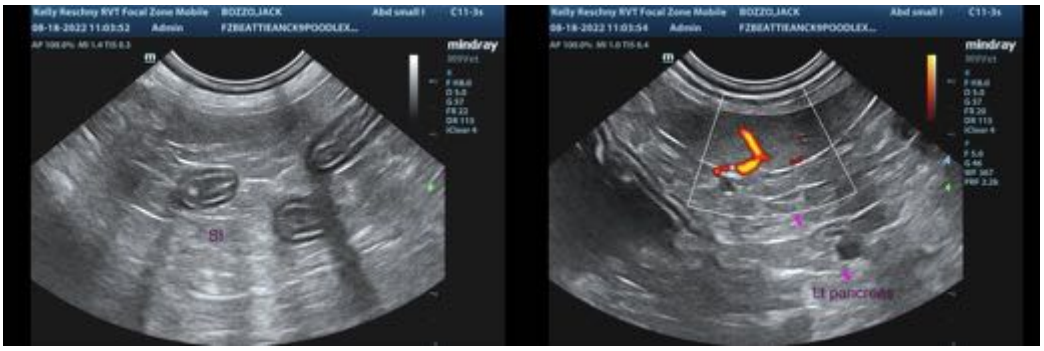

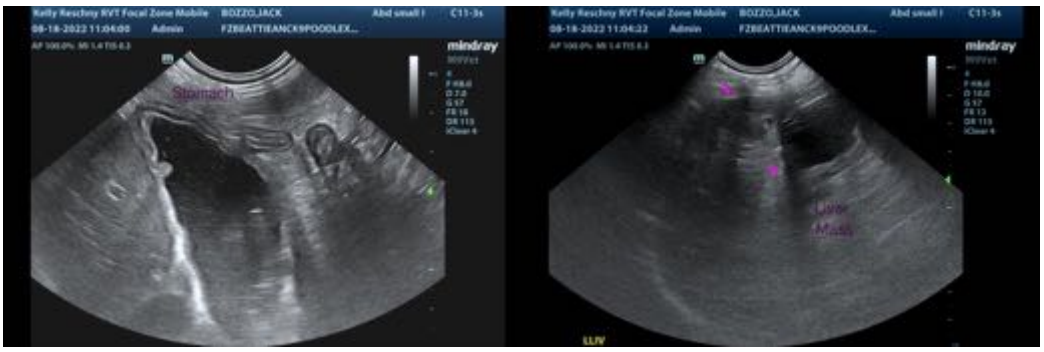

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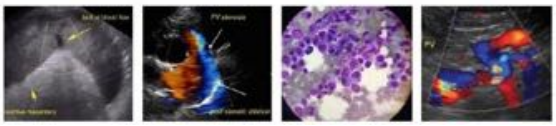

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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