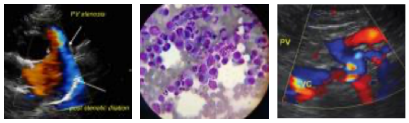
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8.31.2022

PATIENT

Hunter Elsbach

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

3/20/2013

WEIGHT

31.8lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Bray

INVOICE

11541

PRESENTING CLINICAL SIGNS

Vomiting/diarrhea, not drinking, decreased appetite. Vomiting (not since Saturday), still eating.

Current Medications: Apoquel, Ellevet, Rejensa (p currently won't take meds).
Lab Results: CBC: stress leukogram, Chem and CPL WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **prostate** is normal in size (0.79 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.34 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. A hyperechoic medullary band is observed adjacent to corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.00 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. A hyperechoic medullary band is observed adjacent to corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.63 cm at cranial pole) (0.62 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 (0.66 cm at cranial pole) (0.56 cm at caudal pole) (2.07 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 subjectively normal in size (1.69 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, with numerous, small, ill-defined hypoechoic nodules throughout the organ. 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. A moderate amount of aggregated, echogenic, gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. 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

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

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or similar). Alternatively, infiltrative neoplasia (i.e., lymphoma) is possible.

Secondary Findings

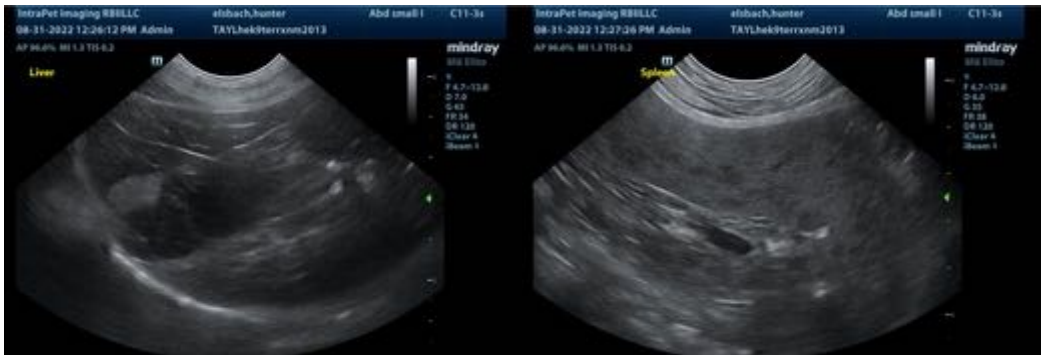
- Bilateral degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the splenic changes, a fine-needle aspirate can be considered (if clotting status is appropriate) to further evaluate for round cell neoplasia.

Regarding the GI signs, if persistent, consider further work-up, which could include the following:

1. A fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole
3. Malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M).
4. 6-week hydrolyzed protein or limited antigen diet trial
5. Resting cortisol level to screen for hypoadrenocorticism
6. +/- GI biopsies (i.e., endoscopic, or surgical)



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