



PATIENT PRESENTING CLINICAL SIGNS

Tish Rose History: Continued vomiting despite outpatient supportive care. rads showed generalized small intestinal dilation. Esophagus dilation. on Cerenia, Pantoprazole.

SPECIES Abnormal PE/Chem/CBC/UA Results: Glob 3.7, WBC 17.2 with elevated neuts 16.4, K 3.5 low.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Pit Bull

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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 2 cm, are normal.

SEX

Female Spayed

The left kidney is normal size (7.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

AGE

9 years

The right kidney is normal size (6.73 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

56 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.63 cm at caudal pole) (2.43 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 (1.53 cm at cranial pole) (0.63 cm at caudal pole) (2.15 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Spleen

A 2.27 x 1.83 cm hypoechoic to slightly heterogeneous nodule/mass is observed at the lateral aspect. The mass causes capsular expansion. The remaining peripheral contours are curvilinear. The remaining parenchyma is homogeneous in appearance. Splenic vasculature appears 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Newton VH

REFERRING VET

INVOICE

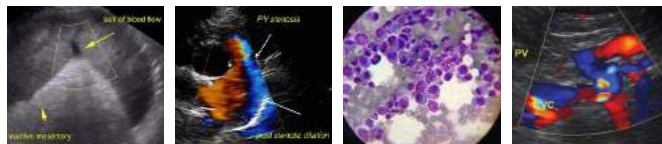
Gastrointestinal

11790kk

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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. No obstructive disease is noted.

DATE

9/10/21



PATIENT

Pancreas

Tish Rose

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.

SPECIES

Free Abdomen

Canine

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

BREED

ULTRASONOGRAPHIC FINDINGS

Pit Bull

Primary Findings:

- Splenic nodule/mass. Neoplasia (i.e., round cell tumor, hemangioma, hemangiosarcoma) is considered likely. However, benign pathology (i.e., focus of extramedullary hematopoiesis or lymphoid hyperplasia) cannot be excluded.

SEX

Female Spayed

Secondary Findings:

- Bilateral, age-related renal changes with a left cortical infarct.

AGE

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**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include esophageal dysfunction, microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, and other.

WEIGHT

56 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the splenic nodule/mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, consider a splenectomy with submission of the spleen for histopathology. Gastrointestinal biopsies can be obtained at the time of surgery.
3. Other diagnostic considerations include the following:
 - a. A fecal evaluation for ova/Giardia
 - b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 - d. Barium esophagram (preferably via fluoroscopy). *It should be noted that aspiration of barium is possible, particularly if esophageal dysfunction is present.

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IMAGING PERFORMED BY

Diane McFadden, RVT

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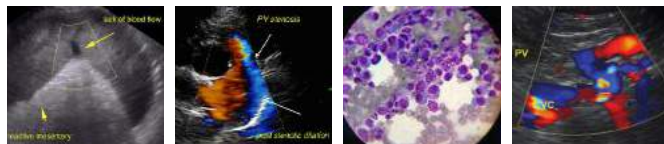
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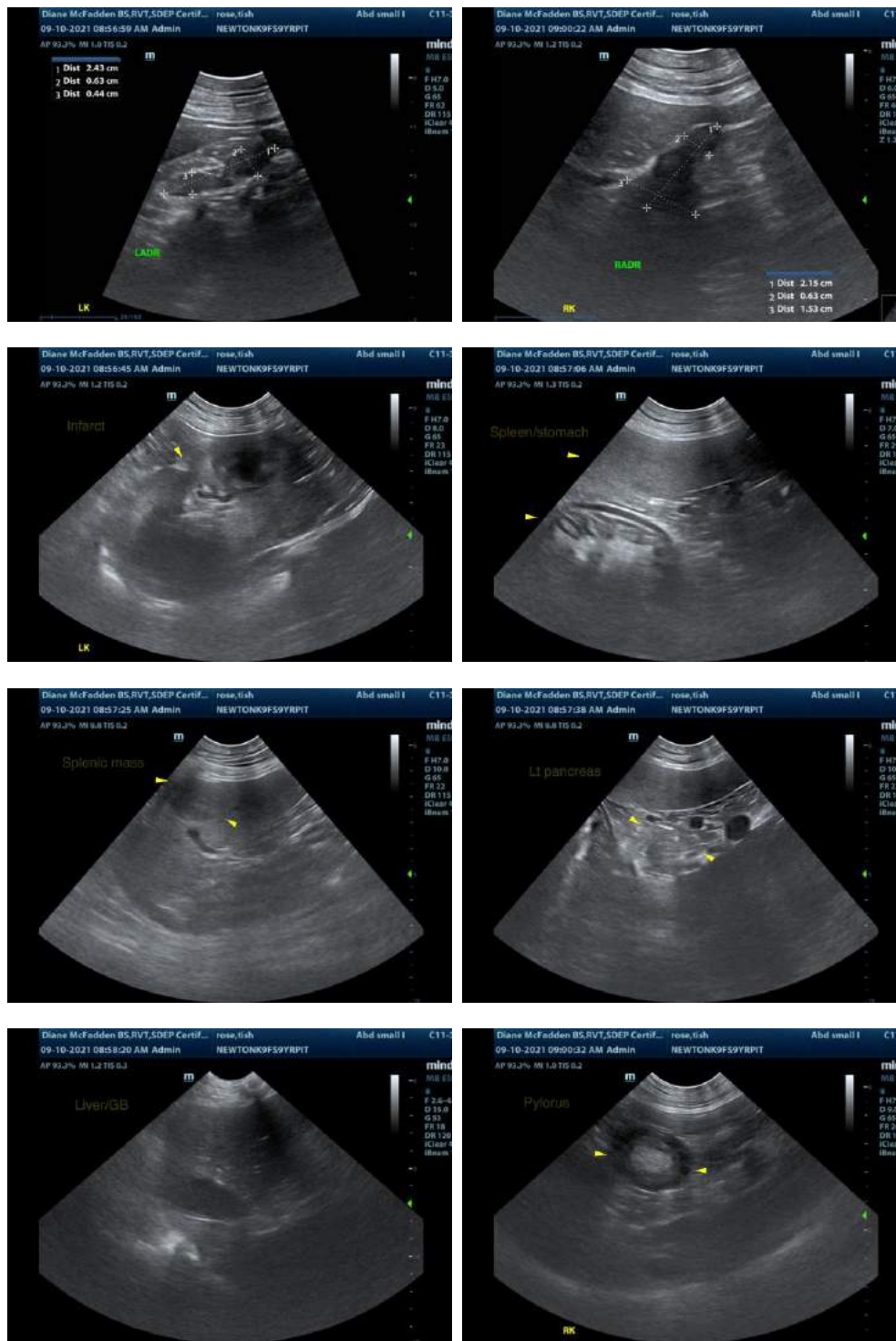
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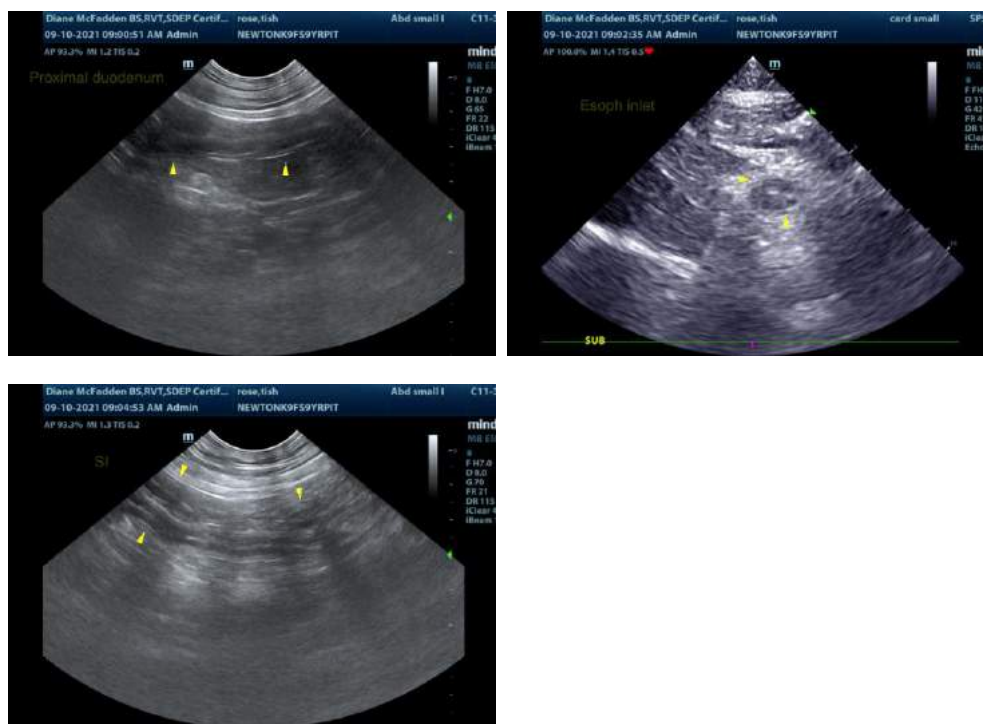
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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