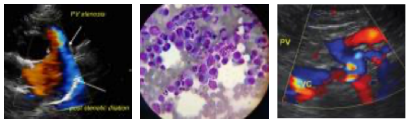
IMAGING PERFORMED BY

IntraPet.com



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

DATE

9.22.2022

PATIENT

Carlo Groah

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered Male

AGE

5/12/2011

WEIGHT

94.5lbs

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

11681

PRESENTING CLINICAL SIGNS

Hx of decreased appetite. Coughing/gagging episodes -seemed to respond to doxy/cough tabs, but no hx of exposure to dog with
kennel cough. Radiographs showed concern for craniorganomegally in abdomen.

Current Medications: Doxycycline, Cough tabs.
Lab Results: See attached.
CBC and mini chemistry panel unremarkable. T4 normal.
Radiographs: Concern for abdominal craniomegaly/mass effect.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 anechoic urine. No masses, inflammatory changes or 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 size (7.10 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.

The **right kidney** is normal size (7.27 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 normal size (0.69 cm at cranial pole) (0.71 cm at caudal pole) (2.54 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 (0.63 cm at cranial pole) (0.68 cm at caudal pole) (2.39 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 (2.43 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.52 cm ill-defined, hyperechoic nodule is observed near the hilus. Splenic vasculature is normal.

Liver

The **liver** is subjectively enlarged with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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

The **gastric lumen** is moderately distended with ingesta and gas. 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 segmentally dilated with chyme. 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.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy and regenerative nodular hyperplasia are the top differentials. Inflammatory disease is considered unlikely in light of the normal liver enzymes. Infiltrative neoplasia is possible, but also considered unlikely given the sonographic appearance of the liver.

Secondary Findings

- The hyperechoic splenic nodule is most consistent with a benign process (i.e., myelolipoma).
- If the patient was fasted for the study, ingesta within the gastric lumen could suggest delayed gastric emptying.

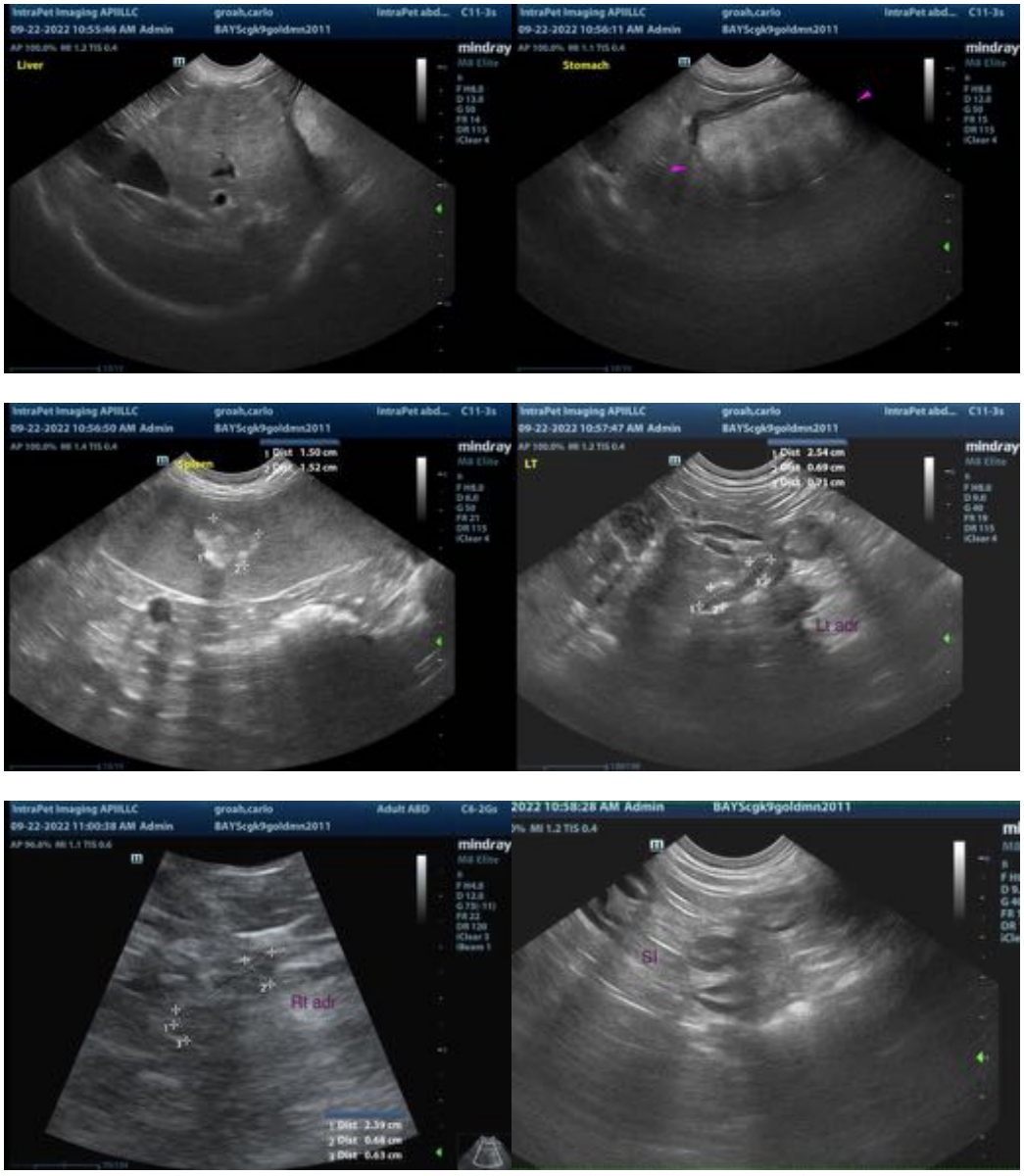
  *An obvious cause for the patient's inappetence is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of coughing and gagging, three-view thoracic and cervical radiographs are recommended. Also consider an upper airway evaluation (for laryngeal paralysis, masses) and possible bronchoscopy with bronchoalveolar lavage.

Orthopedic and neurologic examinations are also recommended to assess for nonmetabolic causes of inappetence.

If the above diagnostics are inconclusive, a more advanced GI work-up (i.e., malabsorption panel, fecal evaluation for ova and Giardia, +/- GI biopsies) may be warranted.



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