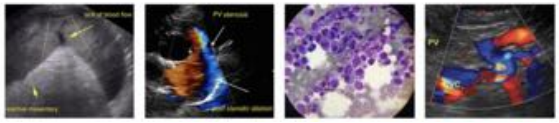




**PATIENT**

Ember Mountain

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

69.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Pet Vet AH
Mt Pleasant

**REFERRING VET**

Dr Brian King

**INVOICE**

11719

**DATE**

9.28.22

## PRESENTING CLINICAL SIGNS

Several-month history of chronic intermittent bloody diarrhea and occasional vomiting. Patient hasn't eaten in the past 3 days. Also, owner is seeing pieces of tissue within the stool

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity dependent mineralized sand, +/- tiny calculi is observed within the lumen, as well as a small amount of echogenic debris. The region of the trigone is normal. The bladder is pelvically located.

The **left kidney** is normal size (7.40 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.09 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 (0.49 cm at cranial pole) (0.54 cm at caudal pole) (2.92 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 (1.56 cm at cranial pole) (0.73 cm at caudal pole) (0.42 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 diffusely enlarged (2.95 cm in width at the level of the hilus). The parenchyma is diffusely mottled with small, ill-defined hypoechoic nodules/areas. Splenic vasculature appears normal with no evidence of thrombosis.

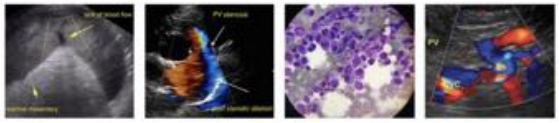
### *Liver*

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance, with one to two small, ill-defined hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is distended. The wall is normal in thickness. A small to moderate amount of gravity dependent, hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The **gastric lumen** is moderately distended with echogenic fluid. 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. Within the lumen of the distal colon, a 4.50 x 3.06 cm mildly heterogenous mass is observed. Proximal to the mass, shadowing fecal material is seen.





**PATIENT**

Ember Mountain

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

69.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Pet Vet AH
Mt Pleasant

**REFERRING VET**

Dr Brian King

**INVOICE**

11719

**DATE**

9.28.22

***Pancreas***
The right limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***
The mesentery throughout the abdomen is hyperechoic. A small to moderate amount of free fluid is observed. One to two prominent **lymph nodes** are observed at the aortic trifurcation, the largest measuring 2.73 cm in length. Surrounding mesentery is mildly hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Intraluminal distal colonic mass. Neoplasia (i.e., carcinoma, lymphoma, leiomyosarcoma) is considered likely, with a low possibility of a focal inflammatory process (i.e., pyogranulomatous).
- The splenomegaly could be consistent with infiltrative neoplasia, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- The pancreatic changes are suggestive of chronic pancreatitis with suspected age-related remodeling.
- Diffuse peritonitis is present, likely secondary to bowel and/or splenic pathology.

### Secondary Findings

- The hepatic parenchymal changes are nonspecific and may be associated with a benign process (i.e., age-related remodeling, regenerative nodular hyperplasia). However, infiltrative/metastatic disease cannot be completely excluded.
- Mild, bilateral, chronic renal changes
- The lymphadenopathy at the aortic trifurcation may represent metastatic disease, lymphoid hyperplasia, or reactive lymphadenitis.

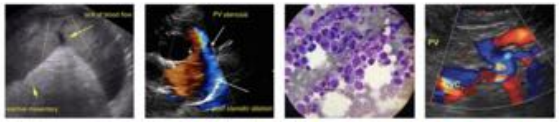
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.

A fine-needle aspirate of the spleen can be considered if clotting status is appropriate. A 25-gauge needle should be used.

To further evaluate the colonic mass, consider submission of the tissue passed in the feces, or a colonoscopy with biopsies. If surgical removal of the colonic mass is to be considered, an abdominal/pelvic CT scan would be useful in presurgical planning.

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



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

**PATIENT**

Ember Mountain

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

69.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Pet Vet AH
Mt Pleasant

**REFERRING VET**

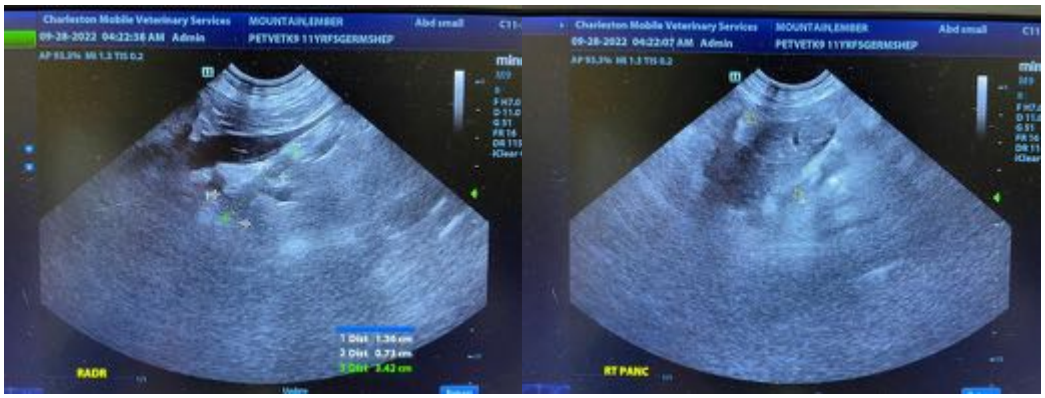
Dr Brian King

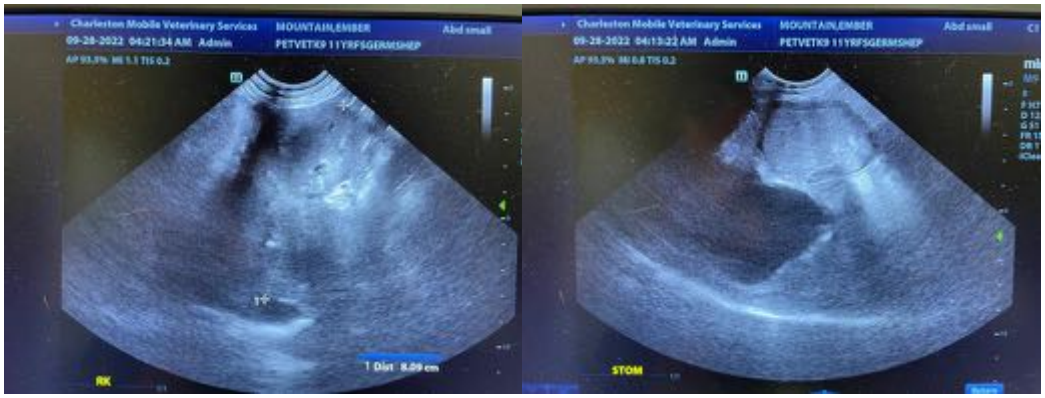
**INVOICE**

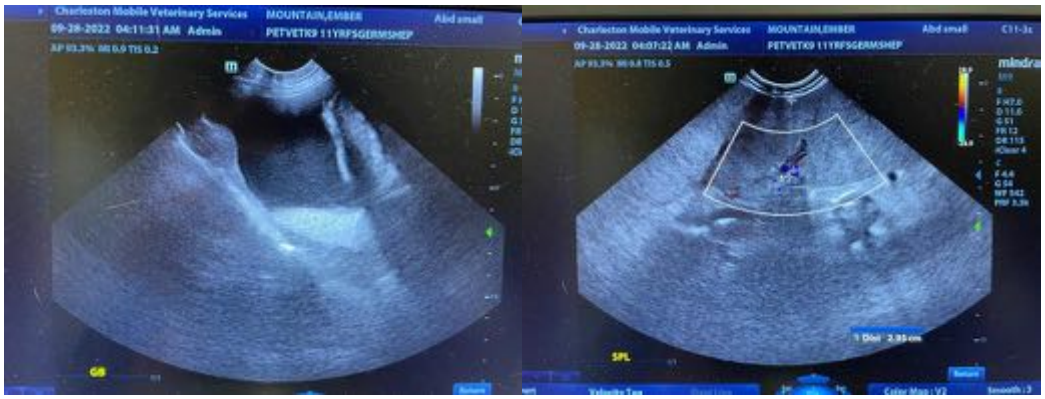
11719

**DATE**

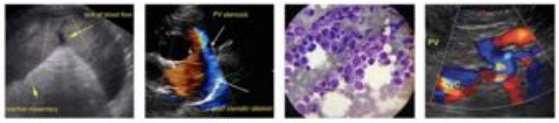
9.28.22



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



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

**PATIENT**

Ember Mountain

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

69.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Pet Vet AH
Mt Pleasant

**REFERRING VET**

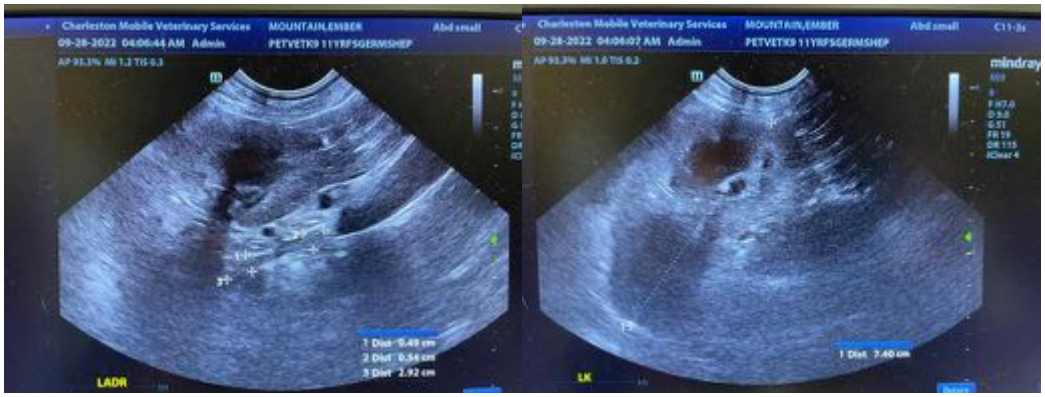
Dr Brian King

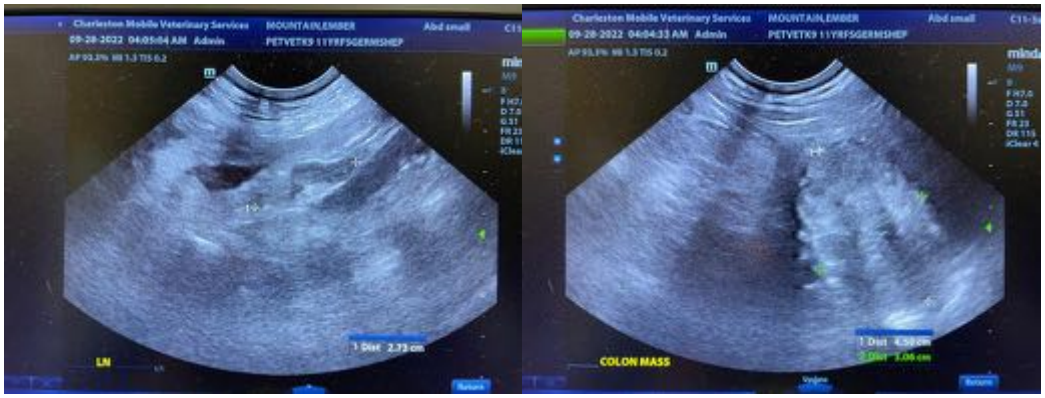
**INVOICE**

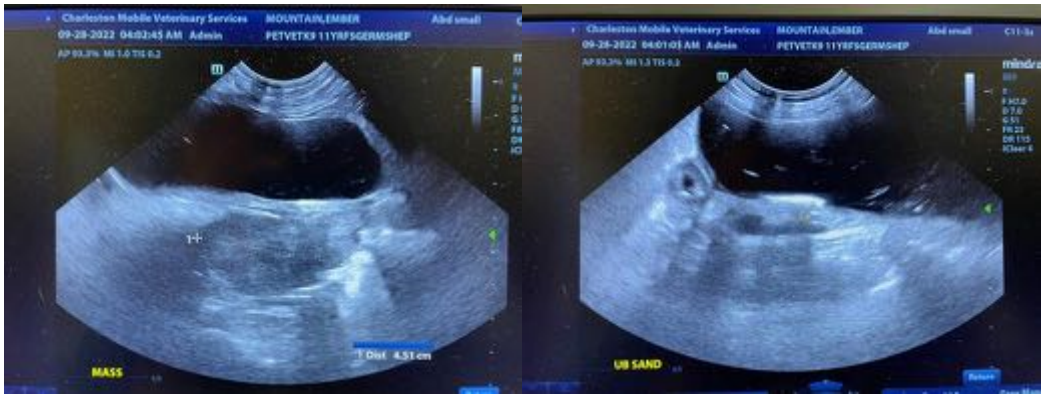
11719

**DATE**

9.28.22




**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