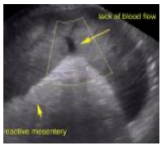
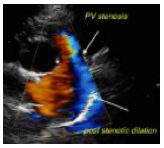
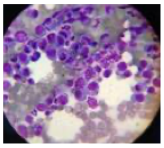
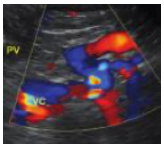
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
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PATIENT
Jojo Chmiel

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
7 years

WEIGHT
40 lbs

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Eisenberg

INVOICE
11622

DATE
9.9.22

PRESENTING CLINICAL SIGNS

History: Slow progressive weight loss with mild GI signs- loose stools, rare vomit and decreased app
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

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 minimally to mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.88 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.

The **right kidney** is normal size (4.90 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.54 cm at cranial pole) (0.58 cm at caudal pole); 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 mildly enlarged (1.35 cm at cranial pole) (0.72 cm at caudal pole); 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 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 prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few ill-defined hyperechoic nodules are visualized, the largest measuring 1.53 cm in diameter 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

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid-distended. There is a 1-2 cm segment of what appears to be jejunum that is thickened (up to 0.45 cm) with possible loss of the normal layering pattern. In the remaining small intestinal segments, there is retention of the normal layering pattern. The colonic wall is normal. The colonic lumen contains granular-appearing fecal material. There is no obvious 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. A few prominent to enlarged mesenteric **lymph nodes** are visualized, the largest measuring 2.91 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The focal small intestinal wall thickening with possible loss of the normal layering pattern is concerning for emerging neoplasia (i.e., lymphoma, adenocarcinoma). However, an inflammatory process cannot be excluded.

Secondary Findings

- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).

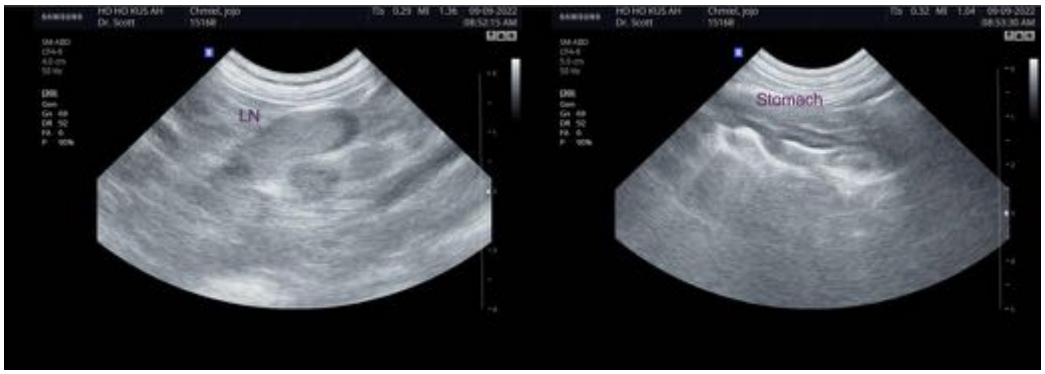
- Mild right adrenomegaly. This may be a normal variant for this patient or may be secondary to early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

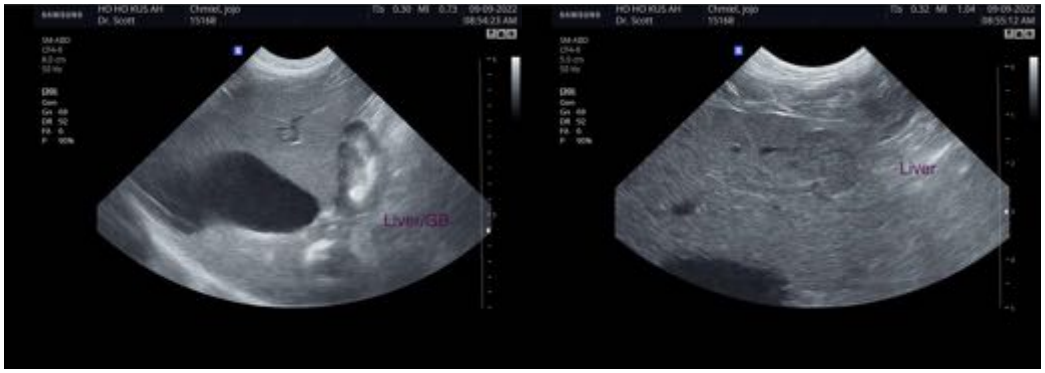
- A fine needle aspirate of the bowel wall thickening if accessible. If the lesion is not accessible or if cytology results are inconclusive, consider surgical gastrointestinal and abdominal lymph node biopsies. Prior to anesthesia, three-view thoracic radiographs should be performed to assess cardiopulmonary status.

- A fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI, are also recommended.

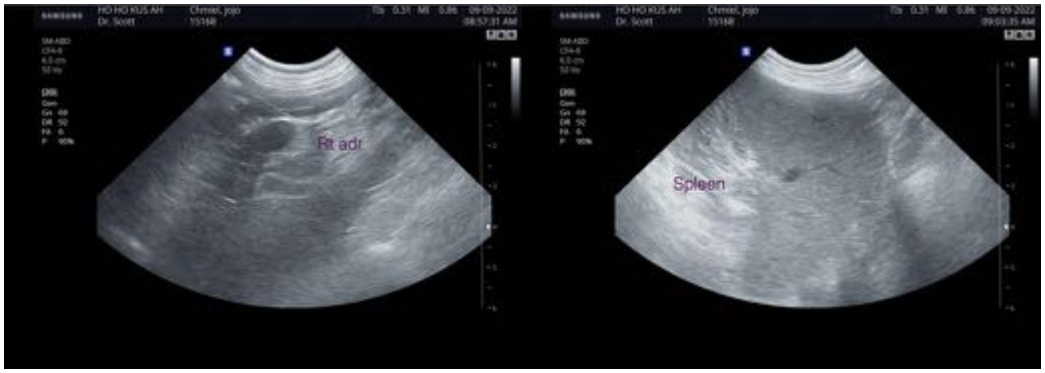
- A resting cortisol level can also be considered to screen for hypoadrenocorticism. However, based on the sonographic changes, there is no concern for a primary enteropathy versus hypoadrenocorticism, particularly given the right adrenomegaly.


LN

Stomach


Liver/GB

Liver


Rt adr

Spleen


St

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)
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