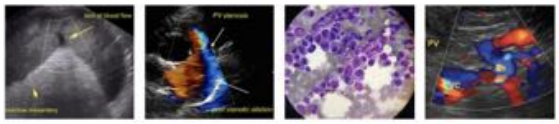


PATIENT

Brinkley Vaughan

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

8/11/2009

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr. Wiles

INVOICE

14247

DATE

11/22/22

PRESENTING CLINICAL SIGNS

Patient presents for IBD flare-up. QAR. Not eating like normal. Drinking excessively. O states that about a week ago, P was boarded overnight at a kennel. This kennel does not have overnight staff and O believes this flare-up started because P was unable to go out at night. P lost his appetite and will now only eat salmon jerky treats and a small amount of rice. BM seem to be extremely loose and either brown or clear in color.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.36 cm) with an irregular mucosal surface. The wall tapers to a normal surface as it extends toward the cystourethral junction. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (1.12 cm) in width with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogeneous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.80 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of 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 (0.67 cm at cranial pole) (0.74 cm at caudal pole) (3.20 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.

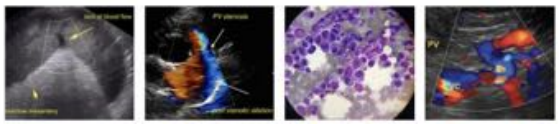
The right adrenal gland is normal size (1.12 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and smooth peripheral contours. A 1.13 x 1.04 cm irregular hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 3.07 cm irregular hyperechoic to slightly heterogeneous mass is observed at the medial aspect. In addition, a few myelolipomas are seen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



PATIENT

Brinkley Vaughan

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

8/11/2009

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr. Wiles

INVOICE

14247

DATE

11/22/22

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. A moderate to large amount of aggregated echogenic partially dependent to suspended sludge is observed within the lumen. The sludge appears to be in a partially stellate pattern. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.45 cm) with retention of the normal layering pattern. There is evidence of mucosal striations and speckling in several segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. No obvious obstructive disease is noted.

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.

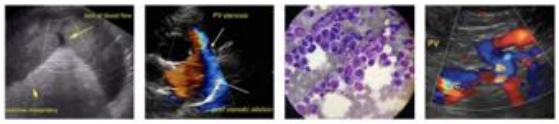
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel pattern, in conjunction with the patient's clinical history, is most consistent with a chronic enteropathy. Top differentials include lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease or less likely, infiltrative neoplasia.
- The gallbladder changes are most consistent with a developing mucocele.
- The hyperechoic splenic mass could be consistent with a benign myelolipoma. However, a more insidious neoplastic process cannot be completely excluded.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral, non-specific, chronic, age-related renal changes.
- The right adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a



PATIENT

Brinkley Vaughan

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

8/11/2009

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr. Wiles

INVOICE

14247

DATE

11/22/22

lower possibility of an emerging tumor.

- The urinary bladder wall changes are most consistent with cystitis. However, correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

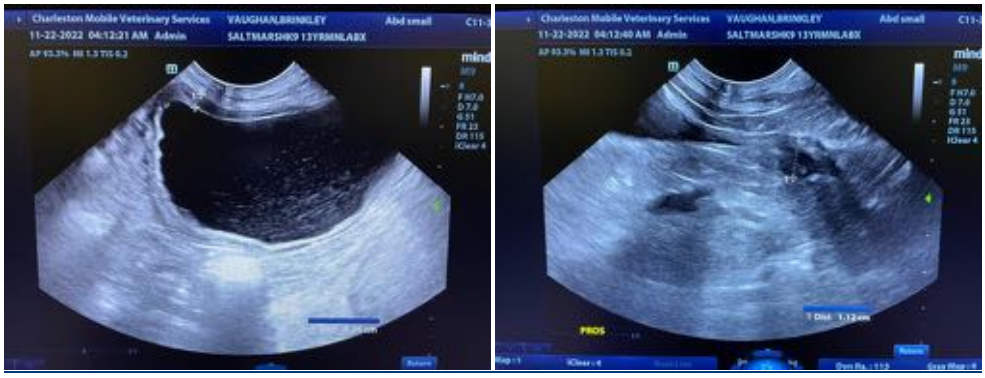
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI with adjustment of the Budesonide dose as needed. If the patient does not respond to Budesonide therapy, consider transitioning to Prednisone.

- A probiotic along with fiber supplementation should also be considered, if the patient is not already receiving these therapies. Continuation of a limited antigen or hydrolyzed protein diet is also recommended. Ultimately, GI biopsies would be necessary to get a definitive diagnosis.

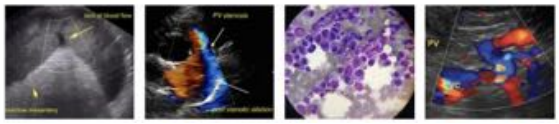
- Regarding the gallbladder changes, Ursodiol therapy is recommended along with serial sonographic monitoring (i.e., every 1-3 months) to assess to progression to a fully formed mucocele.

- Regarding the urinary bladder wall changes, consider a urinalysis +/- urine culture and sensitivity.

- Regarding the splenic mass, fine needle aspirate can be considered (if clotting status is appropriate). There is some risk of iatrogenic hemorrhage with aspiration given the location of the mass near the hilus. Alternatively, a splenectomy with submission of the spleen for histopathology can be considered. If a more conservative approach is desired, consider serial sonographic monitoring (i.e., every 2-3 months) to assess for growth.



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

Brinkley Vaughan

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

8/11/2009

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

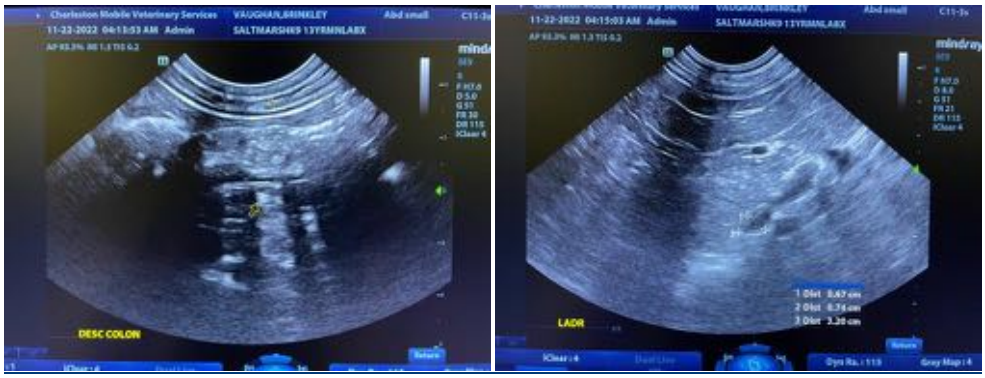
Dr. Wiles

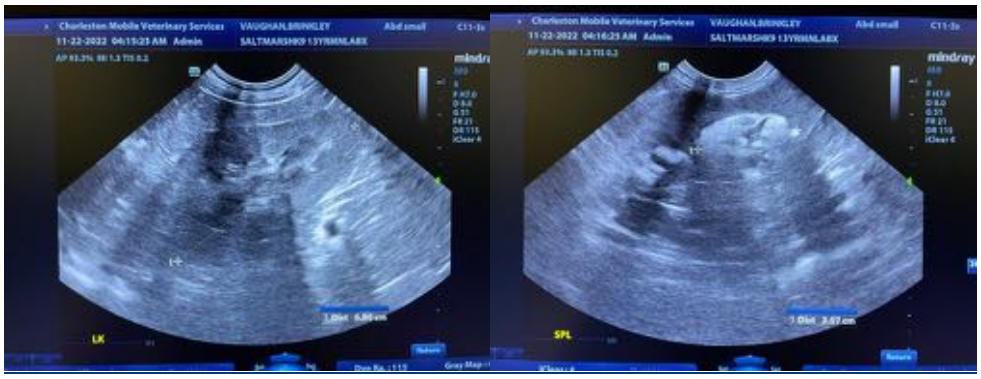
INVOICE

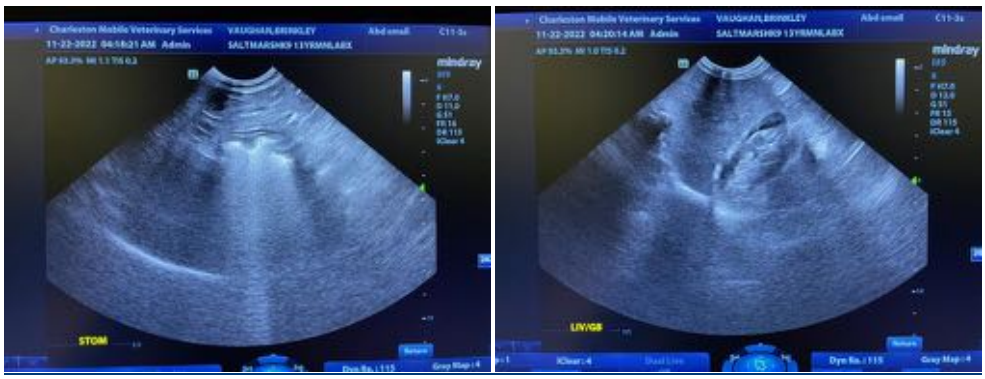
14247

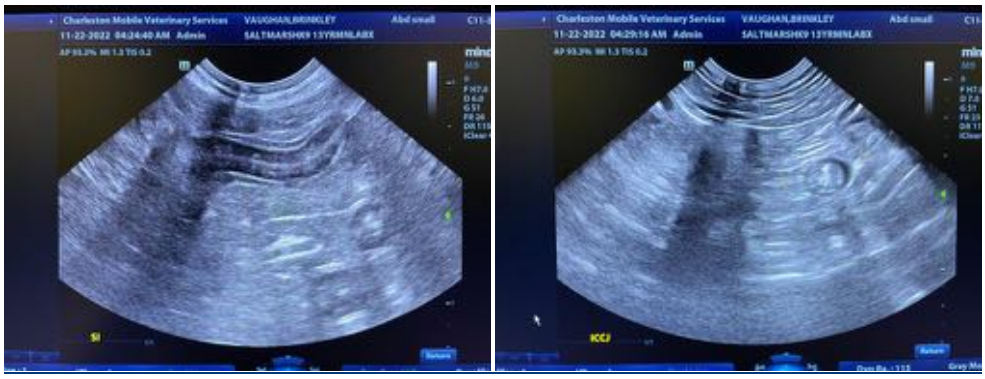
DATE

11/22/22

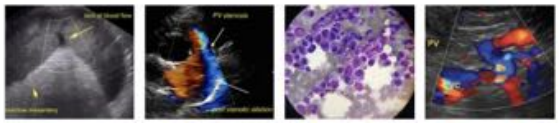








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Brinkley Vaughan

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

8/11/2009

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

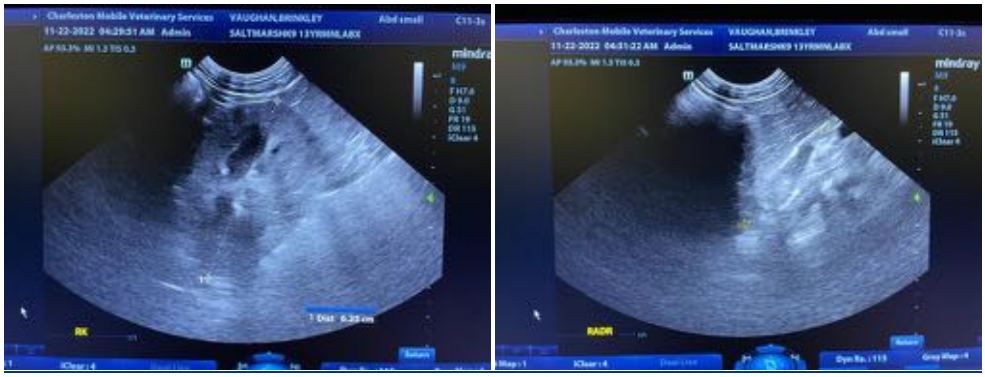
Dr. Wiles

INVOICE

14247

DATE

11/22/22



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