

PATIENT PRESENTING CLINICAL SIGNS

Savannah Gersh Several week history of diarrhea with blood.

SPECIES

Canine

BREED

Coonhound

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

59.6 lbs.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.49 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.83 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 (0.64 cm at cranial pole) (0.71 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 normal size (0.98 cm at cranial pole) (0.65 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 normal in size (2.49 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.95 cm hyperechoic nodule is observed at the craniomedial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with slightly irregular contours on the left side. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 1.93 cm hypoechoic nodule is observed on the left. The lesion causes slight capsular expansion. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

River Oaks AH

REFERRING VET

Dr. Pennington

INVOICE

14545

DATE

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The gastric lumen is minimally 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 thickness is normal with a normal layering pattern and appropriate mural detail. An approximately 6.44 cm well circumscribed echogenic mass appears to be arising from the descending colon. An area of intussusception is observed adjacent to the mass. The mesentery effacing the serosal surface region is hyperechoic.

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

Trace free fluid is observed. 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:

- Caudal abdominal mass, suspected to be arising from descending colon with an adjacent intussusception and regional peritonitis.

Secondary Findings:

- The hepatic nodule could be consistent with a metastatic lesion or may represent a benign process (i.e., regenerative nodule, inflammatory focus or granuloma).
- Bilateral, chronic age-related renal changes.
- The hyperechoic splenic nodule trends toward the benign (i.e., small myelolipoma) with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the distal colonic mass, if clotting status is appropriate. Ultimately however, surgical removal of the mass and intussusception should be considered. An abdominal/pelvic CT scan would be useful in pre-surgical planning.



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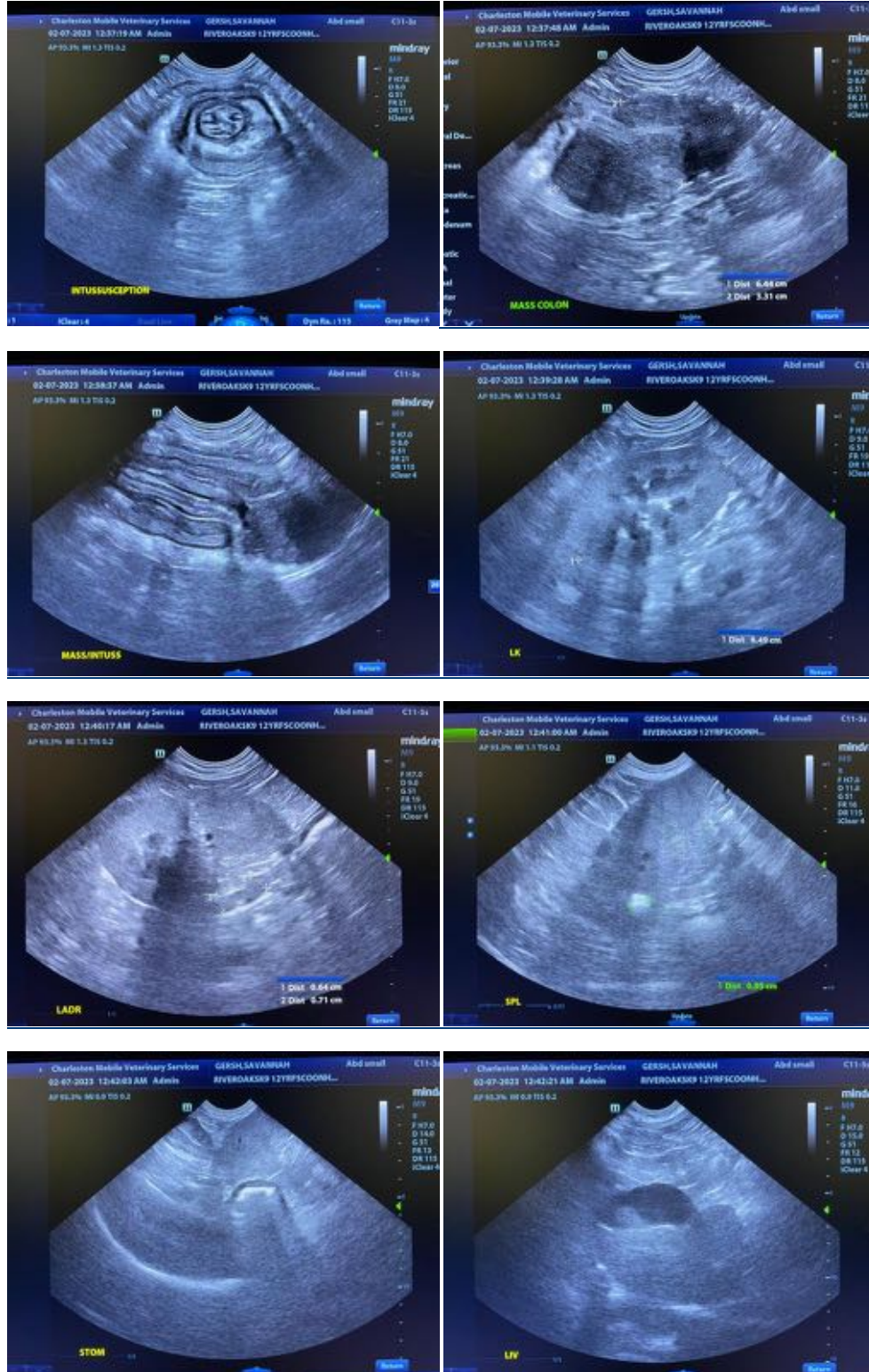
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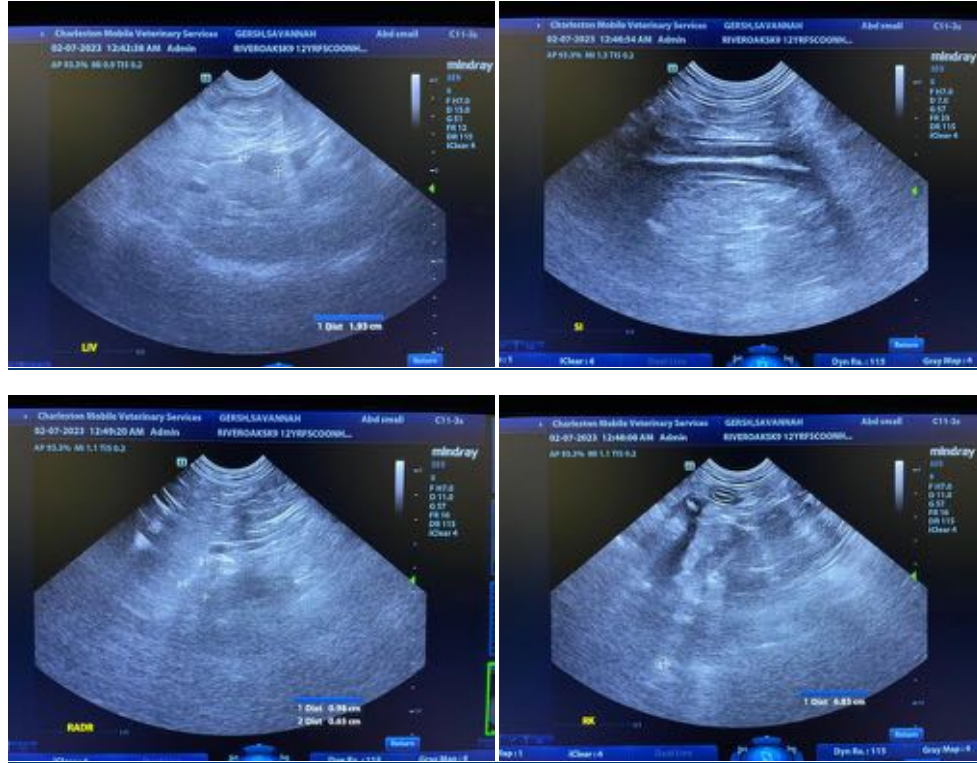
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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