



**PATIENT**

Deuce Greene

**SPECIES**

Canine

**BREED**

Pit bull terrier

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

48 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Brittany Scott

**INVOICE**

14089

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: 1-2 year history of sensitive stomach. Over the weekend excessive diarrhea and vomiting; more than what's normal for him. Current meds: Monthly B12 injections, Tylan powder, Purina HA. Abnormal PE/Chem/CBC/UA Results: CBC/Chem/SpecCPL all WNL. B12 high normal, folate high, TLI high.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

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

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.55 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.83 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.65 cm at caudal pole) (2.55 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 (1.17 cm at cranial pole) (0.61 cm at caudal pole) (2.55 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 subjectively normal in size (1.51 cm in width at the level of the hilus) normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and is subtly mottled in appearance. A 1.35 cm, ill-defined hypoechoic area is observed in the cranial to mid-aspect. Splenic vasculature is 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.



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***Gastrointestinal***

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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. The lumen of the descending colon contains liquid appearing fecal material. No obstructive disease is noted.

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***Pancreas***

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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.

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***Free Abdomen***

Trace free fluid is observed. A cluster of prominent irregular, mildly hypoechoic lymph nodes are observed in the caudal abdomen. Surrounding mesentery is hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings:**

- The caudal abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma). Regional peritonitis is present.
- The liquid appearing fecal material in the colonic lumen is consistent with diarrhea.

**Secondary Findings:**

- Minor, age-related renal and hepatic changes.

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include food allergy, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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- Fecal evaluation for ova and Giardia. Prophylactic deworming with Fenbendazole may also be warranted.
- Consider a fine needle aspirate of the prominent caudal abdominal lymph nodes to assess for round cell neoplasia.
- Also consider supplementation with a probiotic +/- fiber (i.e., Metamucil or Konsyl).
- Given the patient's chronic history of GI issues, a transition to a hydrolyzed protein or limited antigen diet is recommended.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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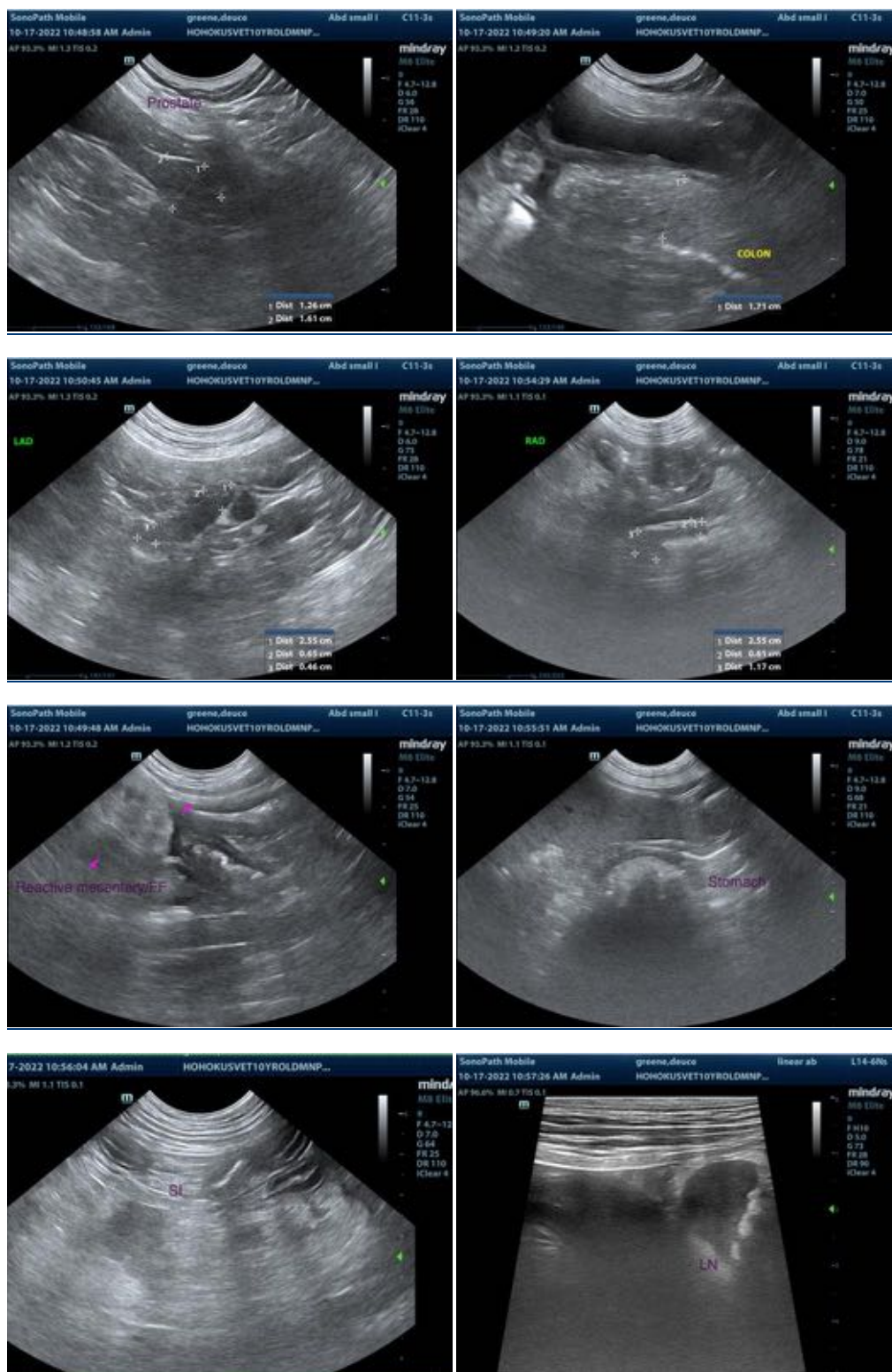
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Deuce Greene

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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