

**DATE PRESENTING CLINICAL SIGNS**

1/25/23 History nasal carcinoma, diagnosed with CT/bx in March 2022.
1/20/23 hematemesis, hematochezia. PT/PTT/CBC/Chem NSF
TXR (3v) NSF.

PATIENT

Darby Sacca Current Medications: Cerenia 80 mg PO SID, Metroindazole 500 mg PO BID, Sucralfate 0.4 gm PO BID liquid, Omeprazole 40 mg PO BID. Bland diet.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Pit Bull X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is adequately distended with anechoic contents. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. At the apex of the bladder, positioned dependently, there is a 1.0 cm x 0.80 cm echogenic density that does not appear vascular and may represent a small polyp or accumulated mucus and debris adhered to the wall.

AGE

3/15/12

The right kidney is normal in size (8.15 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

92 Pounds

The left kidney is normal in size (7.67 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (2.91 cm long x 0.83 cm at the cranial pole and 0.95 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Timonium AH

The left adrenal gland is normal in size (2.47 cm long x 0.61 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. McIntyre

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.80 cm x 1.2 cm hypo- to anechoic non-capsule disrupting nodule is noted in the middle of the spleen. Splenic vasculature appears normal.

INVOICE

44494

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or infiltrative disease. However, near the pylorus there is a small, approximately 1.0 cm curvilinear echogenic density with acoustic shadowing that could represent a small non-obstructive foreign body.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Cardiac image was non-diagnostic owing to interfering artifact.

ULTRASONOGRAPHIC FINDINGS

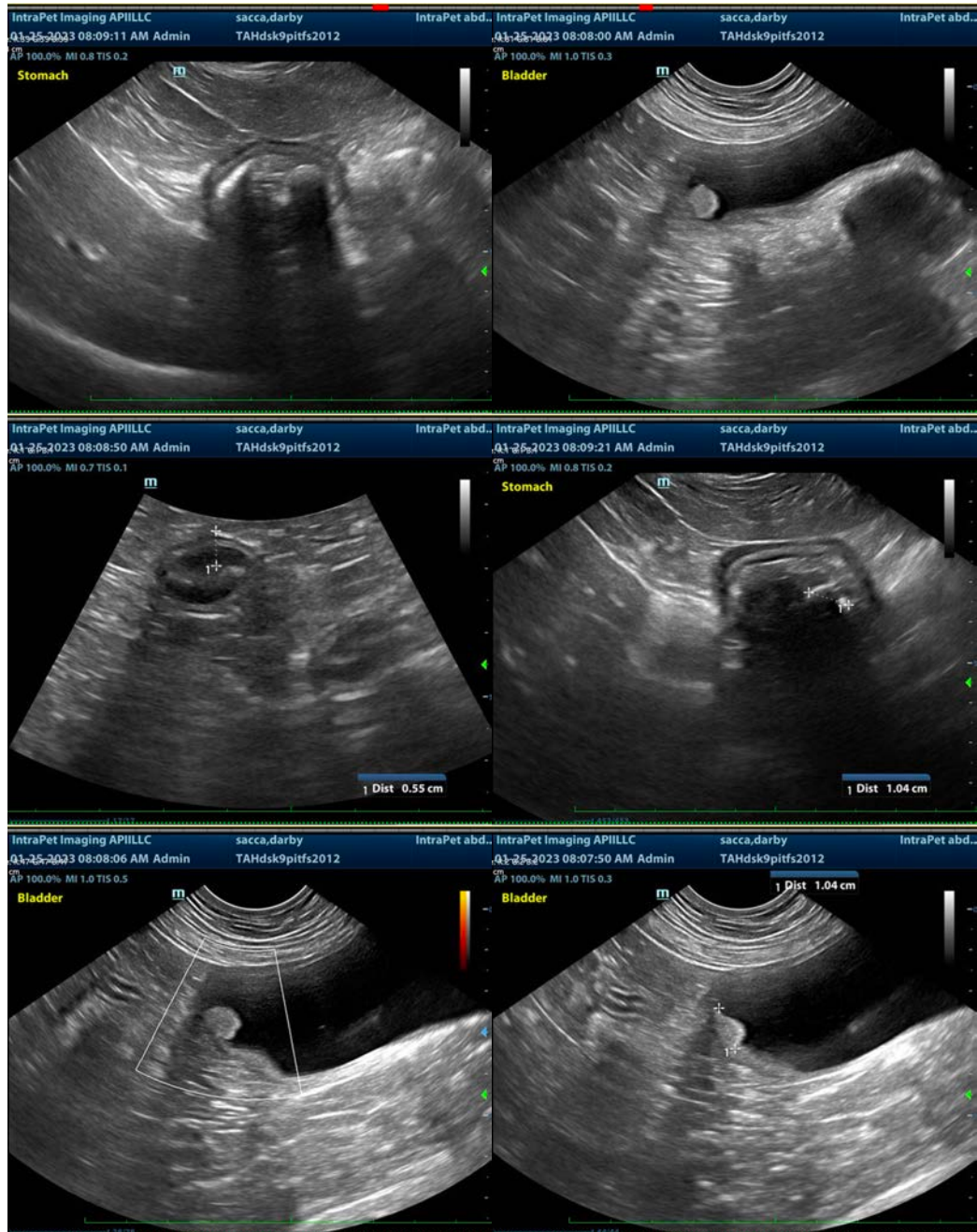
- Suspect small non-obstructive gastric/pyloric foreign body. Normal ingesta/gas can't be definitively ruled out.
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Urinary bladder debris. A small polyp can't be definitively ruled out but is considered less likely.

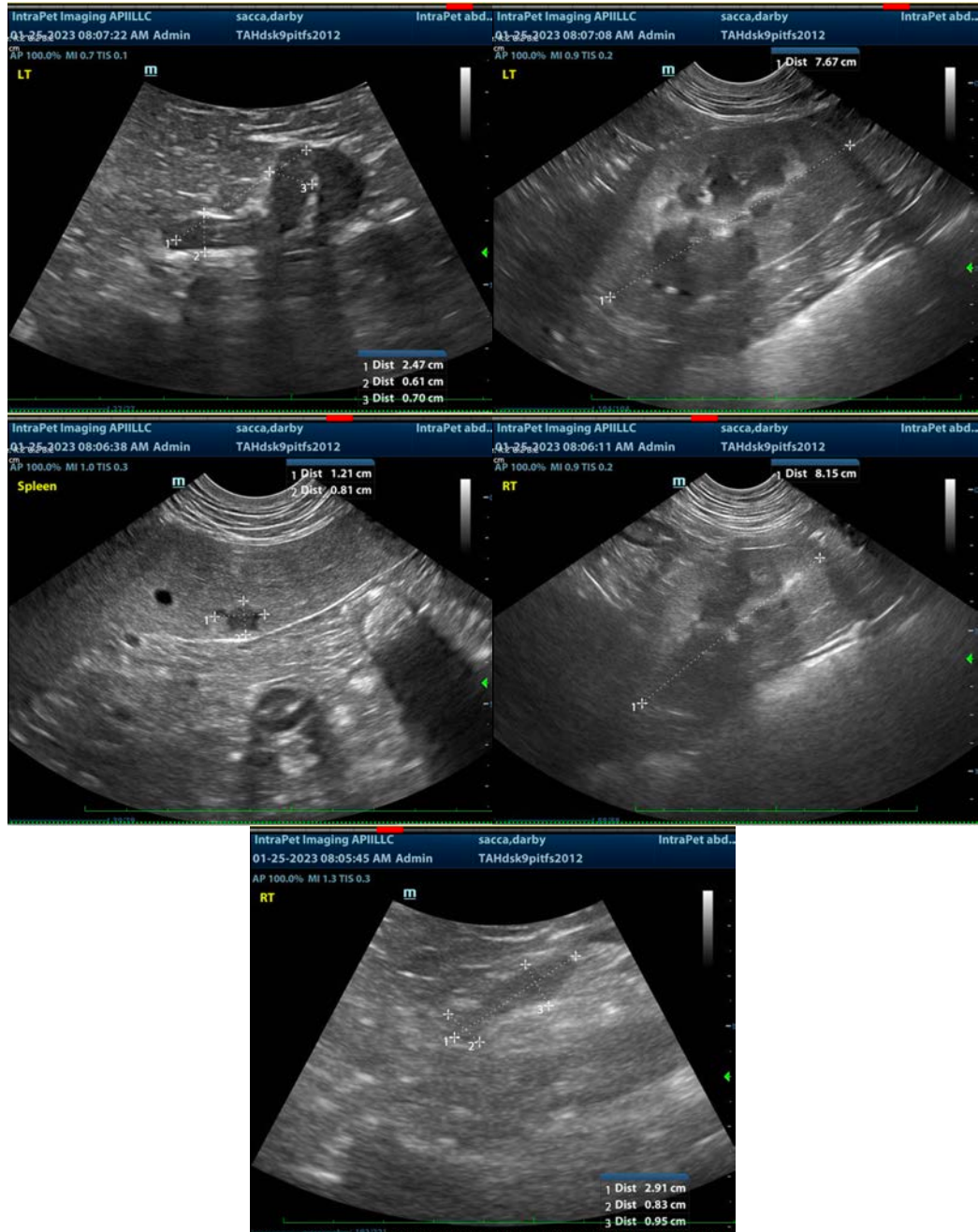
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient has concurrent epistaxis, reimaging of the nasal cavity via CT scan could be considered. However, nasal bleeding exhibited through GI signs is typically melena versus frank blood in the stool. Therefore, a concurrent primary gastrointestinal problem unrelated to the nasal cavity is also possible. If these clinical signs are acute, recommendations include supportive/symptomatic medical management of HGE with antiemetics, gastroprotectants including sucralfate, probiotic such as Visbiome or proviable, empirical deworming with a 5-day course of Panacur, +/- Metronidazole or Tylosin and transition if tolerated to a bland, easy to digest diet. If however there is any chronicity to the clinical signs, further evaluation of the gastrointestinal tract may be warranted via a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

The gastric foreign body is likely incidental and does not appear obstructive. However, if clinical signs don't resolve, follow up or recheck imaging is definitively recommended, as ultimately gastroscopy or surgery may be indicated to remove the foreign object.

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.





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.

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