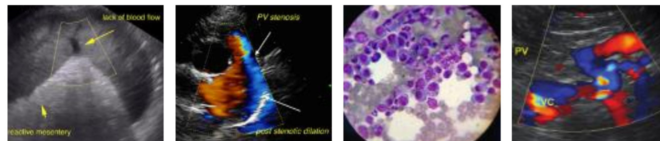

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1-800-838-4268 info@sonopath.com

PATIENT

Bella Hernandez

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

9 Years

WEIGHT

16 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rachel Wiley

HOSPITAL NAME

Petvacx AH

REFERRING VET

Rachel Wiley

INVOICE

17652

DATE

10/10/22

PRESENTING CLINICAL SIGNS

History: 1 month ago normal started with intermittent soft stool, CBC/CHEM/T4/Fecal w/PCR all Within Normal Limits. Diarrhea and vomiting worsened, 1 week ago bloody stool started- CPL snap test abnormal, started on cerenia and bland diet. Now more lethargic and bloodwork has marked leukocytosis (53k) characterized by neutrophilia with toxic left shift, hypoalbuminemia, bacturia/pyuria and patient is developing some bruising on chest but has normal platelets, coag panel and clotting times.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.3 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.

Right kidney is unable to be well visualized in these images.

Adrenal Glands

Left adrenal gland is normal in size (0.78 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

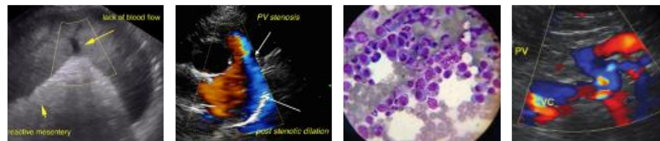
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. The mid caudal liver is focally rounded with the appearance of a homogeneous isoechoic emerging mass of 2.5 cm in diameter.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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There is a loop of what appears to be small bowel with diffuse loss of normal layering and a thick hypoechoic wall cranial to the urinary bladder. The wall measures 0.87 cm thick in transverse view. Medial to the spleen, a sagittal view of a small bowel loop is noted with a similarly appearing hypoechoic thick wall and loss of layering. It is unable to be determined whether or not the two bowel masses connect and are one long bowel mass versus two multifocal areas. Both areas are surrounded by enhanced hyperechoic fat.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a scant amount of anechoic free fluid and a large amount of echogenic hyperechoic fat surrounding the bowel abnormalities described above, as well as surrounding the swollen heterogeneous liver. No appreciable lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thick small bowel/small bowel mass with loss of layering medial to the spleen and cranial to the urinary bladder. Differentials for which include primarily infiltrative neoplasia, such as round cell neoplasia (i.e., lymphoma versus carcinoma versus other). Benign inflammatory disease is possible but considered less likely.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

  *The mid caudal liver is focally more rounded and heterogeneous than the diffuse liver changes and has the appearance of an emerging mass. This is concerning for round cell neoplasia given the concurrent pathology.

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the thickened bowel and/or liver could be considered since patients coagulation status is reportedly appropriate, however, given the unexplained bruising, even though platelet number is adequate, platelet function may not be so. A buccal mucosal bleeding time could be performed for further evaluation of coagulation status prior to aspirates. Additionally, given the reported bacteriuria and pyuria, a urine culture is recommended if not recently evaluated and given the low albumin, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to

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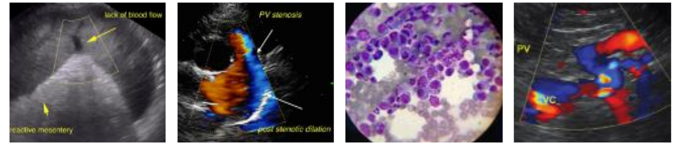

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Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, supportive/symptomatic medical management with probiotics, such as Visbiome or Proviable, empirical deworming with a 5 day course of Panacur and transition to a low fat diet could be considered.

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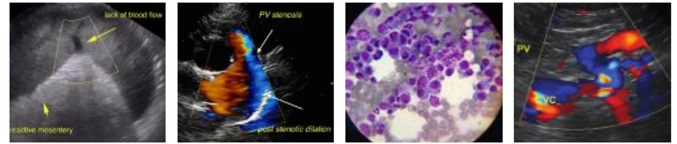

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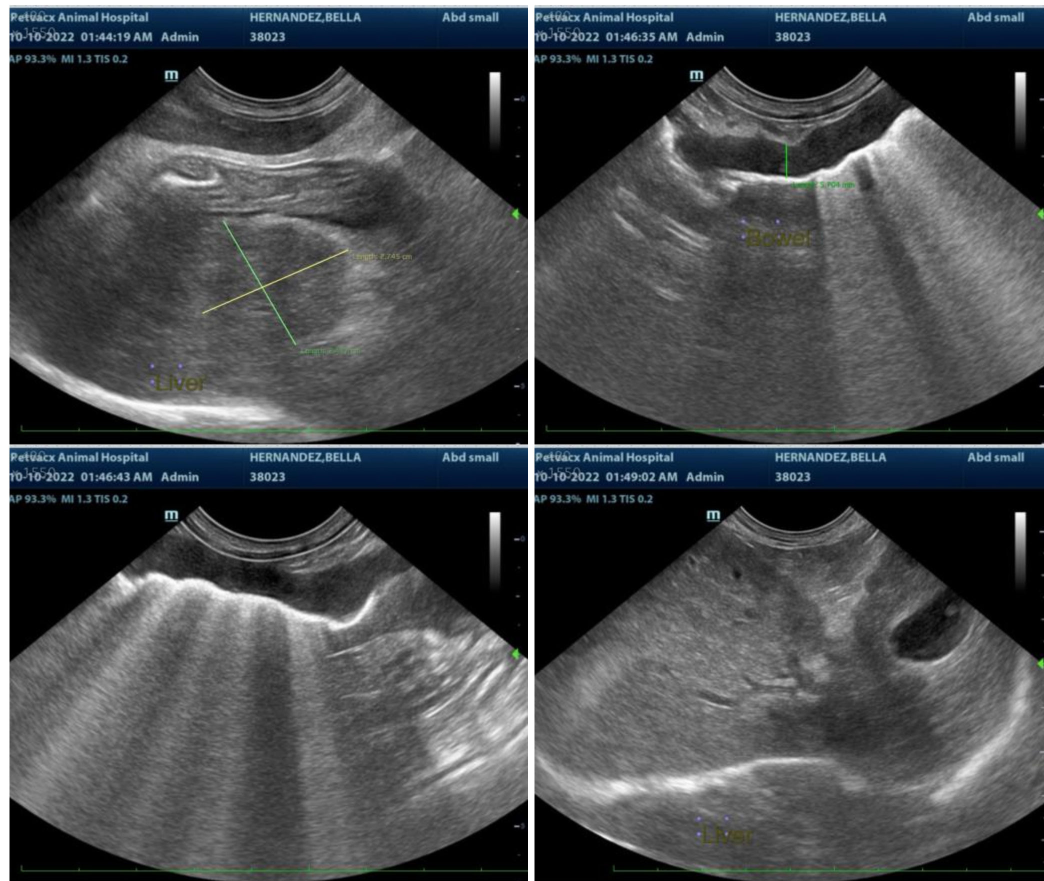

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com