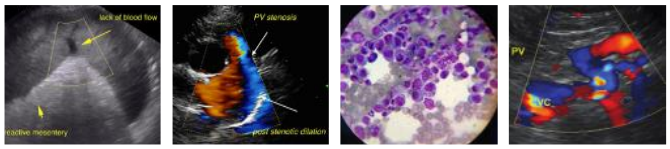
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Blu Cyrowski

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

98 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Shira E. Anchill, DVM

INVOICE

21048

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Hyporexia and lethargy of 3-day duration. Regularly off leash in woods without dad for adventures. No known vomiting, last BM witnessed 2 days ago.

Abnormal PE/Chem/CBC/UA Results: PHS, specCPL pending Abdominal radiographs: Stomach appears empty, prominent rugal folds visible. Prominent spleen (margins well defined on LT lateral). No gas dilation of SI loops, however loops are displaced caudally and dorsally. Soft tissue opacity/loss of detail mid abdomen, caudal to liver (cannot distinguish hepatic or renal margins).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (8.78 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. A subtle hyperechoic band parallel to the corticomedullary border is present.

Right kidney is normal is size (7.6 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. A subtle hyperechoic band parallel to the corticomedullary border is present.

Adrenal Glands

Left adrenal gland is normal in size (0.33 cm at cranial pole and 0.26 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.71 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

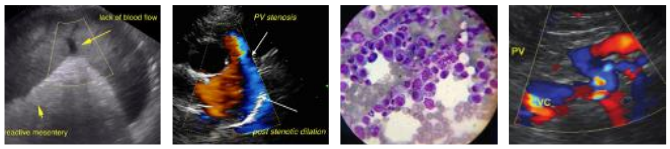
Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.

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



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

PATIENT

Blu Cyrowski

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

98 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Shira E. Anchill, DVM

INVOICE

21048

DATE

2/6/23

The gastric wall is diffusely thick, measuring between just under 1.0 – 1.5 cm thick diffusely, with an overall mildly hypoechoic wall. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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 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 no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thick gastric wall- concerning for infiltrative disease with both benign infectious, parasitic, other disease, as well as infiltrative neoplasia being possible differentials and cannot be differentiated without tissue sampling. Normal patient variant or artifact as a result of permanent or folded rugal folds is a possibility, especially given this patients lack of reported gastrointestinal signs. However, the change is considered marked to be normal patient variant.

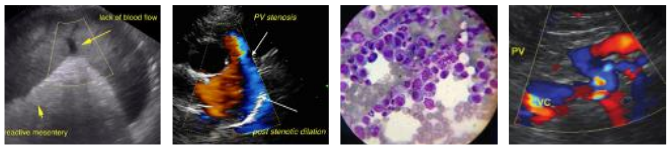
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Subtle bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, an overall metabolic health screen is recommended, including CBC chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

While the appearance of the spleen trends toward benign, a fine needle aspirate is recommended if patients coagulations status is appropriate. Additionally, a fine needle aspirate of the gastric wall could be considered. Pending results, empirical medical management of possible gastritis with



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

PATIENT

Blu Cyrowski

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

98 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Shira E. Anchill, DVM

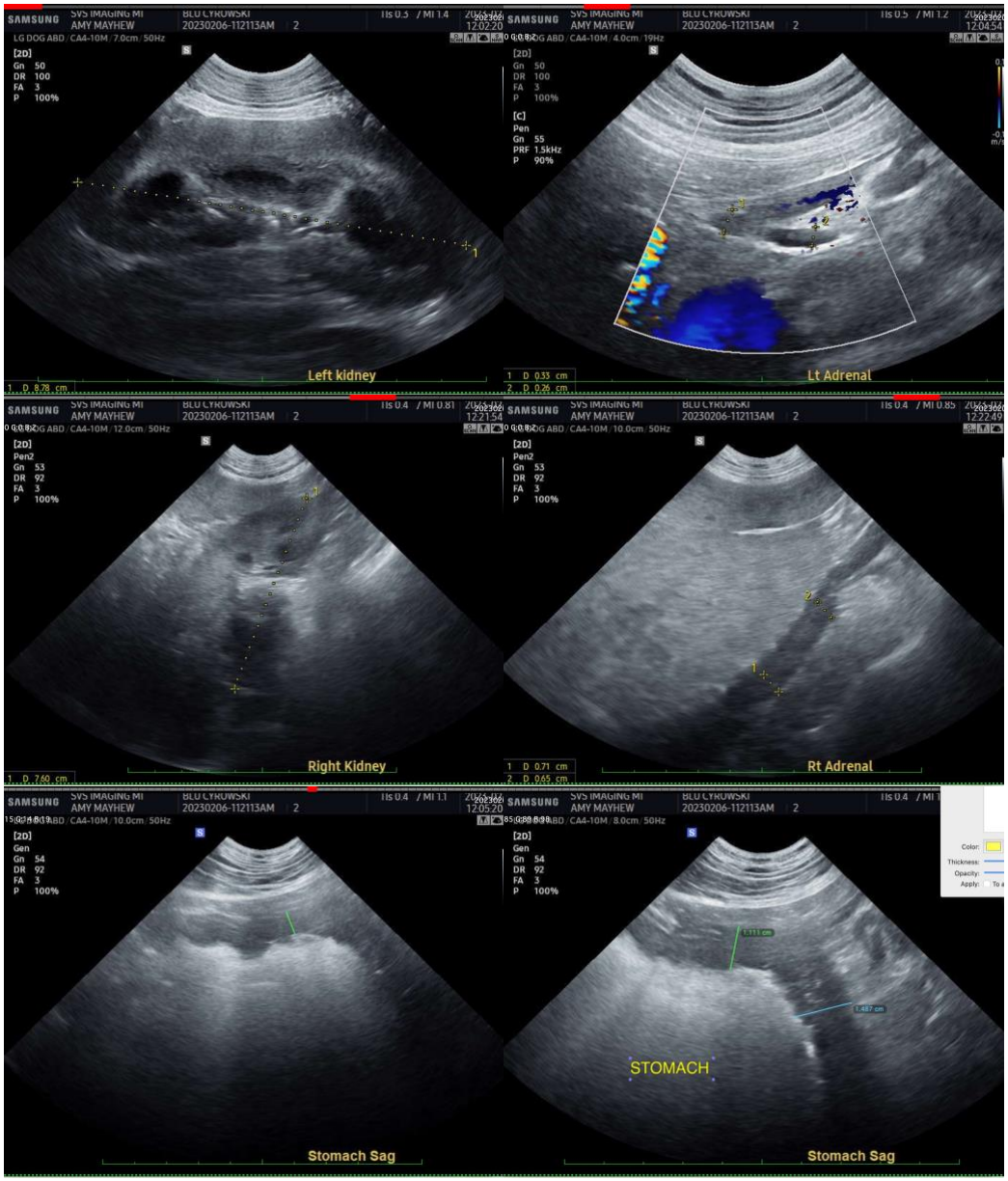
INVOICE

21048

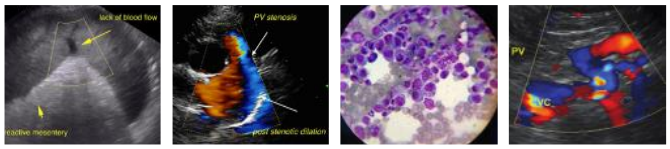
DATE

2/6/23

antiemetics and gastroprotectants, empirical deworming with a 5-day course of Panacur, as well as potentially an empirical course of therapy for helicobacter could be considered. Following that, pending patients clinical status and whether or not a fine needle aspirate was performed, and cytology results, etc., recheck imaging could be considered to further evaluate the stomach for resolution vs progression, at which time, pending all of the above, gastroscopy would be the next step for gastric wall sampling.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Blu Cyrowski

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

98 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Shira E. Anchill, DVM

INVOICE

21048

DATE

2/6/23

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