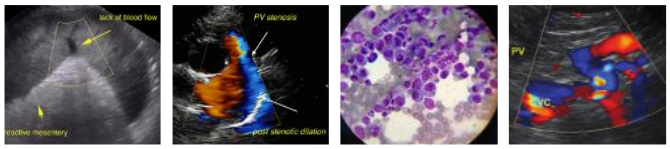
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Atro Page

SPECIES

Canine

BREED

Great Dane

SEX

Male

AGE

8 Months

WEIGHT

41 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura de Cordon

INVOICE

21722

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: vomiting through cerenia, anorexia

Abnormal PE/Chem/CBC/UA Results: Albumin 2.2

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.

The prostate is unable to be fully visualized in these images, but the prostate that can be observed appears to have normal parenchyma.

Left kidney is normal in size (9.26 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 normal in size (8.3 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.

Adrenal Glands

Left adrenal gland is normal in size (3.52 cm long x 0.55 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.79 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

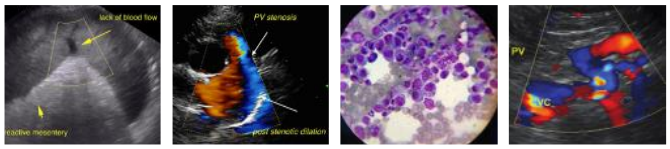
Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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



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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.

The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Focally, the proximal small bowel/duodenum is mildly fluid dilated with no visible plication or luminal foreign material noted.

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. Prominent hypoechoic medial iliac lymph nodes are present, measuring between 0.5-0.6 cm thick.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- Medial iliac lymphadenopathy is noted, both reactive lymphadenopathy, as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.
- The mildly fluid dilated duodenum is most consistent with an acute enteritis without evidence of definitive foreign material, plication, etc. However, an early emerging or partial obstruction cannot be definitively ruled out.

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients hypoalbuminemia, if not recently evaluated, 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. A fecal exam is also recommended.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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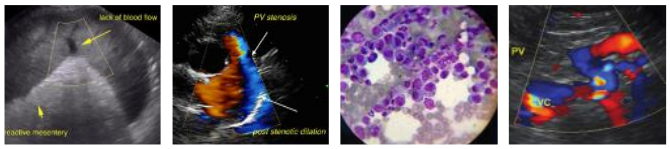

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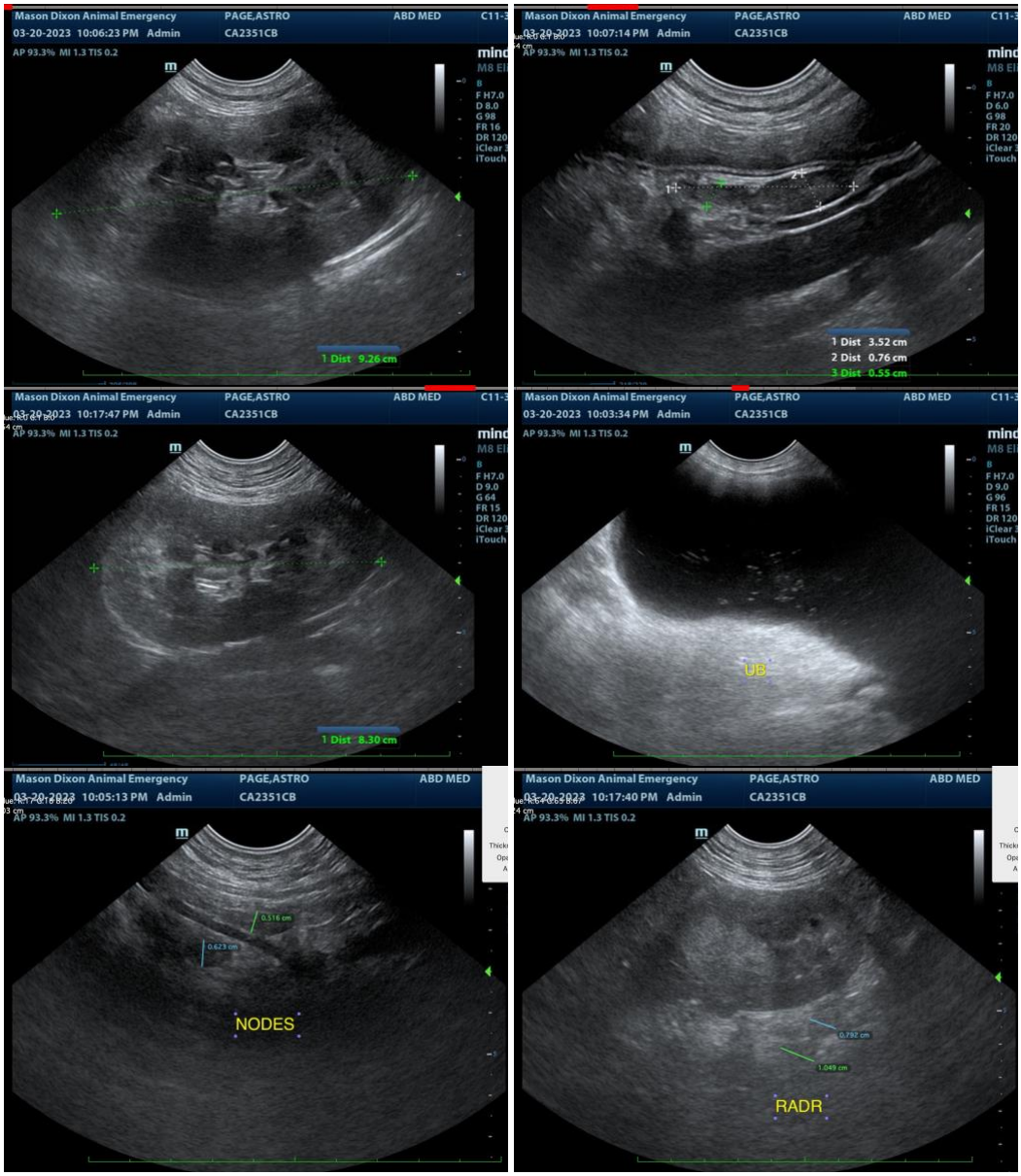
Pending results of the above, if a diagnosis is not obtained and clinical signs are persistent, while the appearance of both the spleen and lymph nodes trend in appearance toward benign/reactive, especially in a young patient, fine needle aspirates of the spleen and lymph nodes, if they can safely be reached, and if patients coagulation status is appropriate, could be considered.

In the meantime, supportive/symptomatic medical management of possible acute gastritis/gastroenteritis is recommended in the form of antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, and if tolerated, a short-term course of a bland, easy-to-digest diet. If vomiting persists, recheck imaging, especially of the mildly fluid distended duodenum, is recommended.



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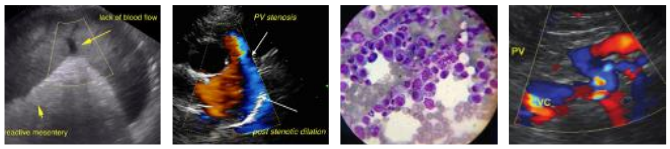

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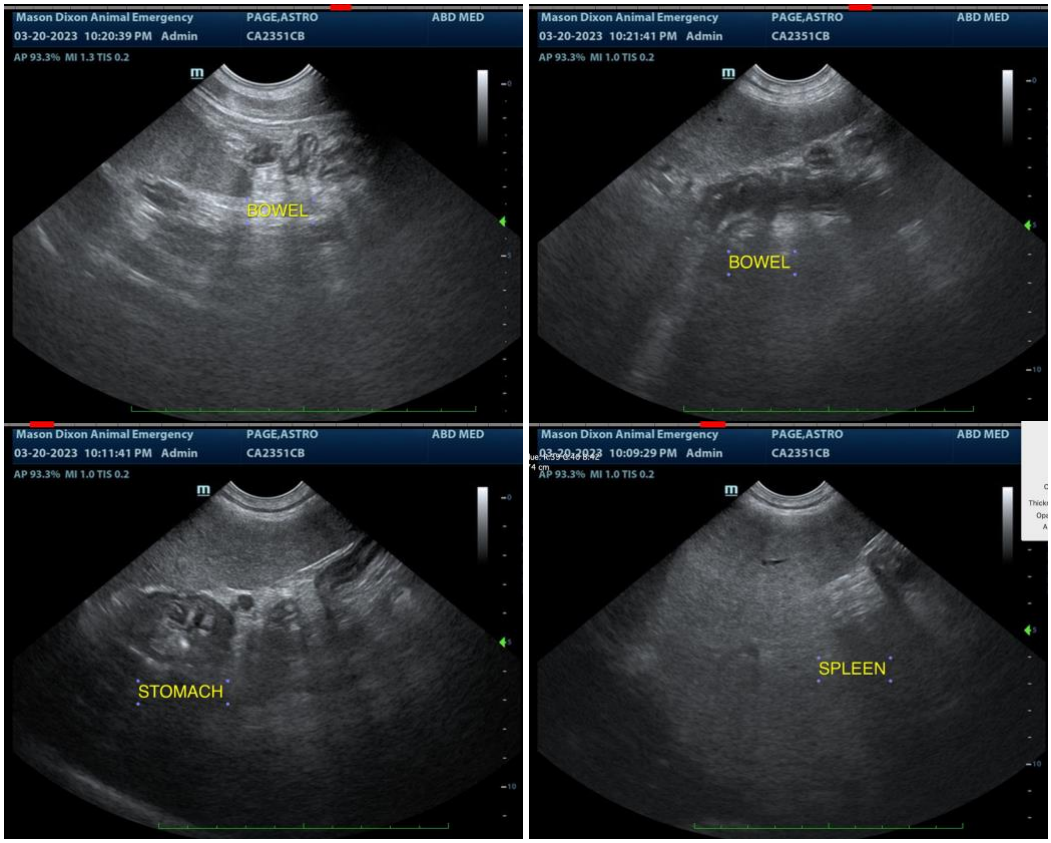

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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