



PATIENT PRESENTING CLINICAL SIGNS

Maya Rachiele

History: Presented for melena and anorexia. Has been on Omeprazole, Metronidazole and Gabapentin.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Globulins, ALT, ALKPPOS mild elevations. Chest Xrays show no sign of neoplasia.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Maltese

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

SEX

Spayed Female

AGE

11 Years

Left kidney is normal is size (4.22 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

WEIGHT

4.6 kg

Right kidney is normal is size (4.0 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted,

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (1.46 cm long x 0.63 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Right adrenal gland is normal in size (1.14 cm long x 1.0 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Lynden AC

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

REFERRING VET

Dr. Babcock

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.

INVOICE

23003

DATE

6/19/23

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.


PATIENT
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.

SPECIES

Canine

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.

BREED

Maltese

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

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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.

AGE

11 Years

Free Abdomen

There is no evidence of free fluid. In the cranial abdomen, caudal to the stomach, there is a 0.6 cm x 1.2 cm oblong, hypoechoic, partially cystic structure, potentially a cystic gastric lymph node.

WEIGHT

4.6 kg

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- The cystic cranial abdominal structure appears to be a cystic lymph node, both reactive and infiltrative neoplastic differentials are possible and can't be differentiated without tissue sampling. Having said that, a pancreatic cyst cannot be definitively ruled out.

Secondary Findings

- Hyperechoic splenic nodules- most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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Given this patients reported liver enzyme increases, testing for leptospirosis is recommended, as is further evaluation of this patients coagulation status.

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Additionally, if not recently evaluated, a fecal exam is recommended, as is a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

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 Beth Johnson, DVM
 DACVIM

**IMAGING
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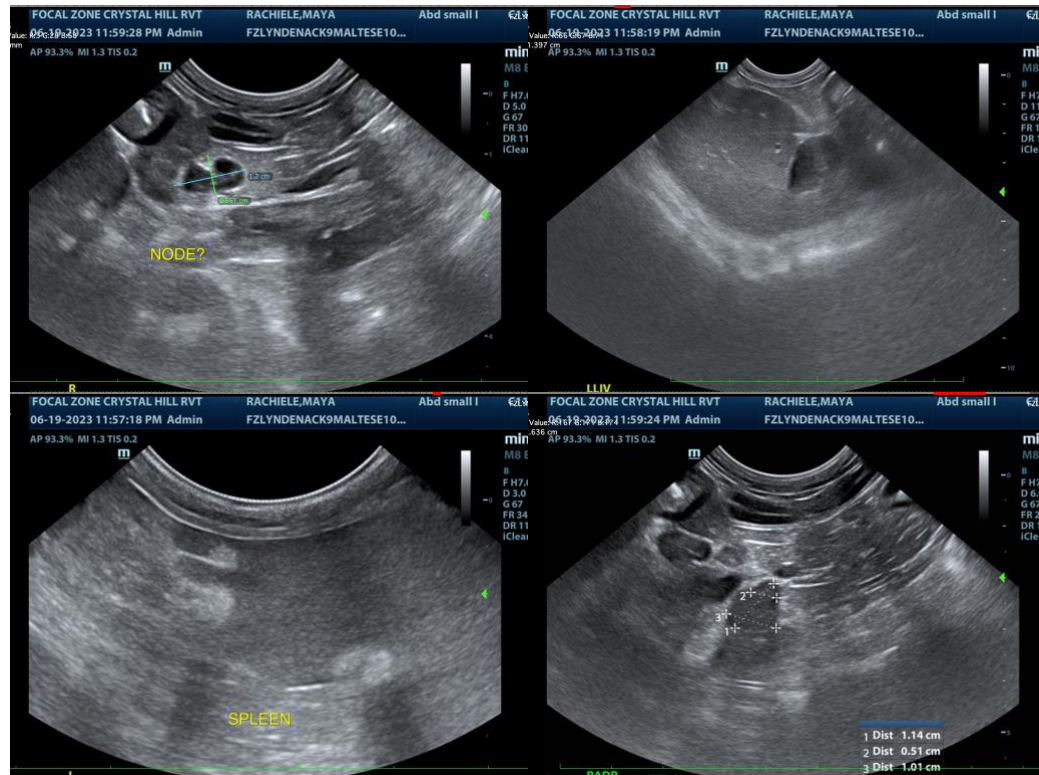
DATE

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If possible to safely reach, the cystic cranial abdominal lymph node could be aspirated if patient coagulation status is appropriate. However, it's small and may not be safely accessible.

In the meantime, supportive/symptomatic medical management of gastroenteritis/potentially hemorrhagic gastroenteritis +/- mild concurrent hepatopathy is recommended in the form of antiemetics, gastroprotectants, including sucralfate, empirical deworming with a 5-day course of Panacur, hepatic nutraceuticals and broad-spectrum antibiotics.

If gastrointestinal hemorrhage persists, ultimately, gastroscopy/endoscopy is recommended for further visual evaluation of the gastric mucosa, as well as biopsies of stomach and small bowel.





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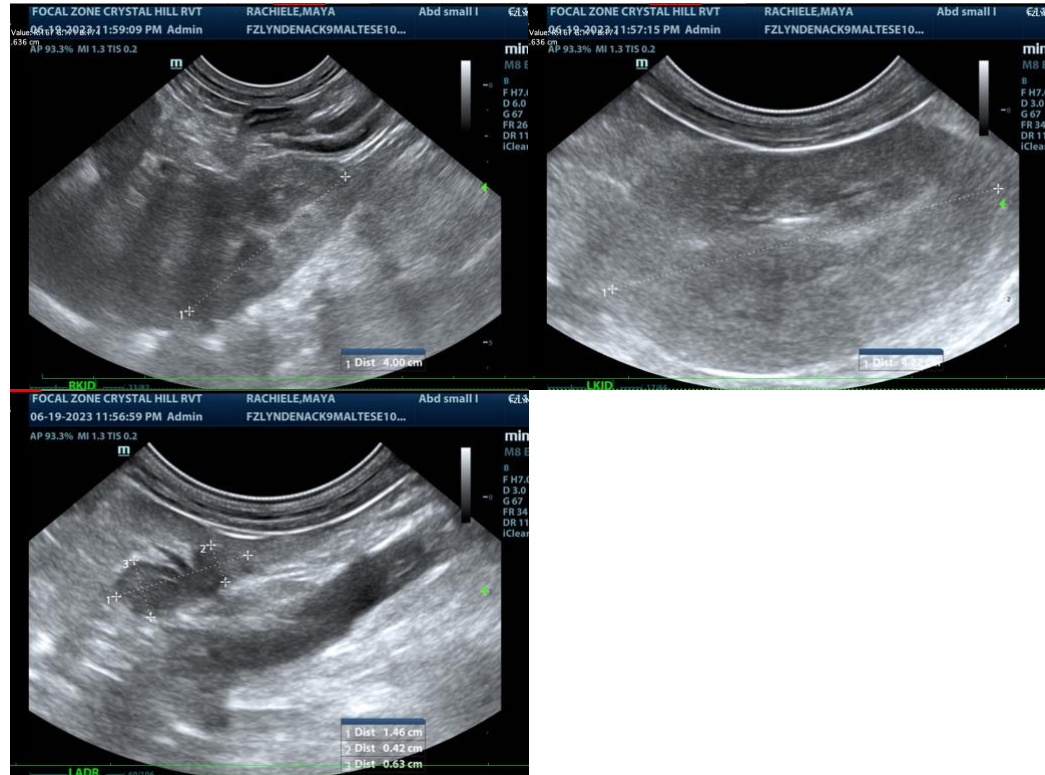
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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