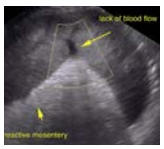
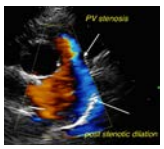
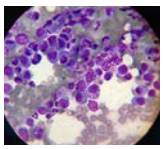
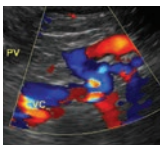
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Tillie Lentini

SPECIES
Canine

BREED
Golden Retriever/Lab

SEX
Spayed Female

AGE
2 Years

WEIGHT
68.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Animal General on the Hudson

REFERRING VET
Dr. Daniel Tierney

INVOICE
39001

DATE
6/22/22

PRESENTING CLINICAL SIGNS

Patient presents for intermittent diarrhea, appetite issues, and vomiting for approximately 1 year. Has been seen by VEG. Current med: Metronidazole 250 mgs BID.
Abnormal PE/Chem/CBC/UA Results: Monocytes 1.31.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (4.29 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.

The left kidney is normal in size (5.67 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.

Adrenal Glands

The right adrenal gland is normal in size (2.08 cm long x 0.82 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.89 cm long x 0.43 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

Liver

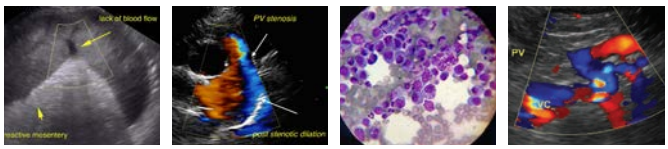
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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



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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

No appreciable free fluid or lymphadenopathy noted in these images. However, cranial to the stomach, adjacent to the liver and stomach, there is an approximately 2.0 cm round to oblong, hypoechoic structure surrounded by enhanced hyperechoic fat, potentially lymph node. Pancreas can't be ruled out, but it is a slightly atypical position for pancreas.

ULTRASONOGRAPHIC FINDINGS

- Cranial abdominal nodule/lymph node – likely reactive; infiltrative neoplasia cannot be ruled out but is considered less likely (see free abdomen).
- Otherwise, unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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 combined with the GI panel to Texas A&M. If the baseline cortisol is <2.0, a full ACTH stimulation test would be recommended to rule out unlikely but possible hypoadrenocorticism.
- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
- A fine needle aspirate of the cranial abdominal structure could be considered if it can be reached and if patient's coagulation status is appropriate, or, in the meantime, empirical therapy of this acute flare up of gastroenteritis with antiemetics, and a probiotic as well as transition to a novel or hydrolyzed protein diet could be tried with monitoring of that area for improvement. If the nodule/node does not improve and/or progresses, a fine needle aspirate would be warranted at that time. A 5 day course of Panacur is recommended to empirically deworm.
- Ultimately, if a transition to a novel or hydrolyzed protein diet does not help alleviate clinical signs, and sampling of the cranial abdominal structure does not warrant a diagnosis, biopsies of the GI tract may be necessary to definitively diagnose and therefore manage this patient's chronic GI disease.

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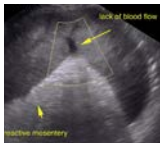
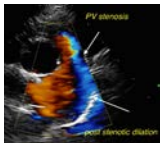
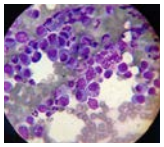
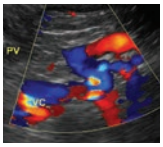

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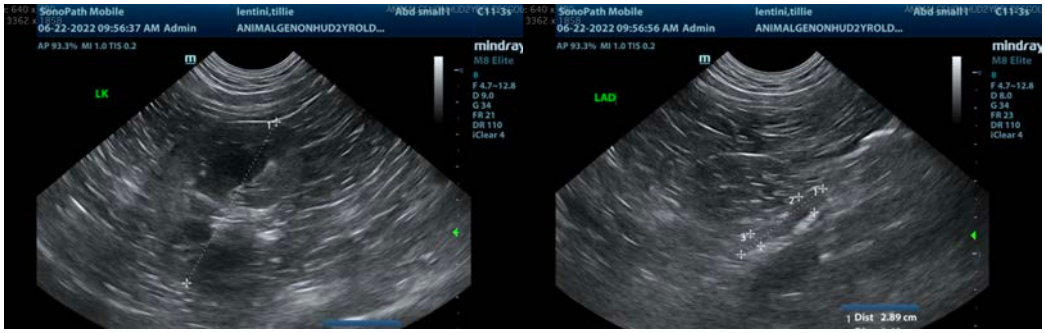

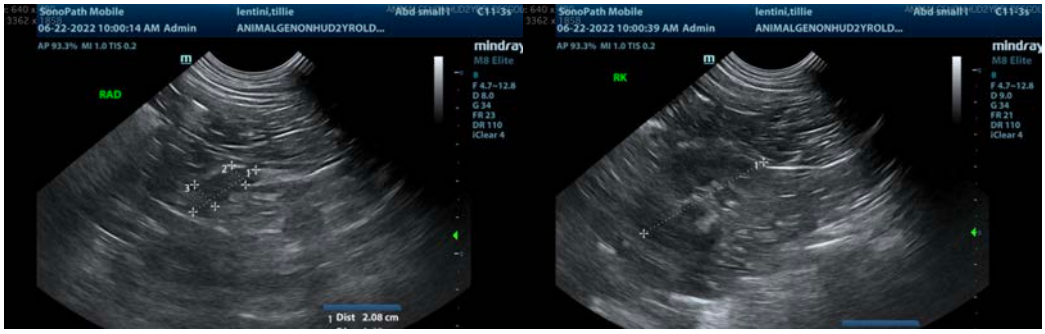

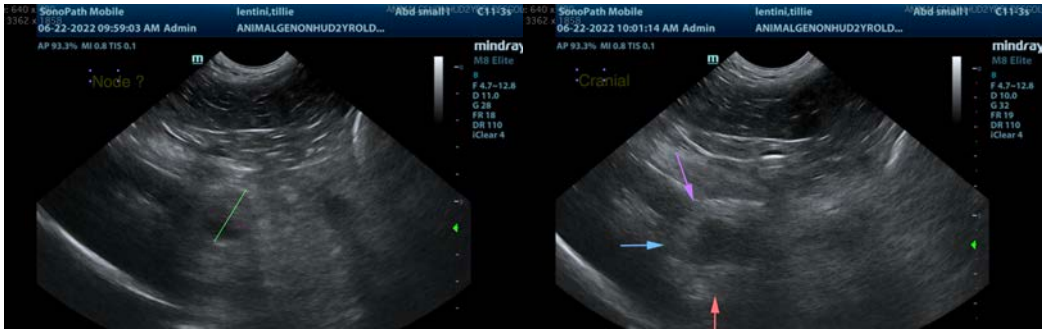

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com