

**PATIENT**

Vito Vaccarezza

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

75 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

**INVOICE**

31700

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

History: Meds: prednisone. Depressed. Inappetent. Recent neuter. Swollen feet. Rads WNL aside from enlarged prostate and LNs. Prominent popliteal lymph nodes- Food allergies. Pododermatitis x 4 feet

Abnormal PE/Chem/CBC/UA Results: early CKD.

**ULTRASONOGRAPHIC EXAMINATION OF THE**

**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.

Prostate (intact) is normal in size for an intact/recently neutered male (dog was neutered just a few weeks ago). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal is size (7.01 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.53 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

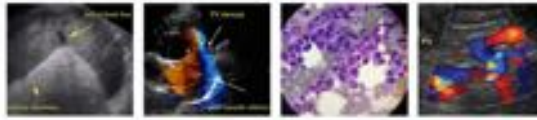
Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**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 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.



**PATIENT**

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.

Vito Vaccarezza

**SPECIES**

***Gastrointestinal***

Canine

The visible stomach wall is normal in thickness and layering. The stomach is moderately fluid and echogenic debris distended. There is no evidence of foreign material or infiltrative disease.

**BREED**

Pitbull

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.

**SEX**

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**AGE**

5 years

***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.

**WEIGHT**

75 Pounds

***Free Abdomen***

There is no evidence of peritoneal effusion noted in these images. Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. Sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. A mildly enlarged, hypoechoic, gastric lymph node also likely reactive was noted. However, a neoplastic infiltration for all of the lymphadenopathy cannot be ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Grass Valley VH

**Primary Findings**

**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.

**REFERRING VET**

Dr. Cortright

**Reactive mesenteric, sublumbar and gastric lymphadenopathy** – Lymph node(s) is(are) prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. Neoplastic infiltration cannot be ruled out for all of the lymphadenopathy, yet thought less likely.

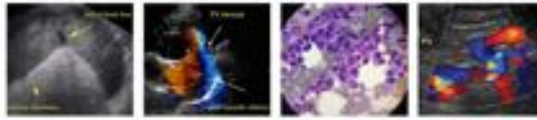
**INVOICE**

31700

**Mild gastric stasis** with fluid distension. No obvious obstruction or foreign material is noted; however, a partial obstruction or delayed gastric outflow cannot be ruled out.

**DATE**

7/14/22



**PATIENT**

Vito Vaccarezza

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

75 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patients reported early renal disease combined with the bilateral medullary rim sign, if not recently evaluated:

1. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
2. Blood pressure measurements.
3. Testing for Leptospirosis can be considered.

Given the reported history of diffuse skin disease as well as the recent neuter both the peripheral and sublumbar lymphadenopathy are likely reactive. However, given the decreased appetite and mesenteric gastric lymphadenopathy combined with the mild gastric stasis a gastroenteritis or gastrointestinal disease is also possible. Therefore, recommendations include:

1. 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.
2. Empirical deworming with 5 day course of Panacur is recommended as well as management of acute gastritis with antiemetics and gastroprotectants while clinical signs persist to see if the patient's appetite improves.

Ultimately pending this patient's clinical improvement and/or progression, etc. FNA of the enlarged lymph nodes could be considered if the patient's coagulation status is appropriate, to rule out a more serious infiltrative process.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

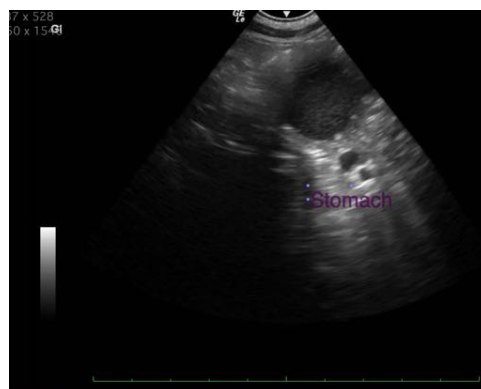
Dr. Cortright

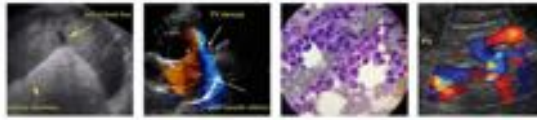
**INVOICE**

31700

**DATE**

7/14/22





**PATIENT**

Vito Vaccarezza

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

75 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

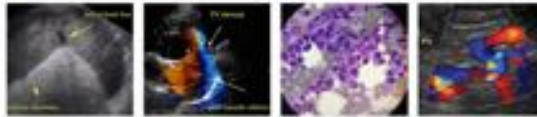
**INVOICE**

31700

**DATE**

7/14/22





**PATIENT**

Vito Vaccarezza

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

75 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

**INVOICE**

31700

**DATE**

7/14/22



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