

PATIENT PRESENTING CLINICAL SIGNS

Josh (Lylah) Abe No sedation- Panting and slightly tense abdomen during scan- Lethargy and Bloody stool - Meds: Cerenia tabs, clavacillin 250mg tablets

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Not provided.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Herman Wirehaired Pointer

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.

SEX

Spayed Female

The right kidney is normal in size (5.92 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.

AGE

12 Years

The left kidney is normal in size (5.36 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.

WEIGHT

50 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is difficult to fully visualize in these images.

The left adrenal gland is normal in size (1.0 cm at the cranial pole and 0.79 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. A 1.4 cm x 1.1 cm non-capsule disrupting, slightly hyperechoic nodule with a subtly hypoechoic rim is noted in the mid body. Splenic vasculature appears normal.

HOSPITAL NAME

Peavine AH

Liver

REFERRING VET

Dr. Natasha Morford

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. In the mid caudal liver, a 3-4 cm primarily homogeneous, iso- to slightly hyperechoic nodule/mass is present. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

44376

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.

DATE

7/26/23



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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 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

A very scant/trace amount of anechoic free fluid is noted in the mid abdomen.

The 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.

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- The liver mass trends in appearance toward benign, as is seen with a hepatoma/adenoma or potentially nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc. Having said that, emerging primary hepatic neoplasia, infiltrative round cell neoplasia, or even metastatic disease can mimic benign lesions and cannot be definitively ruled out.
- 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. The nodule could also represent a benign fibrosis of an old hematoma, infarct, myelolipoma, or even nodular hyperplasia, extramedullary hematopoiesis, etc. However, given the subtle target lesion appearance, infiltrative neoplasia or metastatic disease should be considered possible and ruled out.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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Fine needle aspirates of the liver mass as well as the spleen, trying to focus on the “target lesion” described above, could be considered if patient’s coagulation status is appropriate.

SPECIES

Canine

Having said that, the splenic and hepatic changes are of unknown and possibly no relation to the presenting complaint of hematochezia.

BREED

Herman Wirehaired Pointer

If this is an acute episode, recommendations include an overall general metabolic evaluation (CBC, chemistry panel with electrolytes, coagulation panel, urinalysis and fecal exam if not recently evaluated) followed by supportive/symptomatic medical management of clinical signs (possibly HGE) including anti-emetics, gastroprotectants (including sucralfate), a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur, +/- metronidazole or tylosin and if tolerated a short term course of a bland, easy to digest or possibly fiber responsive diet.

SEX

Spayed Female

If, however, there is any chronicity, then in addition to the above, further evaluation is warranted beginning with:

AGE

12 Years

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.

WEIGHT

50 Pounds

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

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

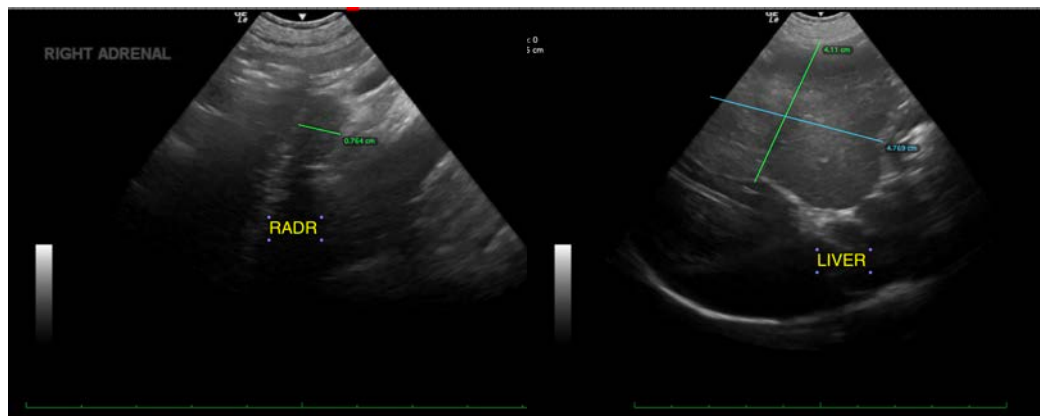
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Ultimately, if clinical signs persist, and a diagnosis is not reached, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.

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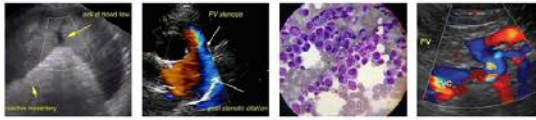
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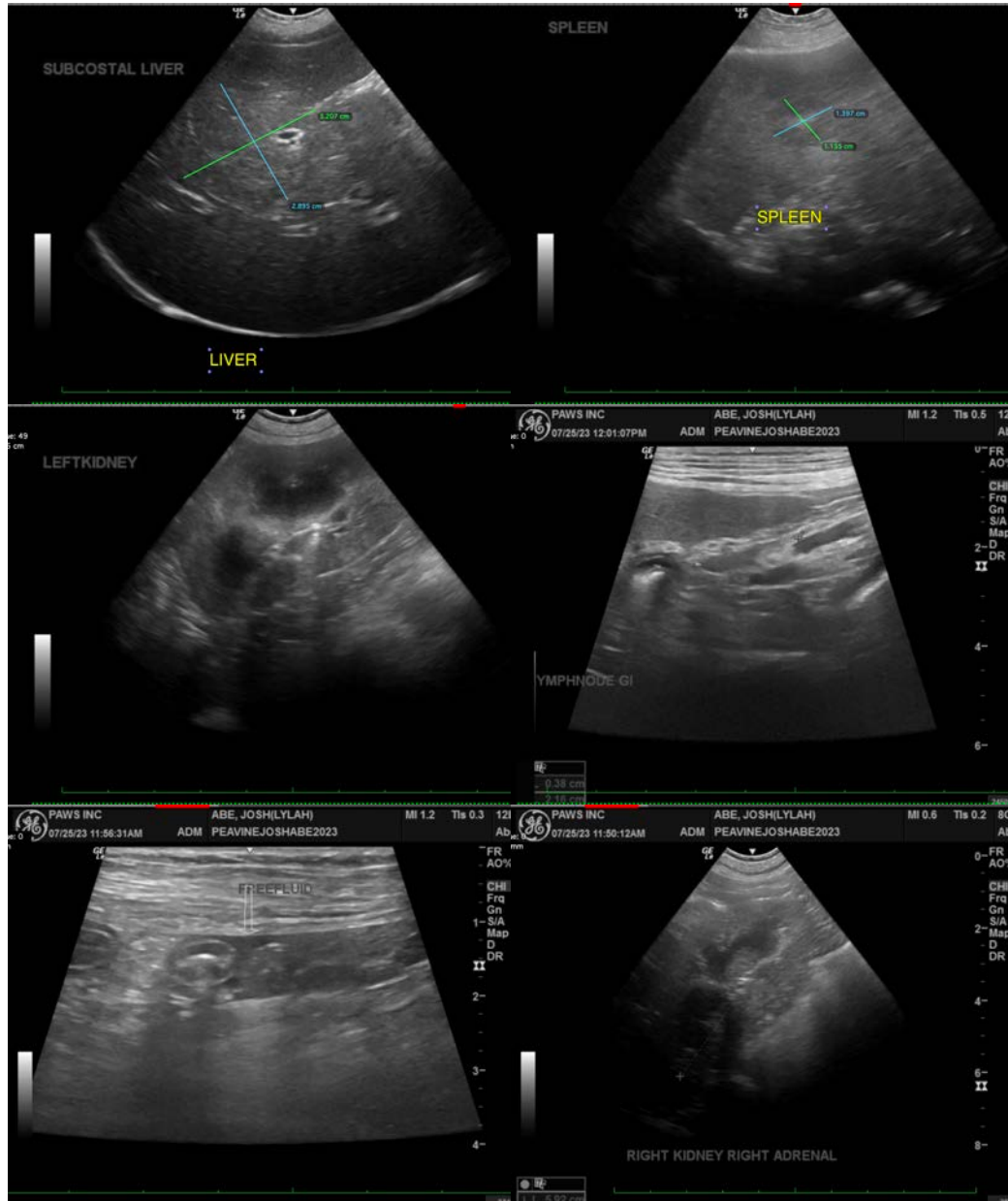
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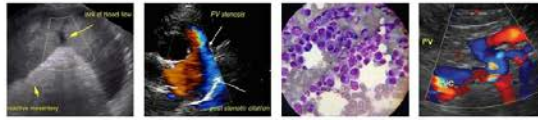
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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