

PATIENT PRESENTING CLINICAL SIGNS

Milo Silveri Bloating and gassy belly with gi issues all his life per owner. Tender/tense abd. Skin inflammation and irritation/inflammation especially around head/ears with chronic inflammtion/infections. MEDS exc Gabapentin and Otic Baytril. Steroid admin on 6/10/23 for moderate allergic rxn.
SPECIES Abnormal PE/Chem/CBC/UA Results: Chems: Albumin sl low at 2.6. ALT/AST = 128/56, CK=304
 Canine Hemecon at 62, rest WNL. Need to Perform Texas A&M fasted gi panel.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bulldog x **Urinary System**

SEX 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.

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

10 Years

The right kidney is normal in size (5.59 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

80 Pounds

The left kidney is normal in size (7.18 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.80 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size (0.56 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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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.

REFERRING VET

Dr. Pablo Mendoza

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. In the right caudal liver, a 4.0 cm x 6.0 cm homogeneous, hypoechoic, discrete nodule/mass is noted. Visible vasculature and biliary tree appear normal without distension or congestion.

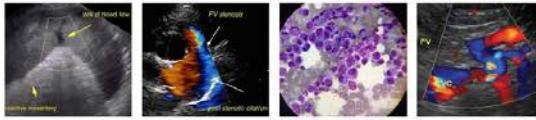
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DATE

7/27/23

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.



PATIENT *Gastrointestinal*

Milo Silveri 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.

SPECIES

Canine Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen is empty with no evidence of obstruction or foreign material.

BREED

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

SEX

Neutered Male *Pancreas*

AGE

10 Years 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.

WEIGHT

80 Pounds A trace amount of free fluid is noted.

A 1.4 cm in diameter hypo- to anechoic lymph node is noted adjacent to the stomach in the cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

- **Lymphangiectasia** – Small bowel findings are most consistent with lacteal dilation. These findings can be observed with protein-losing enteropathies caused by either primary lymphangiectasia or primary infiltrative inflammatory disease with secondary lymphangiectasia. Infiltrative neoplasia is possible but considered less likely. Histopathology is necessary to definitively determine underlying cause.
- **Discrete right caudal liver mass** – This could represent a benign lesion such as a hepatoma/adenoma or even nodular hyperplasia. However, malignant disease including hepatocellular carcinoma, round cell neoplasia versus other are also differentials and cannot be differentiated without tissue sampling.
- **Reactive gastric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Trace free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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44454 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.

DATE

7/27/23 A fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate. 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.



PATIENT

Milo Silveri

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

SPECIES

Canine

Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.

BREED

Bulldog x

If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Calcium monitoring, and supplementation, if necessary, is also recommended.

SEX

Neutered Male

Additionally, if patient's coagulation status is otherwise appropriate, anti-thrombotics such as clopidogrel or low dose aspirin may also be warranted.

AGE

10 Years

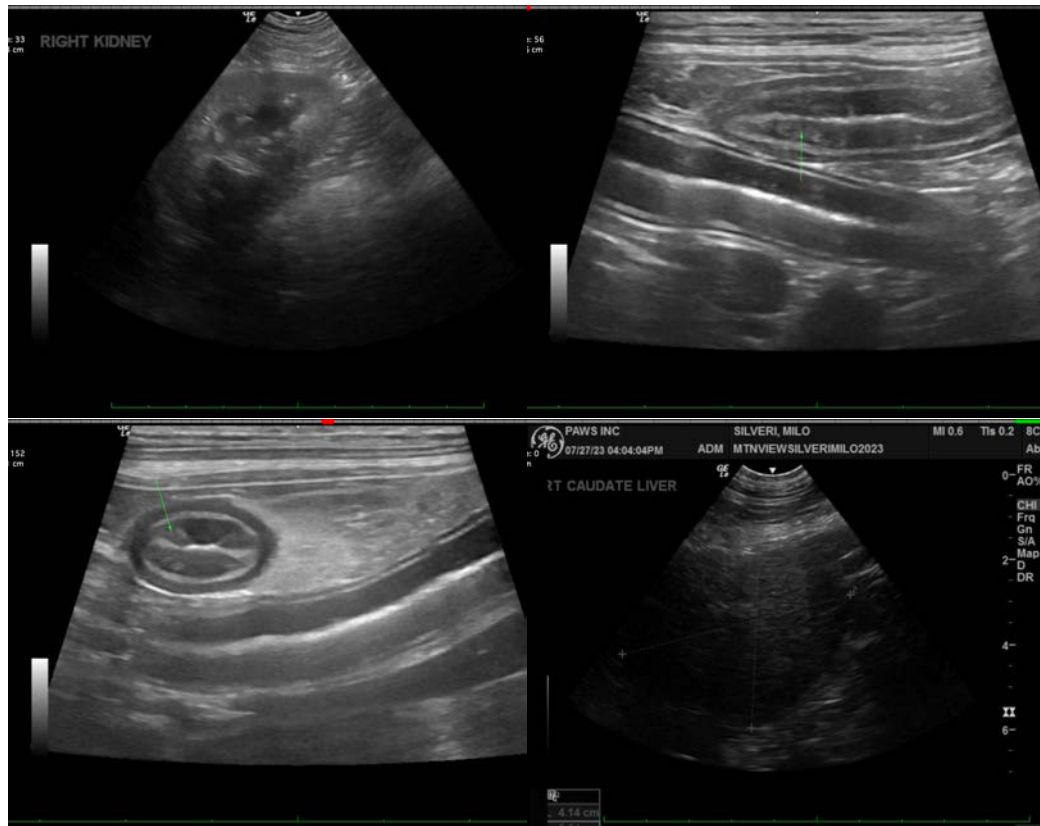
Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

WEIGHT

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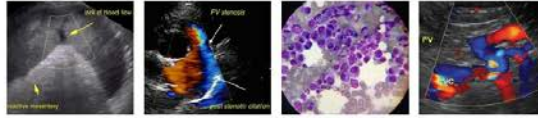
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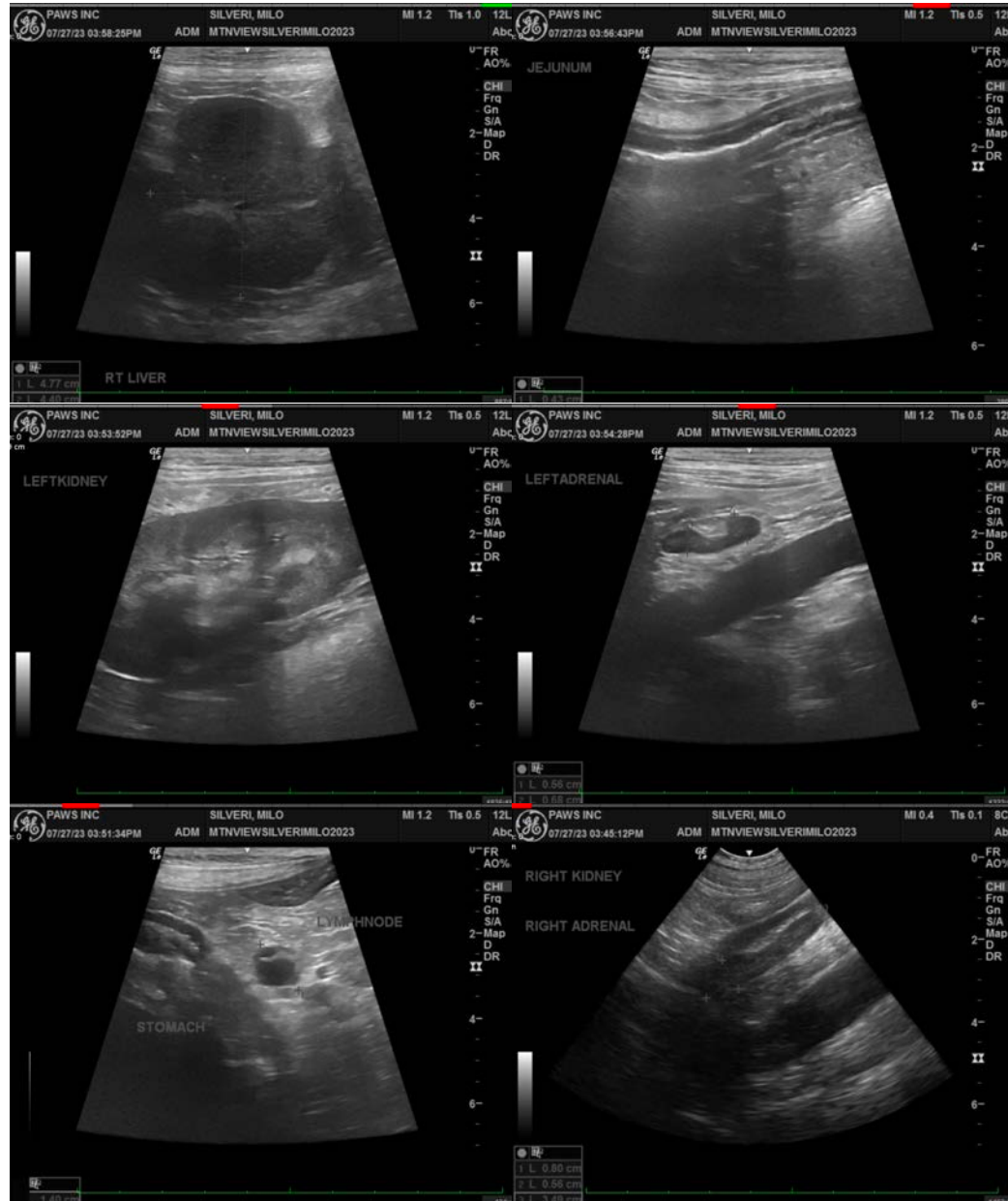
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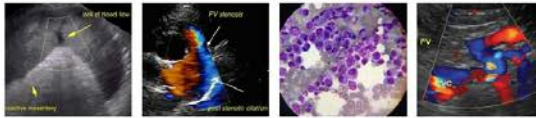
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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