**PATIENT**

Hannah Garcia 133771

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 Years 2 Months

WEIGHT

22.5 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Wirth

INVOICE

39926

DATE

7/28/22

PRESENTING CLINICAL SIGNS

7/19/22 Surgical removal of STS Grade II from R lateral thigh, dehiscd 7/22, tie bandage placed for second intention healing 7/25; replaced 7/27. History of multiple tail sprains and allergies. Currently on Cefpodoxime, Gabapentin, and Apoquel

Abnormal PE/Chem/CBC/UA Results: 7/19/22 CBC WNL, Chemistry SDMA elevated (23). Histopath STS Grade II incompletely excised. 7/25 & 7/27 tie bandage

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 (6.01 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 (5.29 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.

Adrenal Glands

The right adrenal gland is normal in size (0.63 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.

The left adrenal gland is normal in size (0.53 cm at the cranial pole and 0.61 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. A small cortical cyst is present. 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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The small

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intestinal lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

There is a scant amount of anechoic free fluid noted in the cranial abdomen.

Mild right medial iliac lymphadenopathy is noted. The node measures 0.49 cm thick.

PRIMARY FINDINGS

- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Medial iliac lymphadenopathy** – most consistent with reactive lymph node based on appearance. However, infiltrative neoplasia/metastatic sarcoma cannot be definitively ruled out.

SECONDARY FINDINGS

- Small hepatic cyst
- Scant amount of anechoic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient has any historical gastrointestinal signs including soft stools, weight loss, etc., then 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. However, without supporting clinical signs, the mucosal speckling is most likely secondary to prandial state.

Given the very small size of the medial iliac lymph node, a fine needle aspirate may not be safely obtainable at this time. If operator comfort level is present for a safe fine needle aspirate, and patient's coagulation status is appropriate, fine needle aspirate could be considered to rule out metastatic disease. However, given the small size, monitoring of the lymph node may be the safer approach, in which case recheck ultrasound is recommended in 4-6 weeks.

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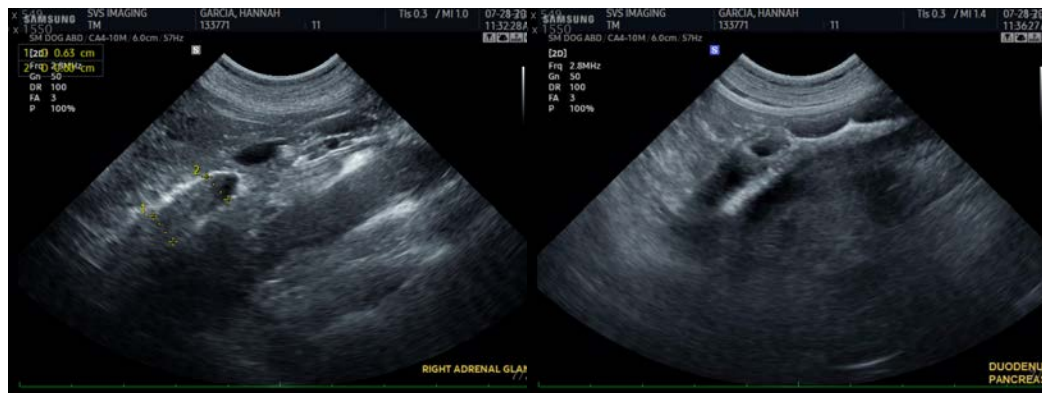
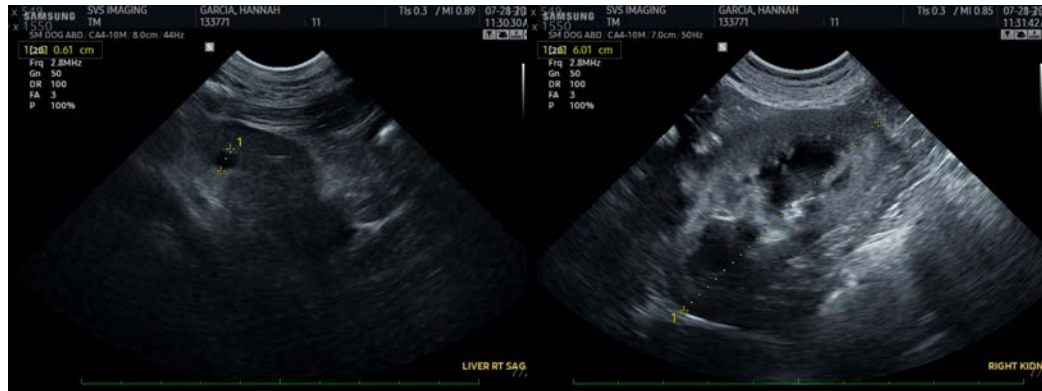
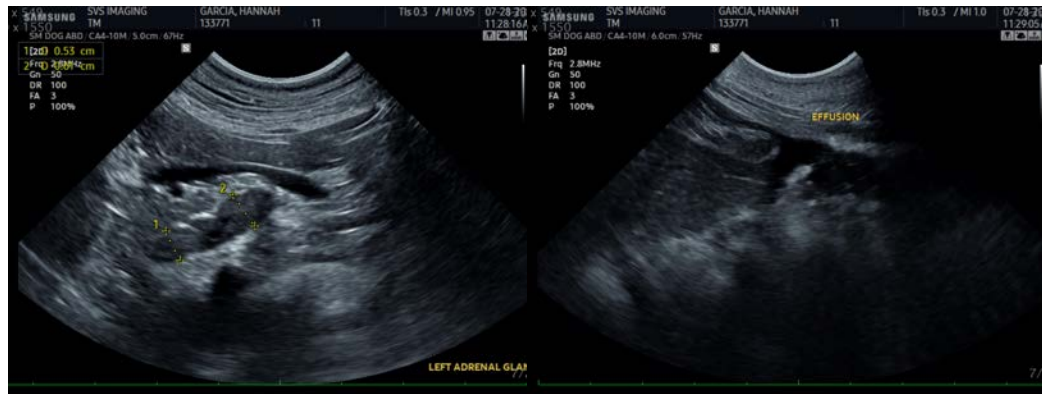
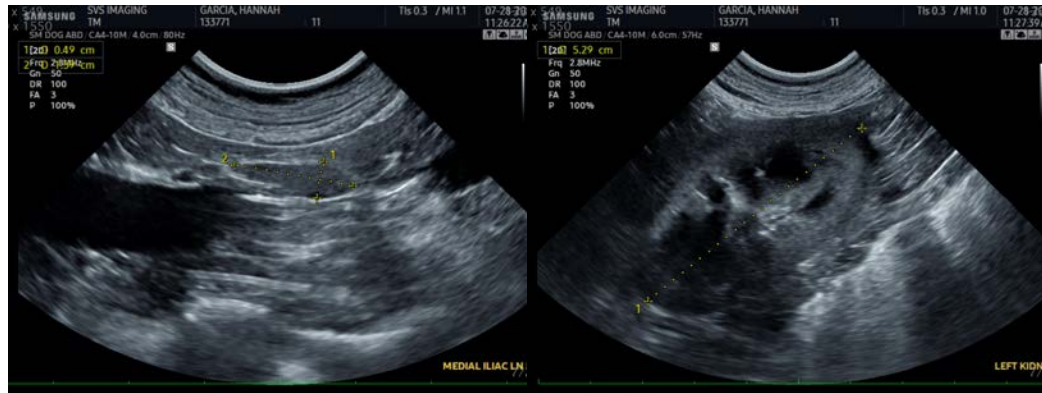
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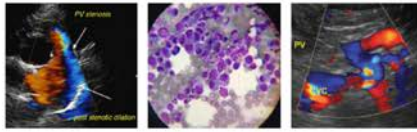
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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