



PATIENT PRESENTING CLINICAL SIGNS

Duchess Balog History: Vomiting and diarrhea, moderate to severe abdominal distended. Covered in lipomas. Metronidazole, Sulcrate, Fortiflora, Famotidine, Cerenia

SPECIES Abnormal PE/Chem/CBC/UA Results: elevated enzymes, pancreatitis Rads: Suspect two soft tissue opaque cranial abdominal masses. -Gastrointestinal aerophagia. - Body wall lipomas

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mini Schnauzer 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 Left kidney is normal in size (4.16 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 Right kidney is normal in size (4.34 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

18.6 kg

Adrenal Glands

Left adrenal gland is normal in size (1.23 cm x 0.45 cm at cranial pole and 0.53 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (1.38 cm x 0.83 cm at cranial pole and 0.59 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Lakeshore Woods AH

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.

REFERRING VET

Dr. Masaud

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

DATE

9/19/22

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.



PATIENT

Duchess Balog

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.

SPECIES

Canine

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

Pancreas

BREED

Mini Schnauzer

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.

SEX

Spayed Female

Free Abdomen

There is no lymphadenopathy and no free fluid. A 4.0 cm x 6.0 cm solid/homogeneous, primarily hyperechoic mass is noted in the left cranial abdomen, cranial to the head of the spleen.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.6 kg

- What appears to be a free abdominal mass in the left cranial abdomen with the appearance of fat density, top differentials being an intraabdominal lipoma, malignant liposarcoma can't be ruled out without tissue sampling. A homogeneous hyperechoic left caudal liver mass can't be 100% definitively ruled out but is considered much less likely based on these images.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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A fine needle aspirate of the cranial abdominal mass is recommended if patient coagulation status is appropriate.

HOSPITAL NAME

Lakeshore Woods AH

Given this patient presenting complaint of gastrointestinal signs/vomiting and diarrhea, the cranial abdominal mass may or may not be contributing and is more likely an incidental finding, therefore, further evaluation of the gastrointestinal tract is recommended in the form of 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.

REFERRING VET

Dr. Masaud

Further evaluation of the reported increased liver enzymes depend on whether the pattern is primarily cholestatic versus hepatocellular liver injury pattern but differentials, such as leptospirosis, chronic active hepatitis, cholangiohepatitis, hepatotoxicity versus potentially hyperadrenocorticism could all be considered depending on the pattern.

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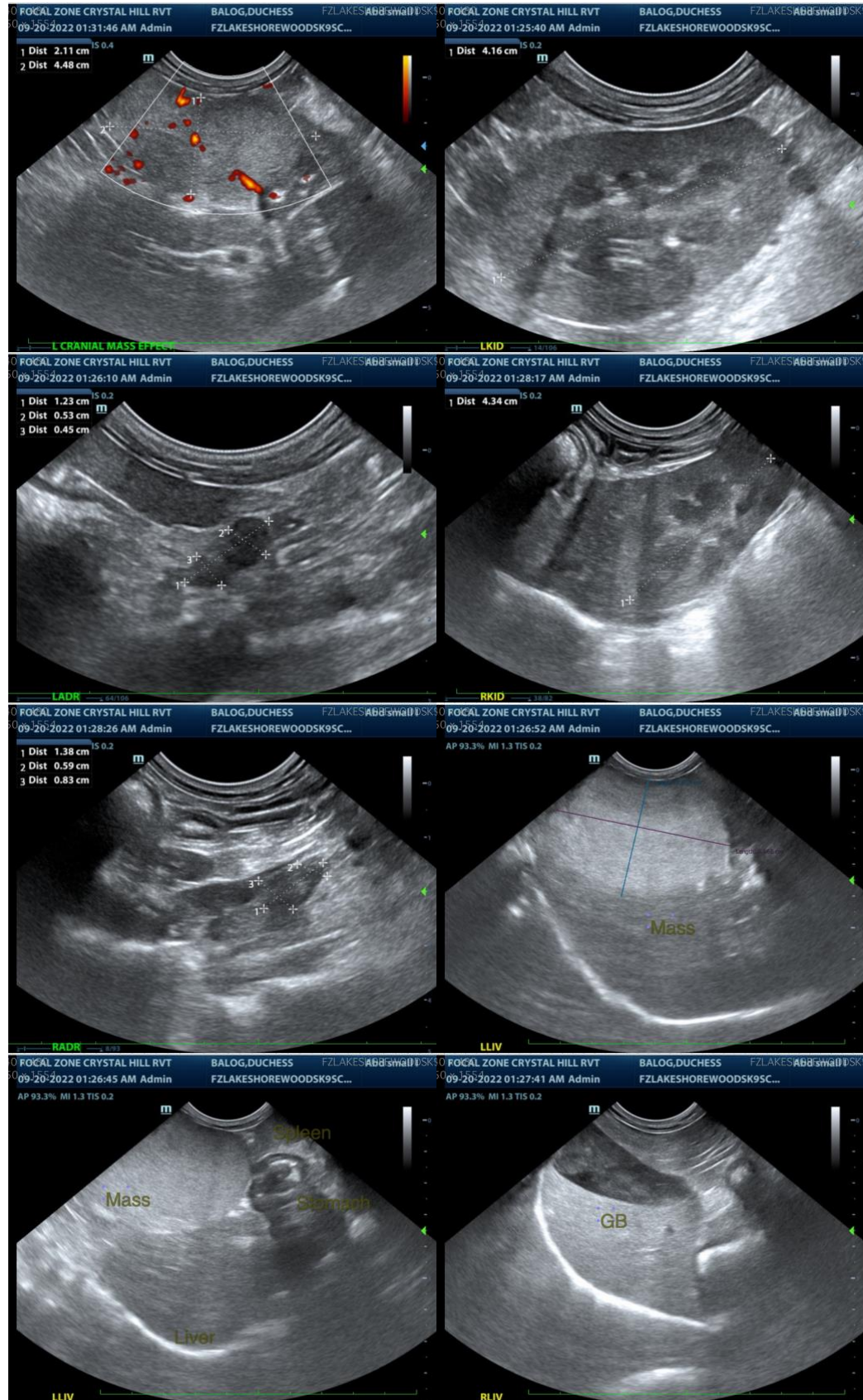
Dr. Masaud

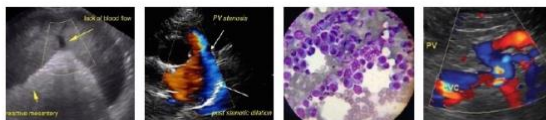
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PATIENT

Duchess Balog

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

SPECIES

Canine

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.

BREED

Mini Schnauzer

Beth Johnson, DVM DACVIM

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SEX

Spayed Female

AGE

12 Years

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