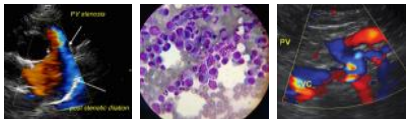
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
9/26/22

PATIENT
Sasha Slevin

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
4/13/15

WEIGHT
57 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Thai

INVOICE
17455

PRESENTING CLINICAL SIGNS

History: 4 weeks ago stopped eating hard kibble, then no wet food, now only eating people food- no diarrhea/vomiting/coughing or sneezing
acting normal per owner, but did have period of lethargy for a few days about 3 weeks ago. NSF on PE except for significant weight loss (11 pounds in 3 months)- 16%

Current Medications: Phenobarbital 60mg 1 and 1/4 tablets twice per day long term
Lab Results: 9/9/22 vetscreen/CBC: NSF except slight increase in ALP 196 (5-131) and total bilirubin 0.4 (0.1-0.3). U/A- USG 1.008. pheno level 8/1/22 was 25 (15-35).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Left kidney is normal is size (6.59 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.

Right kidney is normal is size (5.98 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

Left adrenal gland is normal in size (2.9 cm long x 0.68 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.5 cm long x 0.91 cm at cranial pole and 0.93 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. A 2.5 cm x 3.0 cm anechoic cyst was noted in the caudal right liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Gastrointestinal

The visible stomach is diffusely markedly thick with hypoechoic wall and complete loss of normal layering. The wall measures 1.7 cm-1.8 cm thick. 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. 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 and layering. Contents are consistent with normal formed feces and gas.

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.

Free Abdomen

There is no evidence of peritoneal effusion. Aggressive lymphadenopathy is noted in the cranial abdomen. The lymph nodes are surrounded by enhanced hyperechoic fat.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse gastric wall thickening with loss of layering is concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma, especially given the concurrent aggressive lymphadenopathy. A benign inflammatory change or aggressive infectious disease, such as fungal disease (if geographically appropriate), i.e., pythium, could be considered, but are considered slightly less likely.

Secondary Findings

- 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.

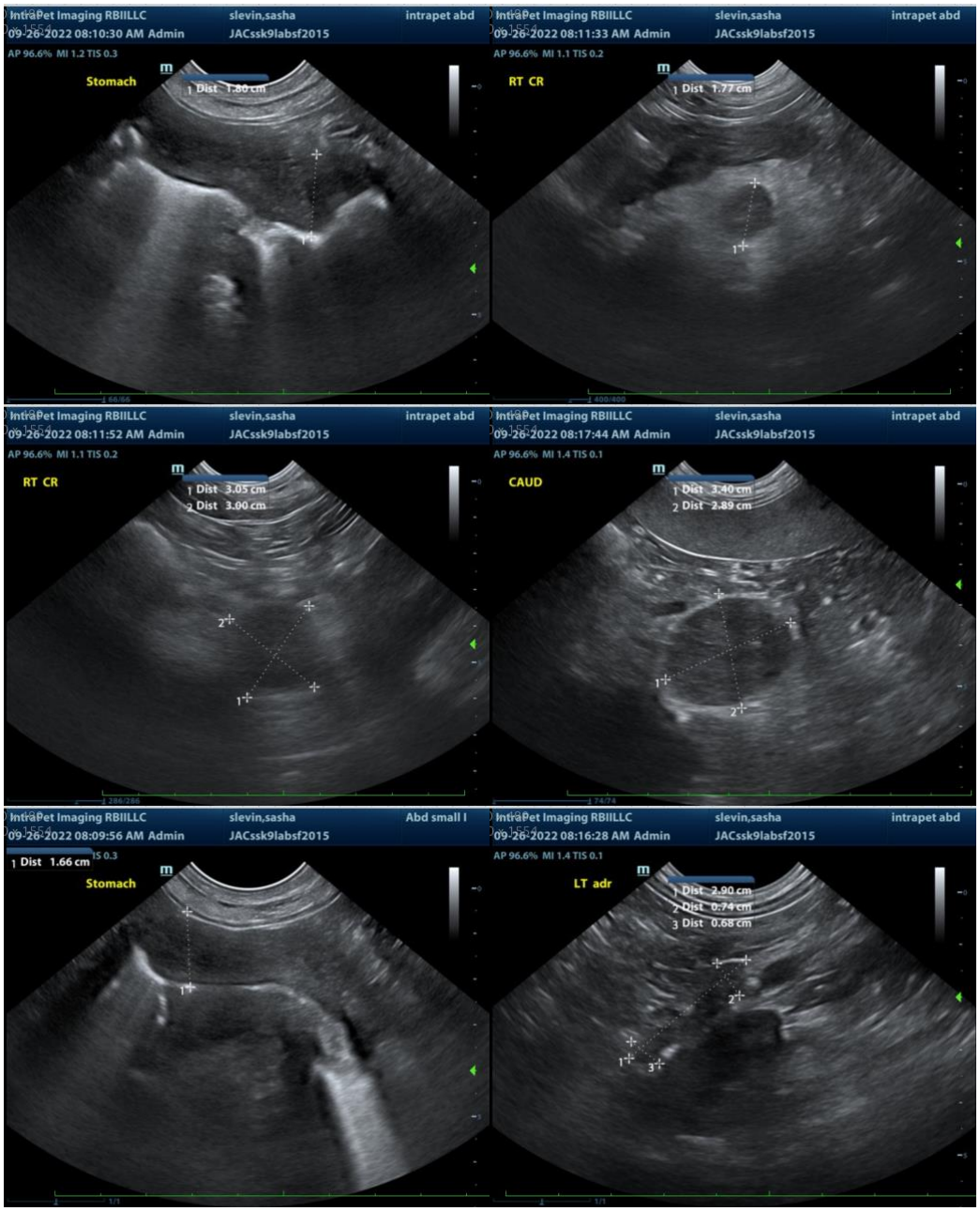
- A liver cyst

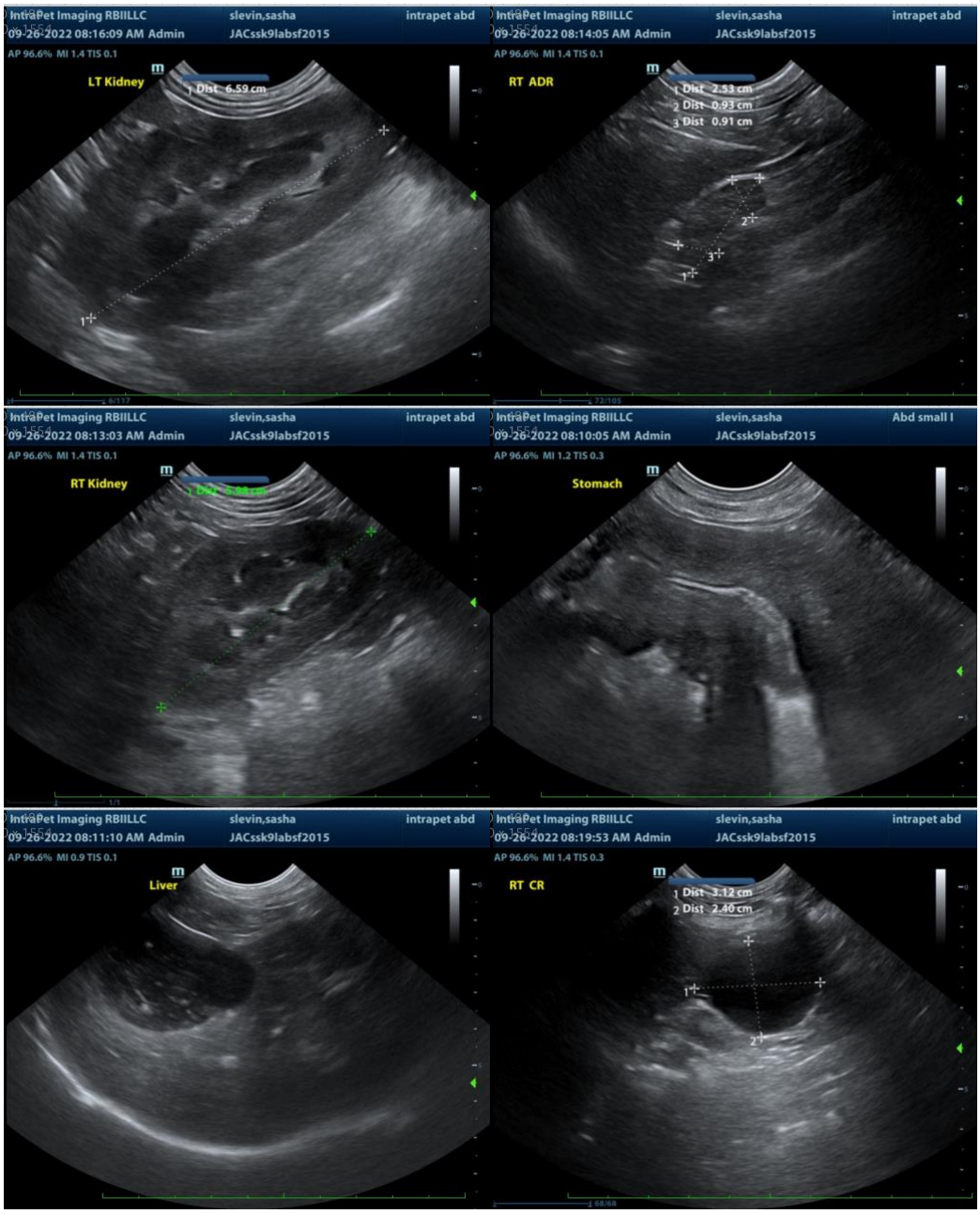
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A fine needle aspirate of the gastric wall, as well as the enlarged lymph nodes is recommended, if patients

coagulation status is appropriate. If a diagnosis is not obtained cytologically, upper GI endoscopy could be considered for biopsies.





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.

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