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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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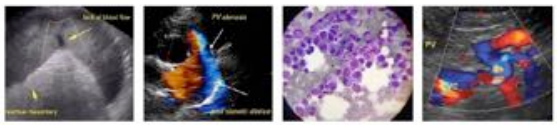


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Willow Bedard

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

11 Months

WEIGHT

50 lbs.

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystla Hill, RVT

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

12834

DATE

1/10/22

PRESENTING CLINICAL SIGNS

FZHistory: History of vomiting and GI issues since owned. Will eat almost anything. Has been vomiting off and on since Christmas most recently. Was seen at Emerg over the holidays for GI upset thought to be associated with a large rawhide.
Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (5.18 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.01 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.8 cm long x 0.59 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.73 cm long x 0.88 cm at cranial pole and 0.76 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

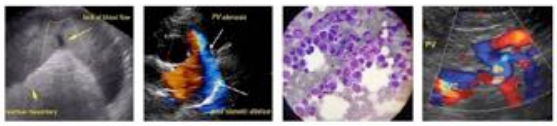
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The stomach wall is mildly increased in thickness in the fundic area and measured up to 0.8 cm at its thickest. Normal layering is maintained. The lumen of the stomach is empty with some evidence of chyme/debris in the pylorus. No dilation or obstructive pattern is noted.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Just caudal to the stomach there is a 1.2 x 1.6 cm, round, hypoechoic mass that is suspected to be pancreaticoduodenal lymph node. Reactive mesenteric lymphadenopathy is also noted.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Mildly thick gastric wall with normal layering. This is most consistent with inflammatory change/gastritis likely secondary to the vomiting. However, an infiltrative inflammatory disease, infectious disease or even neoplasia cannot be ruled out, yet is considered less likely.

Round, hypoechoic mass caudal to the stomach, suspected to be pancreaticoduodenal lymph node. Differentials for which include reactive lymphadenopathy as well as infiltrative neoplasia.

Reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed I recommend lab work in the form of a serum chemistry panel, CBC and urinalysis is recommended. A fecal is recommended if not already performed. Gastrointestinal panel including TLI, PLI, Folate and cobalamin to Texas A&M GI laboratory as well as gastrointestinal canine PCR panel to Texas A&M GI laboratory is all recommended to further investigate the cause of the chronic intermittent GI signs. If possible and if the patient's coagulation status is appropriate a FNA of the suspected pancreaticoduodenal lymph node is recommended. In the meantime, therapeutic recommendations include empirical deworming with a 5 day course of Panacur and a diet change can be considered using different diets on a trial and error basis beginning with a novel or hydrolyzed protein diet and if not successful in 3-4 weeks transitioning to a bland, easy to digest diet is recommended. If this is not successful then ultimately try a low-fat diet. If this diagnostic plan does not lead to a diagnosis and clinical signs persist gastrointestinal and lymph node biopsies are recommended.

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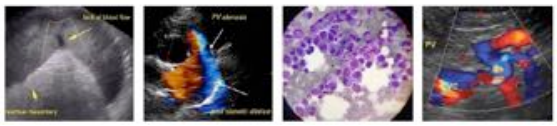

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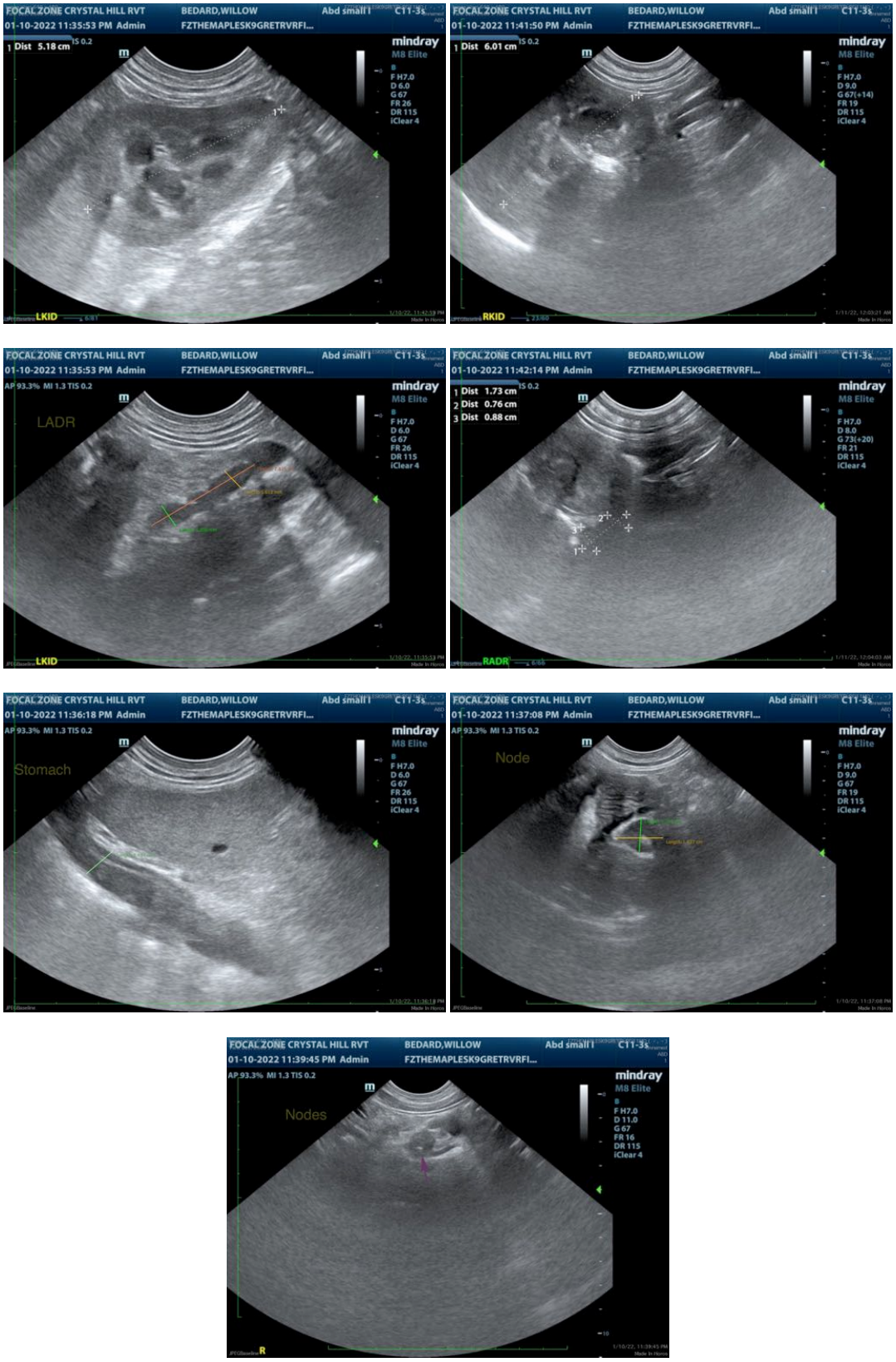
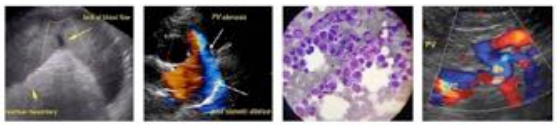


The information and recommendations provided are based on the images presented by the referring



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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