



**PATIENT**

Oscar Harness

**PRESENTING CLINICAL SIGNS**

History: history of chronic vomiting/diarrhea. Bloodwork and x-rays are normal. CPLI, Cobalamin, Folate TLI and PLI are all normal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Toy Poodle

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Neutered male

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 4.22 cm. The left kidney measured 3.8 cm.

**AGE**

10 years

**Adrenal Glands**

The adrenal glands were not definitively visualized; however, the region of the adrenal glands appeared unremarkable.

**WEIGHT**

7.7 kg

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. Perivascular hyperechoic nodules are most consistent with benign myelolipomas. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Dallas Reynolds LVT

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

**HOSPITAL NAME**

Lone Mountain AH

**Gastrointestinal**

**REFERRING VET**

Dr. Parker

The stomach contains minimal luminal contents. It is of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Multiple loops of jejunum were thickened with a prominent muscularis layering. Bowel loops follow a curvilinear path with distinct wall layering. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness.

**DATE**

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Visualized colon was empty and thickened with distinct wall layering.



**PATIENT**

**Pancreas**

Oscar Harness

Right limb of pancreas is visualized and is hyperechoic and slightly irregular with no enlargement, no fluid accumulations and no surrounding signs of inflammation.

**SPECIES**

Canine

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**BREED**

Toy Poodle

**Free Abdomen**

No masses or free fluid were noted.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

**Primary Findings**

1. SI and colonic thickening with prominent muscularis
2. Splenic myelolipomas
3. Chronic pancreatitis, non-active
4. Mild age related degenerative renal changes

**WEIGHT**

7.7 kg

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BVSc(hons), DACVECC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Small intestinal thickening is most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or less likely GI lymphoma being the top differentials. Colonic thickening may represent colitis secondary to chronic diarrhea or may be an extension of disease affecting the small bowel. Chronicity of signs and no overt neoplastic criteria present in the bowel given that curvilinear layering is still intact which would suggest inflammatory bowel as opposed to round cell neoplasia (LSA, MCT and similar). Intraoperative US-guided bx would be optimal in this patient to obtain the most representative samples in the GI tract. I cannot rule out a preneoplastic (LSA) state however and follow-up sonograms recommended especially if the patient is not responding to empirical efforts. Endoscopic biopsy is less invasive but may miss lesions due to inability to sample more than top 1-2 layers of GI tract and inability to obtain samples from all sections of the GI tract. Surgical biopsies are more likely to be diagnostic but are more invasive. Empiric treatment for IBD vs lymphoma includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to lowest effective dose or discontinued in some cases. Splenic myelolipomas are a benign aging change. Pancreatic changes are most consistent with chronic pancreatitis with no active signs of inflammation on ultrasound. With a normal CPLi and ultrasonographic appearance, active pancreatitis is unlikely. Correlate clinical significance of renal changes with bloodwork/urinalysis findings and clinical signs

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**SPECIES**

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**SEX**

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**AGE**

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**WEIGHT**

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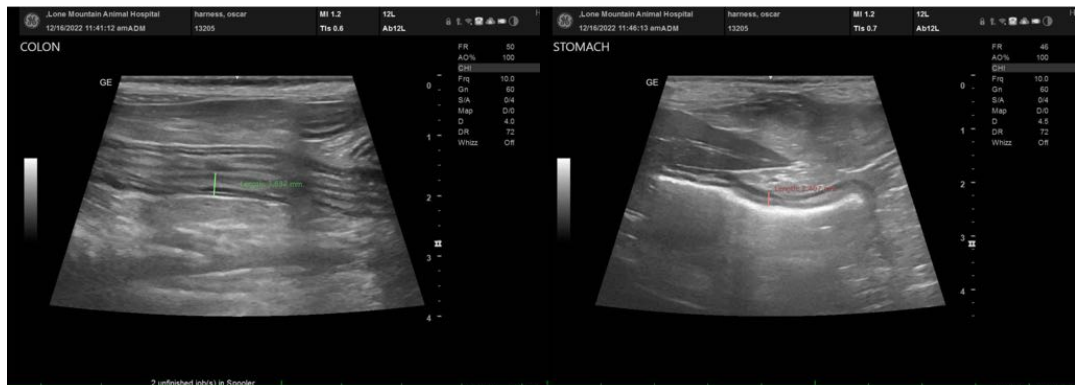
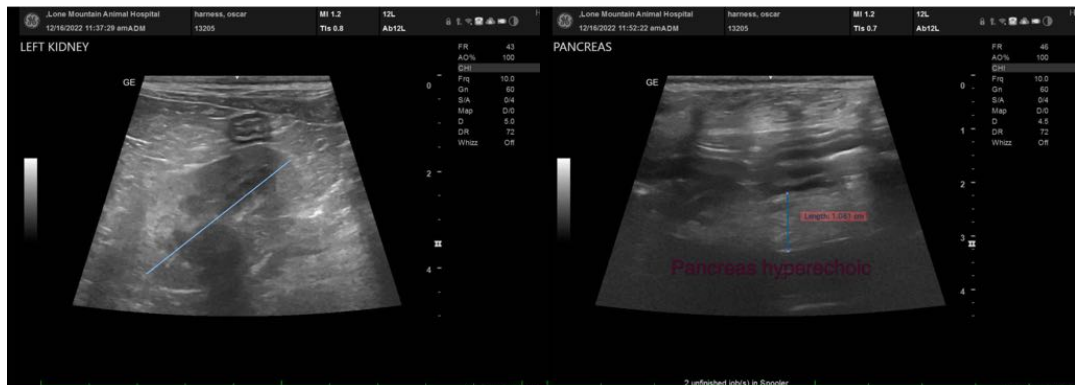
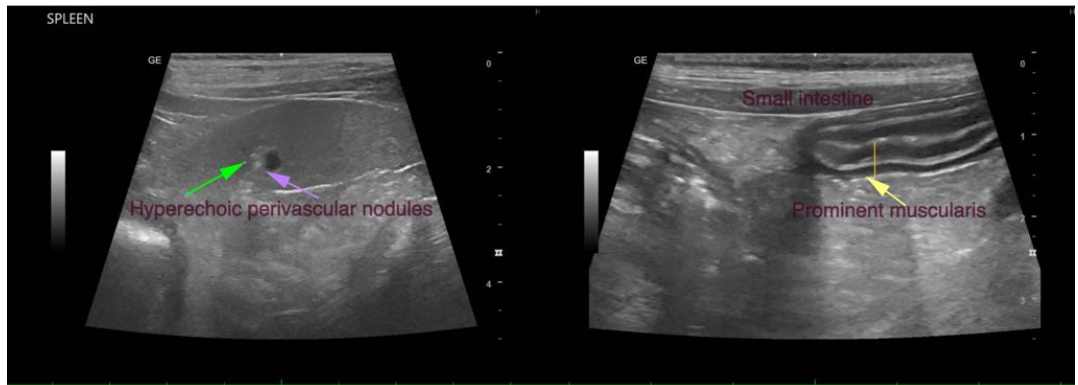
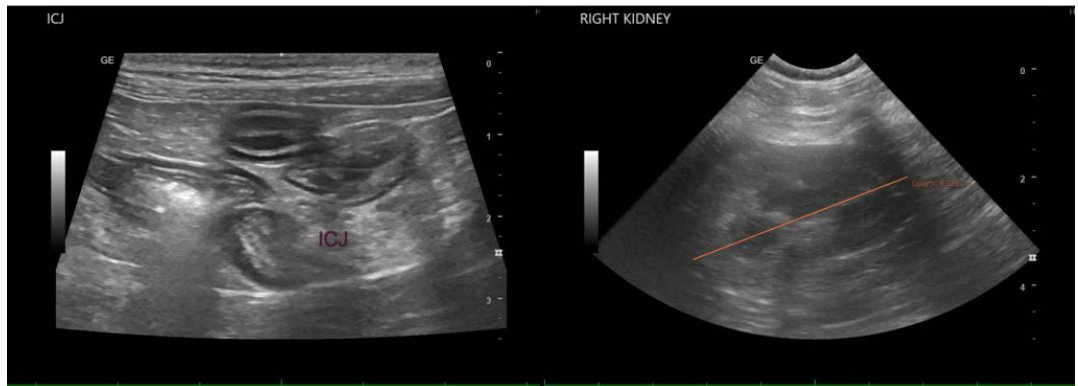
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

### 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

Toy Poodle

Dr Brittany Sinclair, BVSc(hons), DACVECC  
info@SonoPath.com

### SEX

Neutered male

### AGE

10 years

### WEIGHT

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