



PATIENT

River Merolli

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed female

AGE

9 years

WEIGHT

52 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Dr. Wiley

HOSPITAL NAME

Petvax

REFERRING VET

Dr. Wiley

INVOICE

43200

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Large bowel diarrhea and weight loss for the past 6 weeks. Unresponsive to diet change, fiber and antibiotics. Fecal and diarrhea PCR, UA and baseline cortisol Within Normal Limits . Low albumin and TP on bloodwork,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The left kidney measured 5.2 cm. The right kidney measured 5.5 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.3 cm in length and 0.33 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.9 cm in length, 0.48 cm at the cranial pole and 0.45 cm at the caudal pole.

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. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and



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there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. 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. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Enlarged irregular lymph node in caudal abdomen near vena cava and aorta measuring 2x1.4cm. Enlarged irregular lymph node in caudal abdomen near vena cava and aorta measuring 2x2.3cm. Multiple enlarged medial iliac lymph nodes.

Free Abdomen

Lymphadenopathy, no free fluid

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Multi-centric abdominal lymphadenopathy
2. Prominent thickened colon
3. Non-obstructive gall bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal lymphadenopathy and thickened colon are consistent with reported diarrhea. Multicentric lymphadenopathy with rounded structure is suggestive for round cell neoplasia with infectious or inflammatory lymphadenitis less likely. Multifocal fna cytology and culture warranted. Gall bladder debris is likely an incidental finding.



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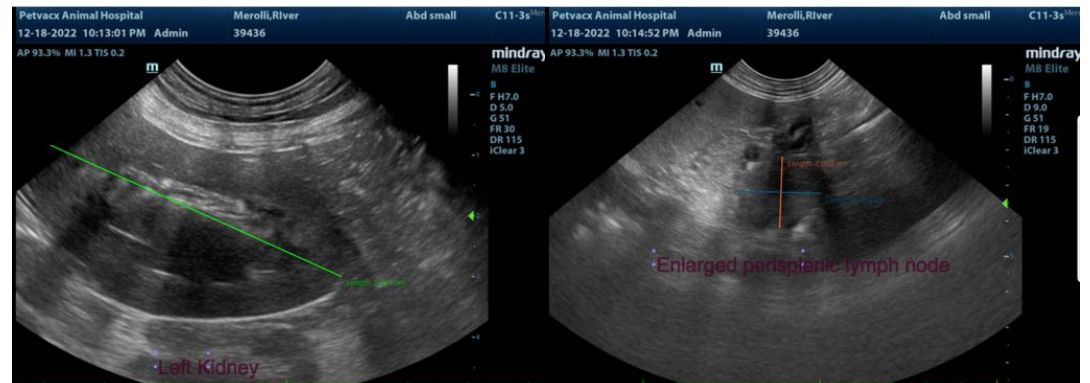
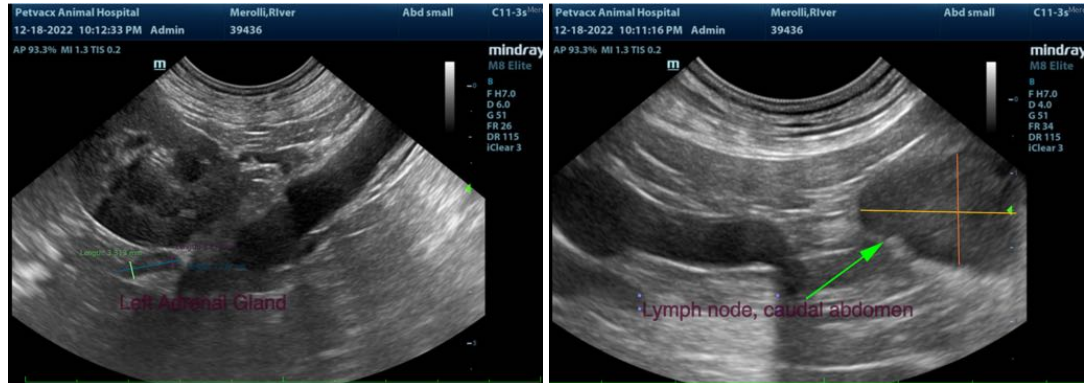
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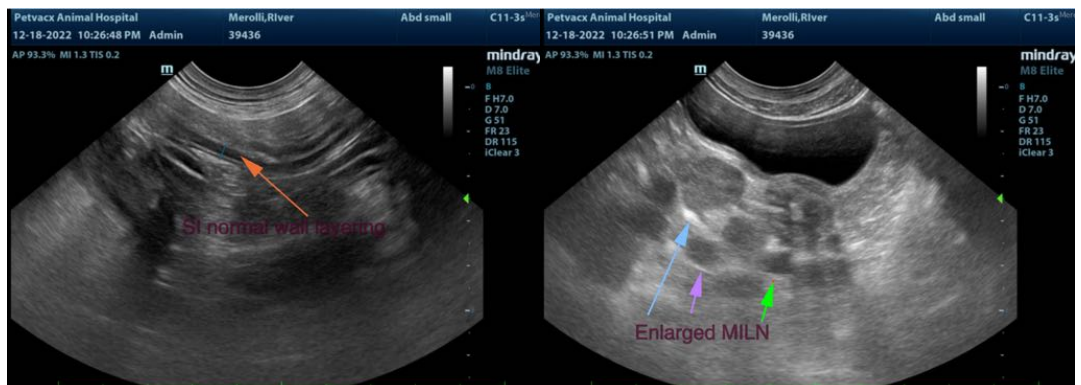
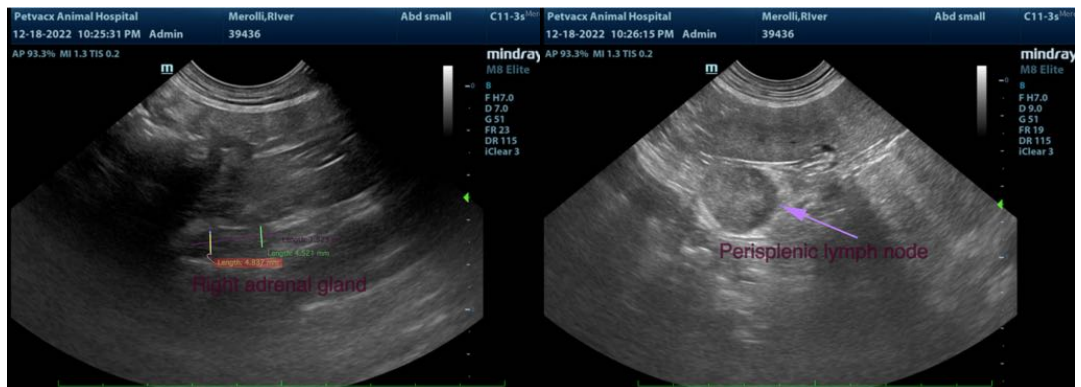
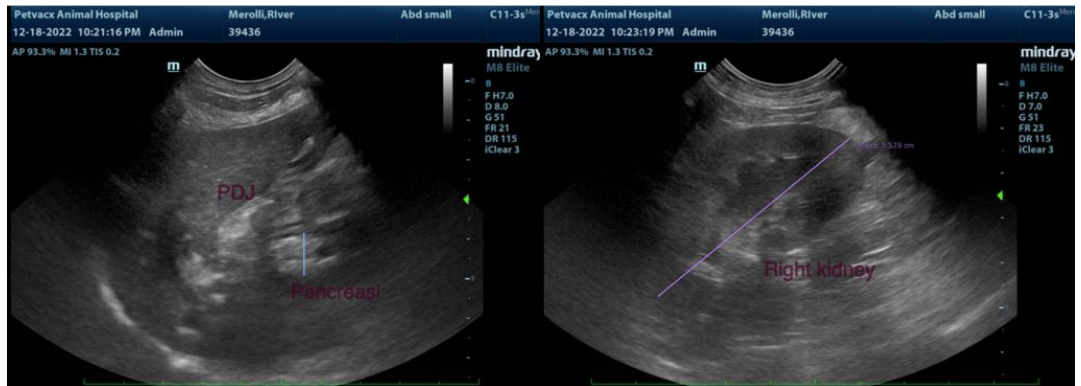
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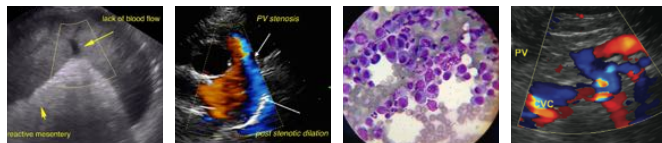
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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