



PATIENT PRESENTING CLINICAL SIGNS

Toki O'Brien Diarrhea for several weeks, no response to medical management, occasional vomiting, normal appetite.
 Medication: Gabapentin, Benadryl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.
 PitBull

SEX The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.05 cm. The left kidney measured 5.66 cm.
 MN

AGE 2012

Adrenal Glands

WEIGHT Left adrenal gland was 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 right adrenal gland was not definitively visualized. The left adrenal gland measured 1.95 cm in length and 0.50 cm at the cranial pole and 0.64 cm at the caudal pole.
 52

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

Spleen

The spleen was enlarged with a slightly mottled parenchyma and slightly irregular capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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 gallbladder was not visualized.

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Gastrointestinal

The stomach contains gas shadowing obstructing visualization of contents. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

INVOICE

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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. There were no focal lesions consistent with obstruction or a mass effect observed.

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 07/10/2023



PATIENT

Toki O'Brien

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

SPECIES

Canine

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.

BREED

PitBull

Lymph Nodes

Enlarged, rounded and hypoechoic mesenteric lymph nodes with surrounding hyperechoic mesentery. Nodes visualized measuring 1.8x1.1cm and 1.8x1.3cm.

SEX

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Free Abdomen

No masses or free fluid were noted.

AGE

2012

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Mesenteric lymphadenopathy with surrounding inflammation
- Splenomegaly with parenchymal changes and irregular capsule
- Mottled liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly with parenchymal changes along with abdominal lymphadenopathy is concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis. Fine needle aspirate is recommended.

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Rebekah Jakum, CVT
ARDMS/RVT

Lymphadenopathy with parenchymal changes and loss of normal length to width ratio is most concerning for infiltrative disease (lymphoma, MCT, other) and lymph node aspirate and cytology is recommended. Less likely but possible causes include infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection) or reactive lymphadenitis (parasitism, migrating foreign body). Lymph node culture could be considered.

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Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. Fine needle aspirate is recommended in light of splenic and lymph node findings.

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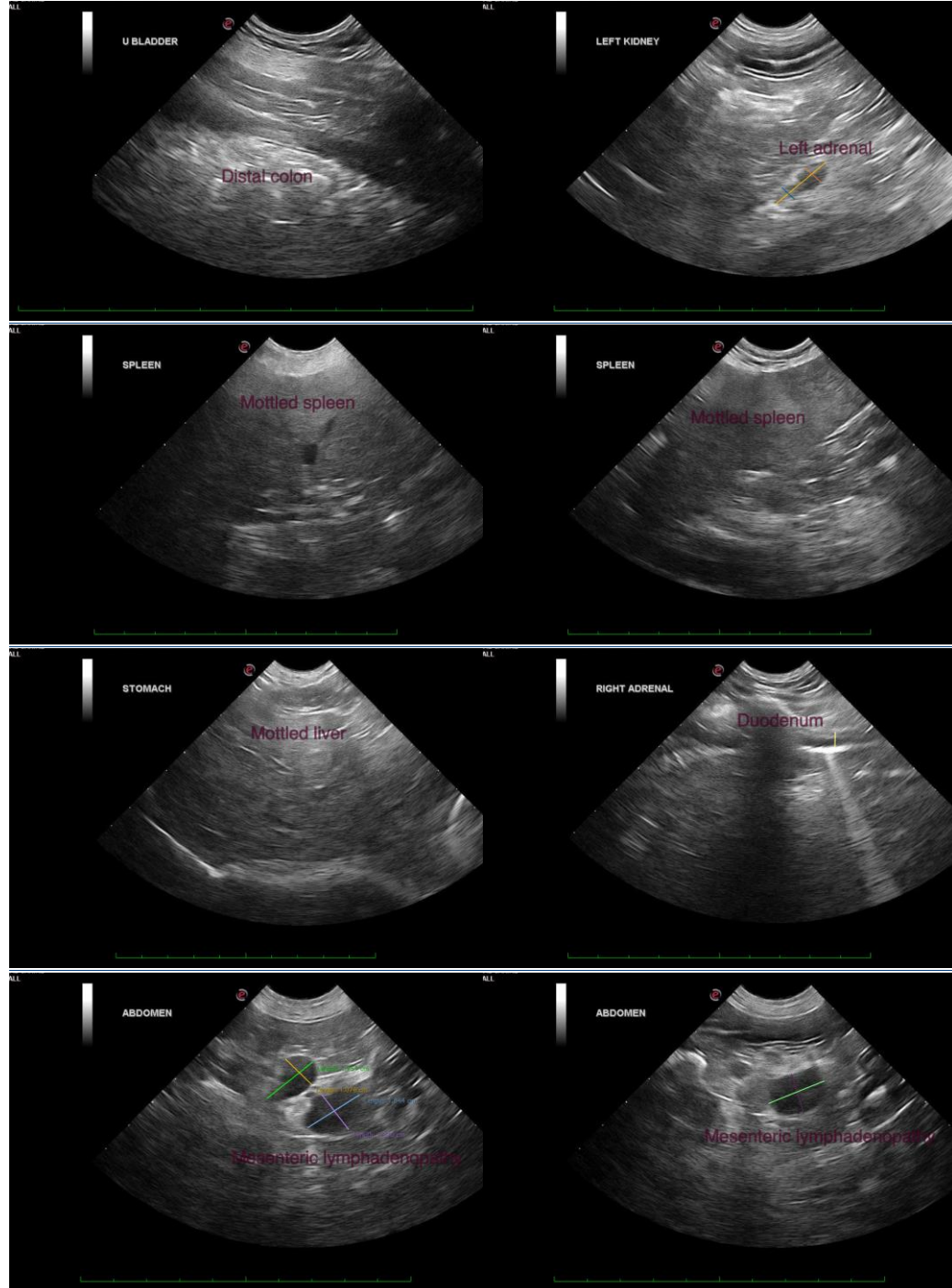
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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