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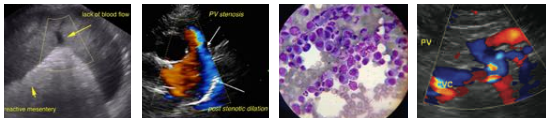

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Baci Tuosto

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

2013

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

95853

DATE

2/07/22

PRESENTING CLINICAL SIGNS

History: Vomiting & diarrhea for 2 weeks. Decreased appetite

Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.6 cm. The left kidney measured 5.77 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 right adrenal gland measured 3.1 x 0.9 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.6 x 0.65 cm at the caudal pole and 0.6 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was mildly swollen with hypoechoic scalloping contour with enhanced mesentery. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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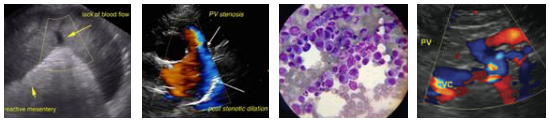

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Gastrointestinal

The **stomach** was bloated with gas accumulation and over distension. Variable intestinal thickening was noted with loss of mural detail and fluid filled lumen. The colon was empty. Variable lymph nodes were slightly enlarged.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

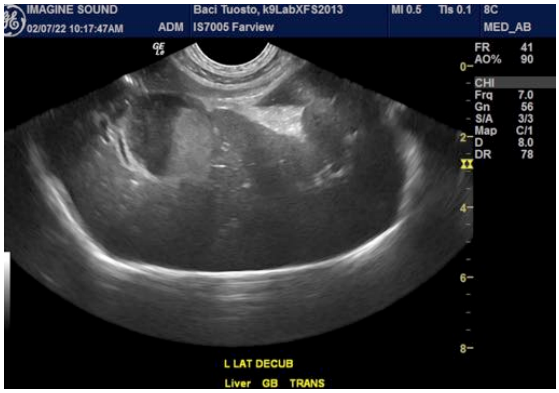
Variable gastrointestinal thickening with mild, irregular liver. Inflammatory bowel, enteritis versus emerging round cell neoplasia.

Fluid filled stomach.

Variable minor lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver and any accessible lymph nodes would be appropriate. Given the low normal albumin level emerging protein losing enteropathy may be an issue. Ideally full thickness gastrointestinal lymph node and hepatic biopsies would be performed from a surgical standpoint. Empirical therapy for gastroenteritis can be considered; however, I am very concerned about emerging round cell neoplasia of the GI tract. Endoscopy could also be considered with the objective of obtaining mucosal biopsies of the stomach and upper small intestine. The prognosis is guarded.



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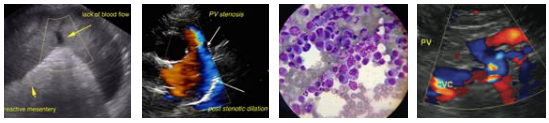

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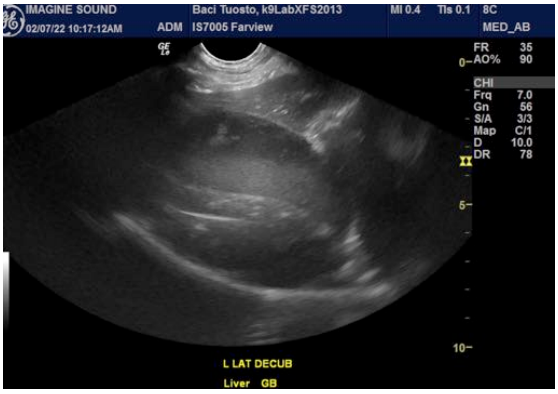

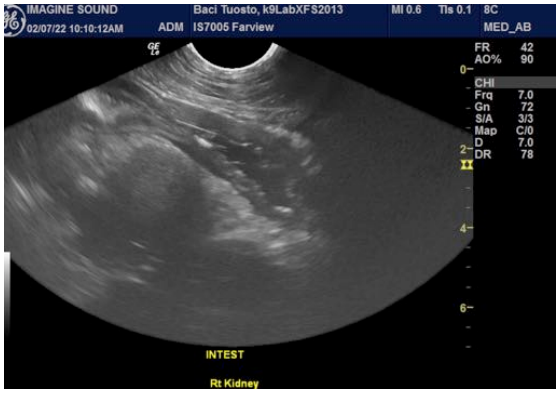

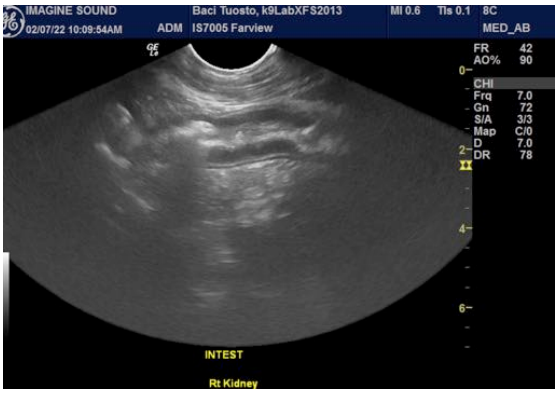

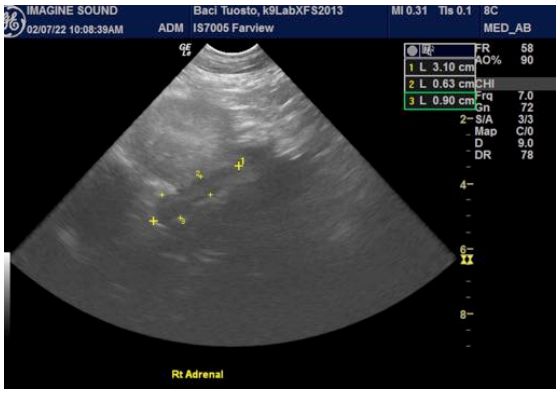

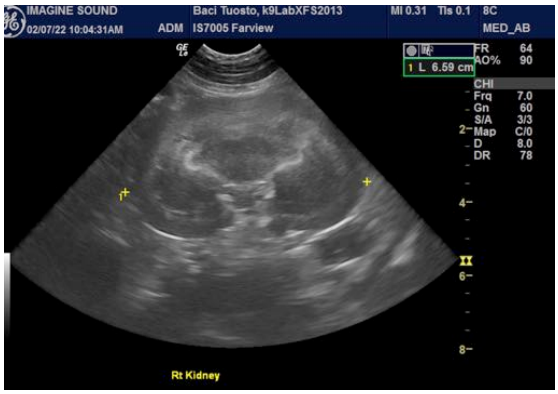

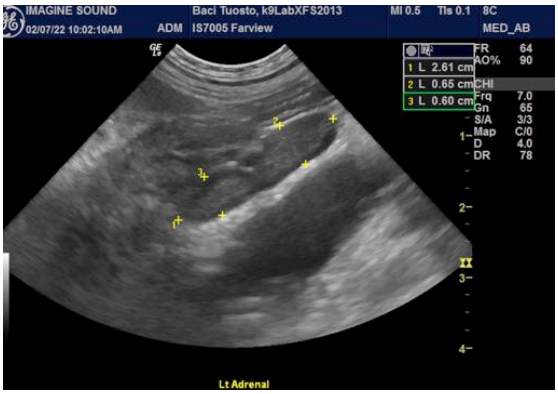

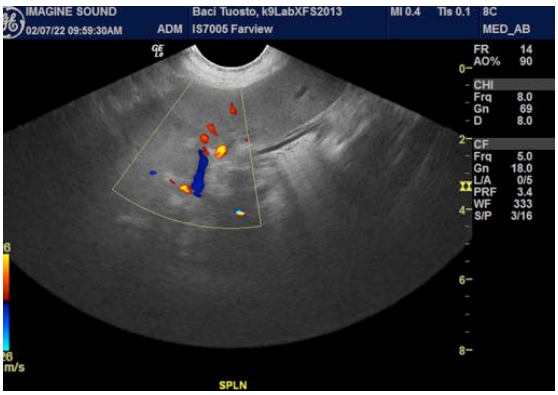

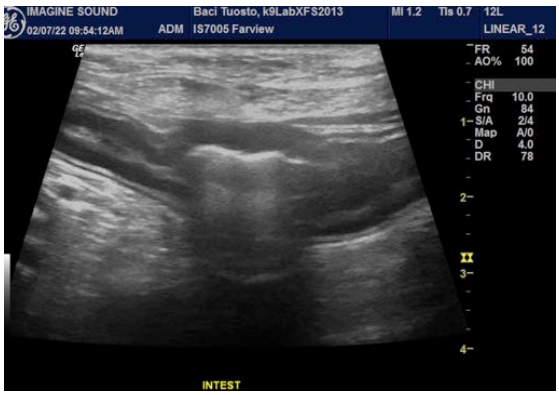

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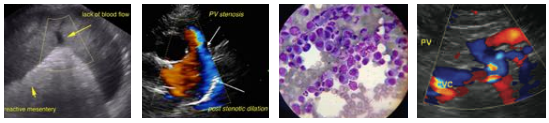

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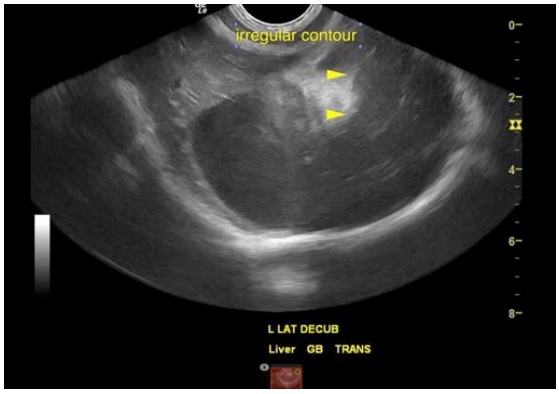

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com