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Clinical Sonography & Telecytology
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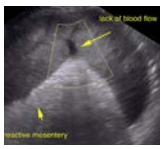
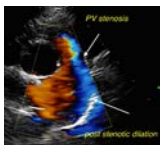
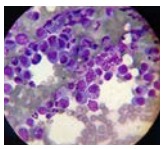
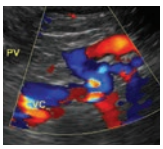

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1-800-838-4268 info@sonopath.com

PATIENT
Kadie Dusza

SPECIES
Canine

BREED
Australian Shepherd

SEX
Spayed Female

AGE
10 Years

WEIGHT
65 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bonte/Dr. Sheridan

INVOICE
40199

DATE
8/5/22

PRESENTING CLINICAL SIGNS

Diarrhea that has progressed to not eating, lethargic and weight loss. Started 7/25 with diarrhea, had gotten into a big steak. Improved on Metronidazole. Recurred, and now getting worse despite Cerenia and other supportive care. On Keppra and Phenobarbital long-term for seizures.
Abnormal PE/Chem/CBC/UA Results: PE: QAR, increased RR, no resistance to AUS. RADS: fluid filled loops of bowel. BW: ALP 200's. Rest WNL.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 left kidney measured 5.7 cm. The right kidney measured 7.0 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 2.98 cm x 0.73 cm at the cranial pole and 0.66 cm at the caudal 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 were noted.

Liver

The **liver** presented heterogeneous parenchymal changes with multifocal hypoechoic nodular changes, some of which were disruptive. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed a 2.16 cm x 2.1 cm hypoechoic luminal structure, non-obstructive. The structure appeared to have acoustic shadowing in the pyloric outflow. The small intestine and colon were unremarkable. Enlarged, hypoechoic, irregular mesenteric lymph nodes noted, measuring up to 1.0 cm in width x 4.0 cm in length.

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.

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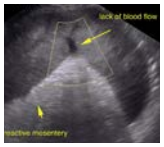
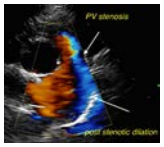
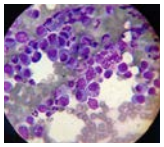
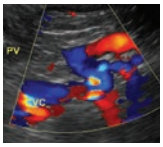

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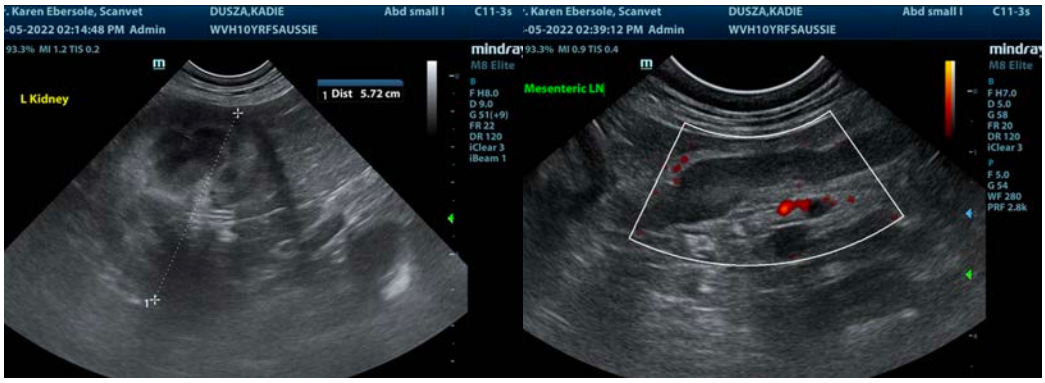
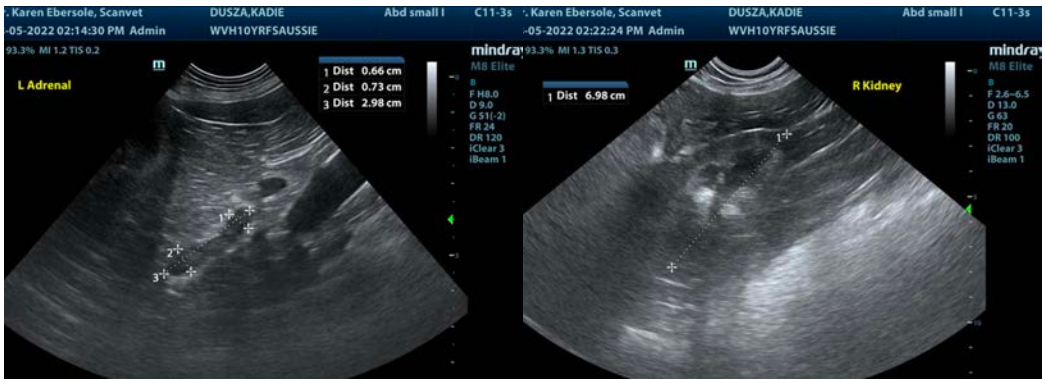
ULTRASONOGRAPHIC FINDINGS

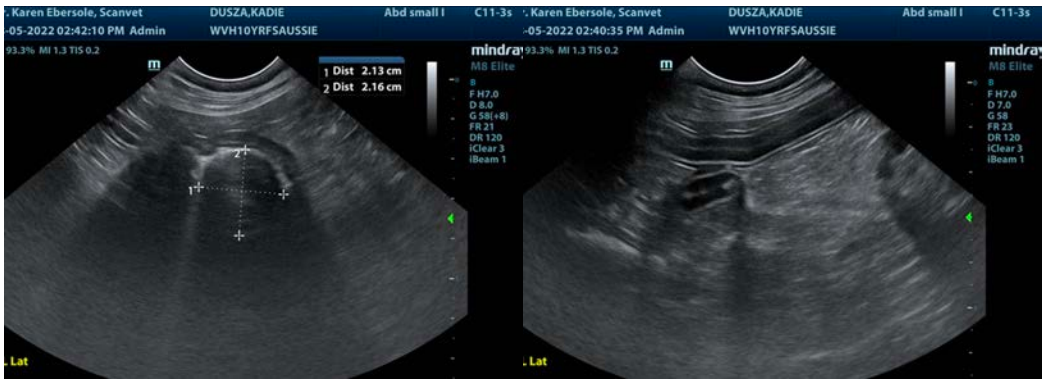
- Mesenteric lymphadenopathy
- Undefined hepatic nodular changes
- Undefined gastric structure – may be luminal or possible adhered foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe there are two separate issues – lymphadenopathy and hepatic pathology. These may be linked or separate, as well as gastric foreign matter and gastric thickening. Exploratory surgery with gastrotomy, gastric biopsies, liver inspection, as well as mesenteric lymph node biopsies would all be valid. Ultrasound guided FNA of the liver and mesenteric lymph nodes with cytology and culture could be considered. However, given the clinical presentation, surgical approach to address all issues is likely the best option.







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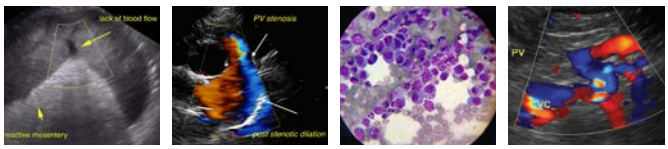

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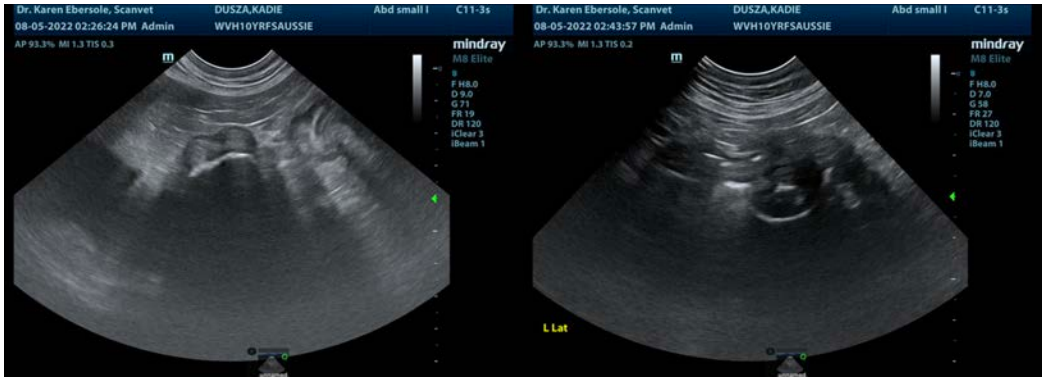

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com