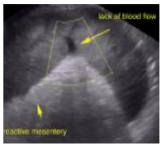
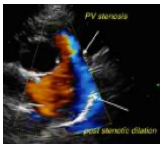
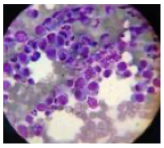
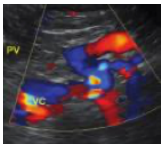
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sperry Moore

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

11 years

WEIGHT

63 lbs

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Scott

INVOICE

12953

DATE

5.5.23

PRESENTING CLINICAL SIGNS

History: Was staying with daughters for 3 months in Brooklyn- had switched form raw patties to raw kibble and was getting more walks but they felt her weight was down, at bond vet in Brooklyn they ran full bw which was normal (CBC/chem t4 panel, fecal neg) and then a GI panel- B12 was low and TLI was high, folate normal- they rec ultrasound since owner came home (about 10 days ago) she has been increasing the food but pet doesn't want to eat the entire 5 cups of food in the morning, no v/d

Abnormal PE/Chem/CBC/UA Results: TLI high, B12 low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate is enlarged (4.30 cm in length / 4.19 cm in thickness). There is an anechoic cyst (0.47 cm x 0.59 cm). Otherwise, the prostate appears smooth without signs of inflammation.

The left kidney is normal in size (7.60 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.30 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (caudal pole 0.57 cm / cranial pole 0.58 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (caudal pole 0.57 cm / cranial pole 0.51 cm) with a normal shape and is normal in appearance and echogenicity.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

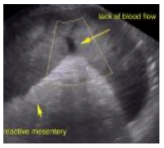
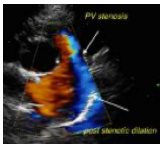
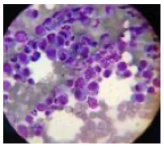
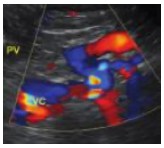
Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears slightly hyperechoic (still hypoechoic to the spleen) with slightly decreased portal markings. There is a hypoechoic liver nodule (2.00 cm x 0.90 cm) that is well-defined, and does not bulge the capsule. This nodule is on the left side and abuts the stomach. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly to moderately distended. The wall is a normal thickness. There is very subtle irregularity/hyperplastic change to the luminal surface of the wall. Luminal contents are anechoic.

Gastrointestinal Tract

The gastric lumen contains a moderate amount of hyperechoic shadowing ingesta, making evaluation of the deeper portions of the stomach difficult. The stomach wall is thick (up to 0.52 cm) with some variability

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due to rugal folds. The mucosa is diffusely thickened. There is normal gastric wall layering. Otherwise, there are no masses or focal lesions observed and the pyloric outflow tract could not be evaluated.

The visualized areas of duodenum, jejunum and ileum appear thickened. The duodenum is normal (0.52 cm) with distinct wall layering and a hyperechoic mucosa. There is also mucosal speckling. The remainder of the small intestines also measure thick (up to 0.57 cm at the thickest) with a hyperechoic mucosal surface and an overall thickened mucosa. The lumen of the small intestine did contain variable amounts of ingesta, and there was significant mucosal speckling in certain areas of jejunum. No focal lesions observed.

The sections of colon are visualized (0.11 cm thick) with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Findings

- Chronic enteropathy
- Liver nodule, emerging mass
- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse thickening of the small intestine and hyperechoic mucosa is consistent with chronic intestinal disease such as inflammatory bowel disease, food allergy, or rarely, emerging small cell lymphoma can be seen in dogs. The mucosal speckling throughout is often associated with protein-losing enteropathy, which should be considered or monitored. That said, if the patient was not fasted for the ultrasound (which may be possible given there was a moderate amount of ingesta throughout the intestinal tract), then the digestive state would create mucosal speckling as well. If the patient was fasted, then the presence of ingesta within the intestinal tract suggests ileus. Consider a baseline cortisol to rule out hypoadrenocorticism and a diet trial with a novel protein diet or hypoallergenic diet (if not contraindicated in this patient). Fiber supplementation, Montmorillonite clay, or probiotics could be considered for the diarrhea. If there is still no resolution of clinical signs, consider intestinal biopsy for further characterization of the intestinal disease.

The liver is small, though it does measure 2.00 cm in one plane, which may represent an emerging mass. This nodule could represent regenerative nodules, vacuolar change, hepatoma, emerging hepatocellular carcinoma, etc. The nodule is on the left side, on the inner surface of the liver, abutting the stomach, and is approximately 2.70 cm from the skin, so aspiration would be difficult, but perhaps with adequate sedation, would be possible. Consider FNA vs serial monitoring with ultrasound.

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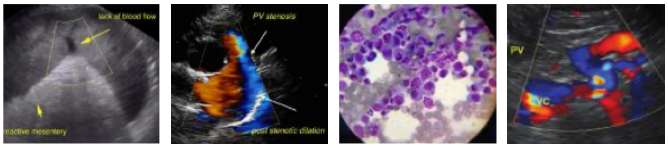

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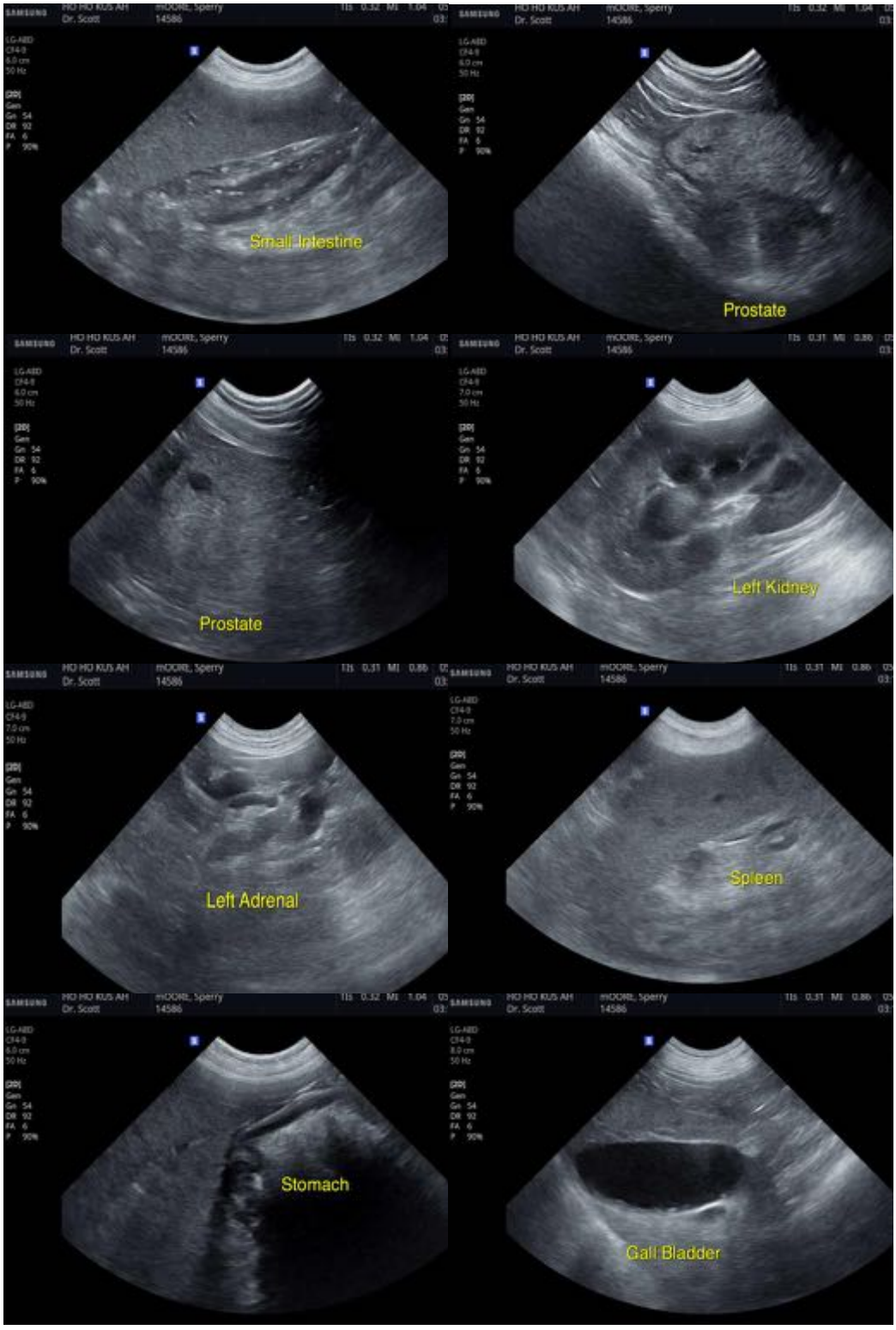

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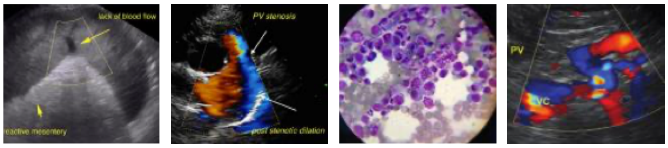

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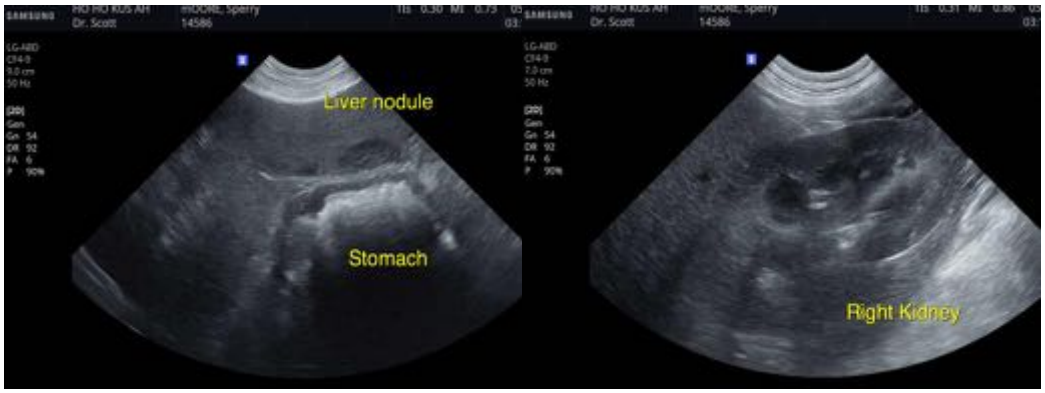

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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