



PATIENT

Buddha Barnett

PRESENTING CLINICAL SIGNS

SPECIES sedated dex/torb Weight in #: 97 Breed: Pit Bull History: Had bilateral TPLOs last year. Had SOFT TISSUE SARCOMA - GRADE 3 removed from back lumbar region one month ago.
Canine Incomplete margins. Monitoring site currently. Patient is on Palladia (Toceranib 120mg Cap - 1 cap on M/W/F for 3 months) Physical exam findings: overweight BW and UA results: ALP 382, USG 1.011 Radiograph Findings(email radiographs if available): Radiographic Findings Thorax: cardiovascular and pulmonary structures are within normal limits. There is no evidence of discrete soft tissue pulmonary nodules or other abnormal infiltrates. Abdomen: detail is satisfactory. There is an active normal G.I. tract character. There is no evidence of abdominal organomegaly, lymphadenopathy or detected mass lesions. The kidneys and other visceral features are within normal limits. Conclusion Normal cardiopulmonary structures, negative for gross evidence of pulmonary metastatic disease. Unremarkable abdominal viscera. Reason for Ultrasound: check for mets

BREED Pit Bull

SEX Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

9 Years The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a very small pile of hyperechoic debris in the dependent portion of the urinary bladder measuring 0.65 cm in diameter. Findings are most consistent with sandy debris.

WEIGHT

97 Pounds

The prostate is normal in size (0.72 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The left kidney has a normal shape and size (6.62 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right kidney has a normal shape and size (5.46 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Brighton Greens VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Robin Janeway

The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Portable Animal Welfare Sonography, Inc.

PATIENT

Buddha Barnett

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

SPECIES

Canine

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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SEX

Neutered Male

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

AGE

9 Years

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

97 Pounds

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Medicine)

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Pancreas

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.

HOSPITAL NAME

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are no enlarged lymph nodes visualized, but the sublumbar lymph node, particularly on the right, is prominent. The right sublumbar lymph node measures 1.02 cm in diameter, the left measures 0.67 cm. They are of normal echogenicity and shape. The omentum is of normal echogenicity.

REFERRING VET

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- Small amount of hyperechoic debris in the dependent portion of the urinary bladder – most consistent with sandy debris.

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- Prominent right sublumbar lymph node – likely reactive secondary to the surgery approximately one month ago.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Recommend urinalysis and culture. Recommend continued monitoring of the right sublumber lymph node.

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Neutered Male

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HOSPITAL NAME

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REFERRING VET

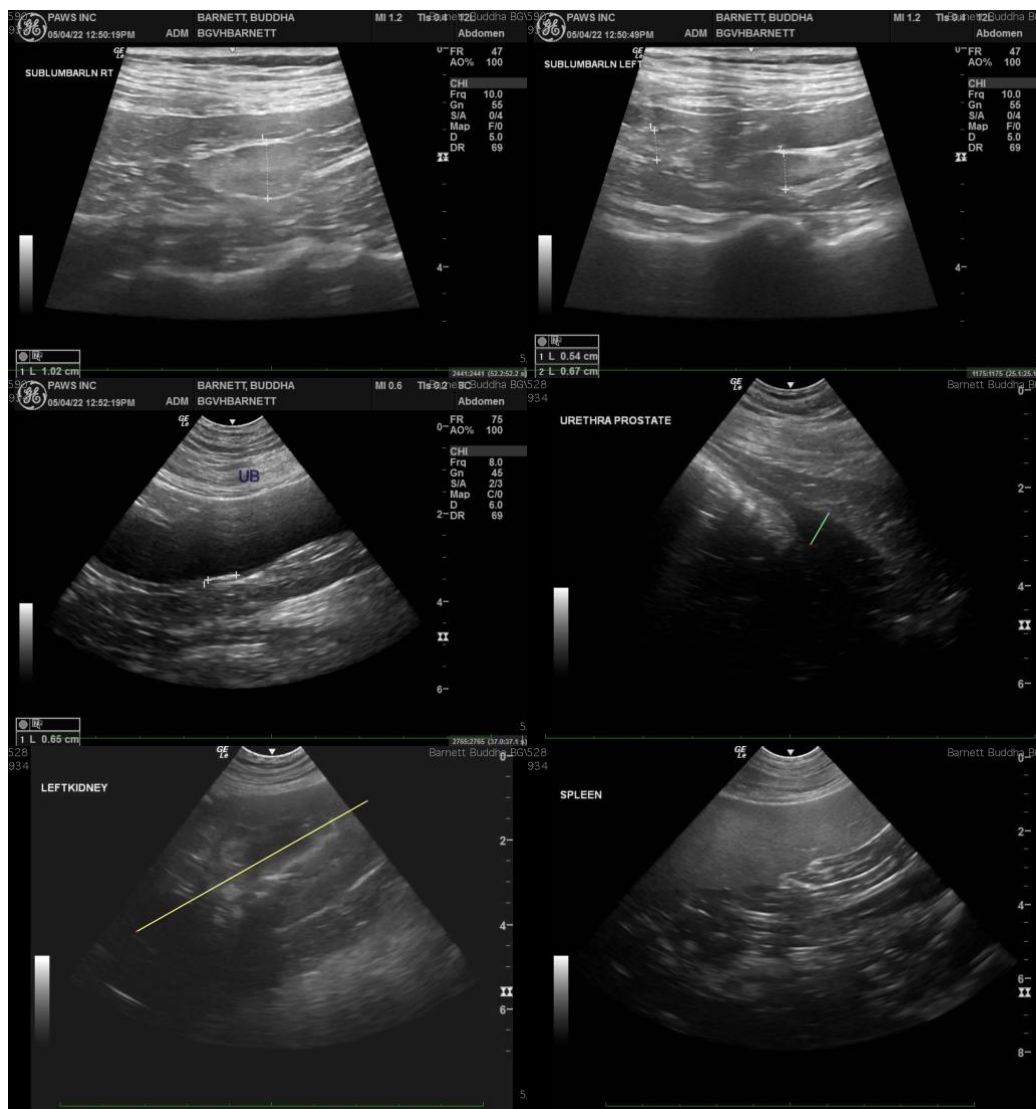
Dr. Robin Janeway

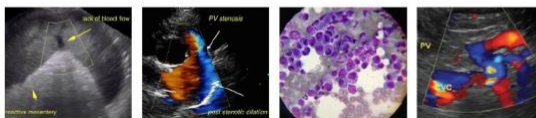
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SPECIES

Canine

BREED

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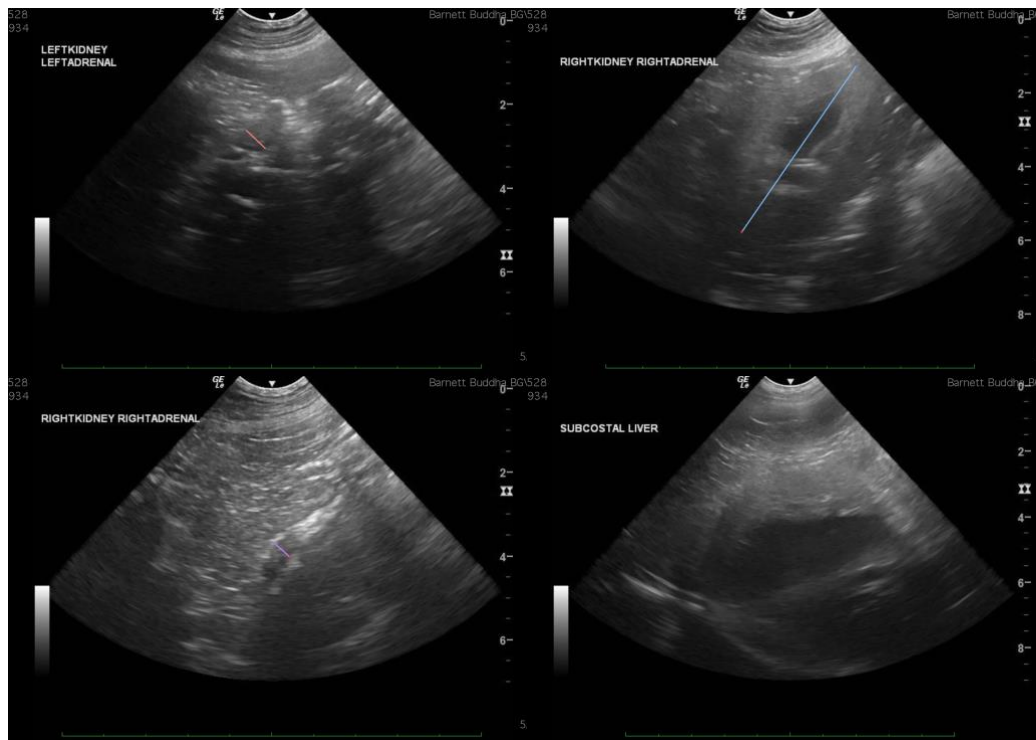
Neutered Male

AGE

9 Years

WEIGHT

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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.

IMAGING BY

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