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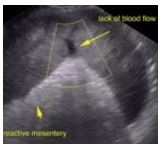
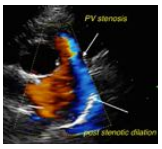
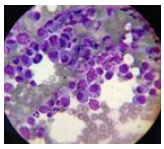
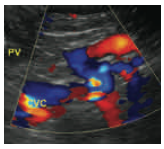





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tucker Kennedy

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered male

AGE

12 years

WEIGHT

19.6 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr.. Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

99432

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Hospitalized last week for pancreatitis. Blood work unremarkable aside from abnormal snap cPL. Radiographs concerning for mass on the spleen. Ultrasound more suspicious for intestinal mass. Sensitive on probing of cranial abdomen so even with torb did not pursue adrenals aggressively

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is very well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial amount of free floating sediment is observed.

Kidneys

The **left** kidney measures 4.63 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. A round, anechoic structure, consistent with a cyst, is visualized in the cortex along the mesenteric border. It measures 4.83 mm (diameter) x 4.42 cm (length). The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.23 cm. The capsule is smooth. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Three, very small, round, anechoic structures, consistent with cortical cysts, are visualized. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.52 cm at the cranial pole, 0.56 cm at the caudal pole and 1.43 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

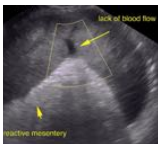
The **right** adrenal gland is not visualized due to the large amount of gas in the stomach.

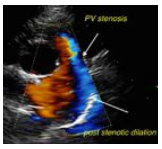
Spleen

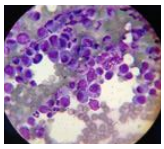
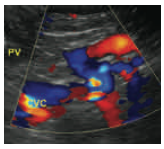
The spleen is within normal limits in size, architecture, echotexture, and echogenicity. A single hyperechoic nodule is observed at the head of the spleen.

The capsule is smooth. No obvious abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver





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There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, but it is mildly to moderately hyperechoic, i.e. it is isoechoic to the spleen. A subtle, subcapsular, hypoechoic nodule is observed that has multiple hypoechoic nodules, some of which are suggestive of cysts. The nodule measures 1.33 cm (diameter) x 3.80 cm (length). No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is mildly distended with a mild amount of echogenic material (sludge) within the lumen. The sludge is free floating, gravity-dependent, and inspissated, forming nodules, which are adhered to the wall. The gallbladder wall is mildly thicker than normal, measuring 2.15 mm in some areas. It is not abnormally hyperechoic. There are no obvious signs of an obstruction based on the appearance of the biliary tree.

Gastrointestinal

The lumen of the stomach is dilated with a large amount of fluid, gas and some ingesta. Wall thickness is at the high end of the normal reference range, measuring 0.53 cm, with a thickened muscularis. Wall thickness increases to 1.20 cm moving distally. This segment of stomach, measuring approximately 3 cm in length, shows a loss of the normal definition of the individual wall layers. Fogging is also noted in the "more normal" regions of the stomach wall. A moderate ileus is present.

The jejunum is within normal limits, however, the mucosa shows mild fogging. A small amount of ingesta is within the lumen of the jejunum.

The urinary bladder was distended to the point that the colon could not be evaluated.

Pancreas

Evaluation of the pancreas is not possible due to the gas in the surrounding GI tract.

Other

Lymph nodes

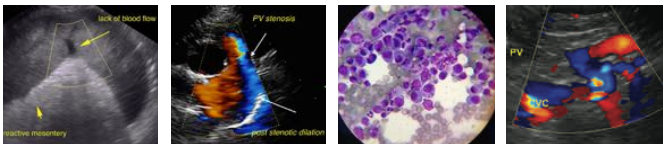
A mildly enlarged, hypoechoic lymph node is observed ventro-medially to the spleen. It measures 7.4 mm in diameter x 5.5 mm.

Two hypoechoic lymph nodes are observed ventral to the spleen; they are at the high end of the normal reference range to mildly enlarged.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The stomach shows signs of an ileus with a diffuse thickening of the muscularis and fogging of the mucosa. A segment of stomach, measuring approximately 3 cm in length, shows a loss of the normal definition of the individual wall layers. Fogging is also noted in the "more normal" regions of the stomach wall. A moderate ileus is present. Differential diagnoses include inflammation secondary to very severe inflammatory bowel disease. However, Infiltrative



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disease, such as lymphoma or other round cell tumour, as well as leiomyosarcoma, cannot be excluded.

- The gastric thickening may be due to secondary gastritis, particularly if vomiting was a clinical sign of Tucker's pancreatitis. The mesentery surrounding certain bowel loops is hyperechoic; which is also suggestive of inflammation.
- Although the lymphadenomegaly may be due to reactive hyperplasia, infiltration with neoplastic cells must be considered.
- The presence of sludge in the gallbladder may be clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

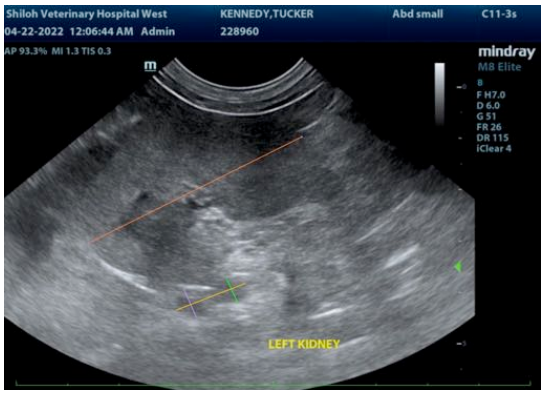
A veterinary prescription brand low fat diet (less than 20 g/1000 kcal food) is strongly recommended. An additional benefit would be if the diet were also hypoallergenic, for example, Purina HA

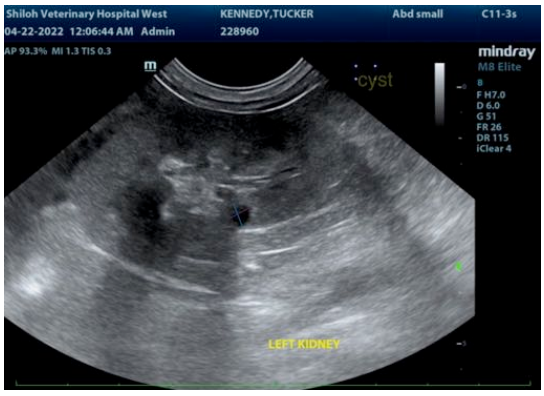
A 10-14 day trial with famotidine or omeprazole may be considered.

A serum cobalamin, folate, +/- spec fPL may be considered in the future depending on Tucker's response to the above suggestions.

If there is no response to the above, a fine needle aspirate of the thickened region of the stomach could be performed, although the ideal work up would consist of endoscopy and biopsies of the upper and lower GI tract.

If further diagnostics are not pursued, although not ideal, empirical treatment for inflammatory bowel disease with corticosteroids may be administered (1 mg/kg/day), in addition to a hypoallergenic diet, that is easily digestible, but appetizing to prevent catabolism and sarcopenia.





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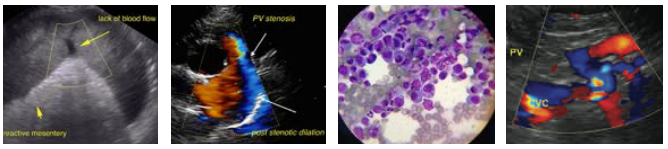

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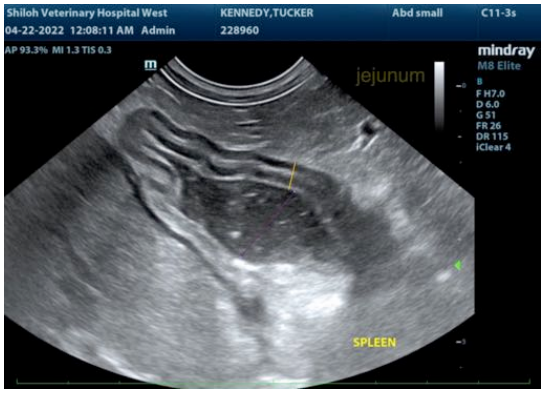

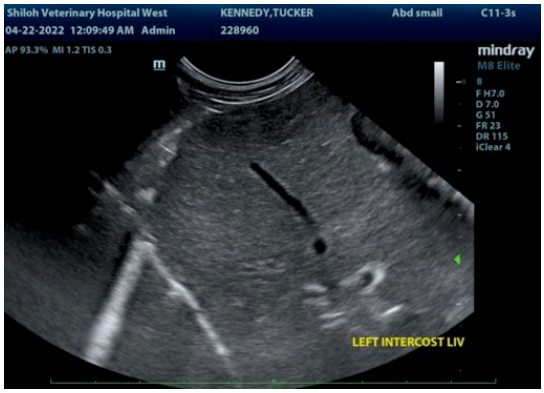

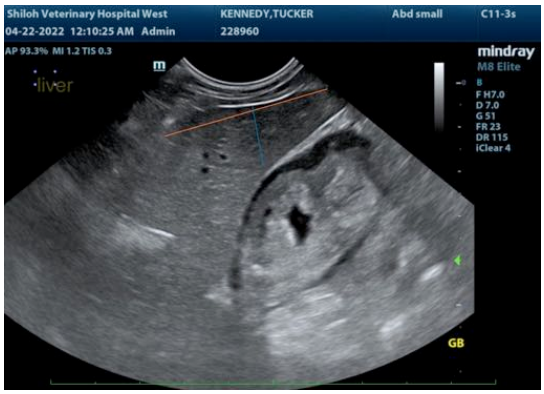

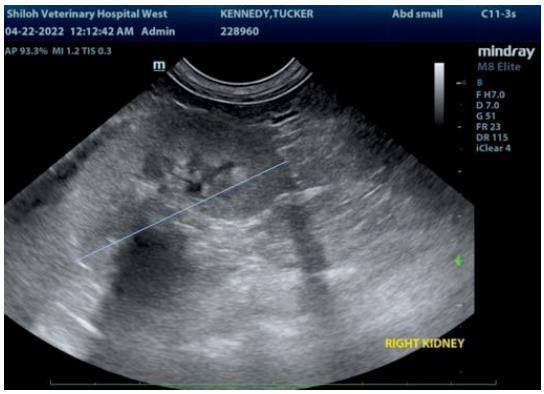

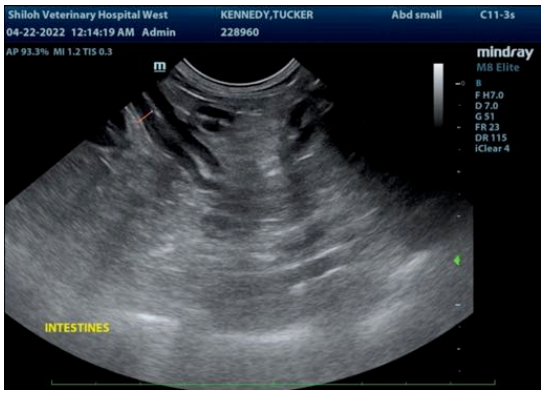

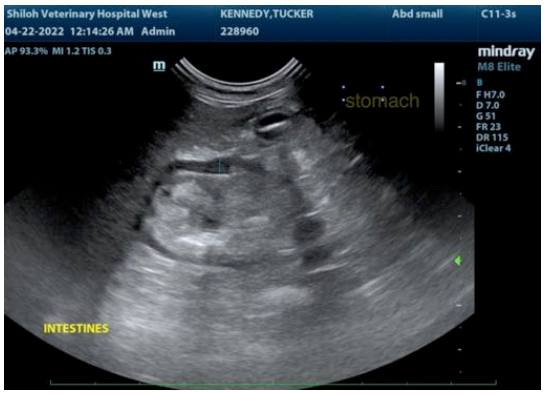

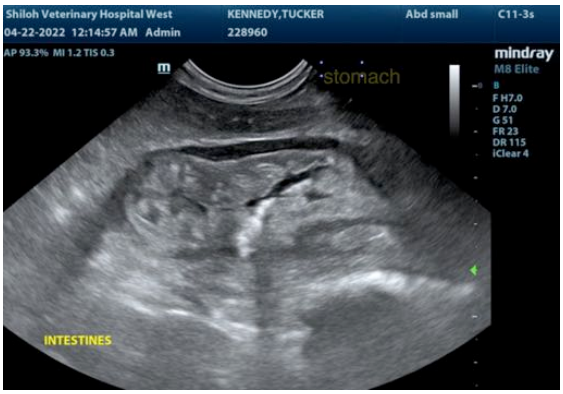

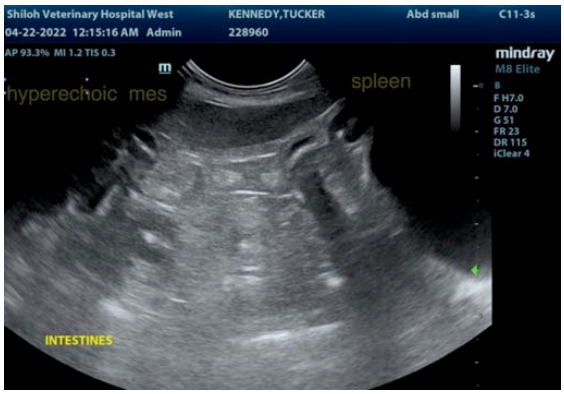

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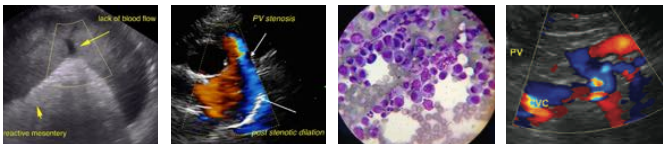

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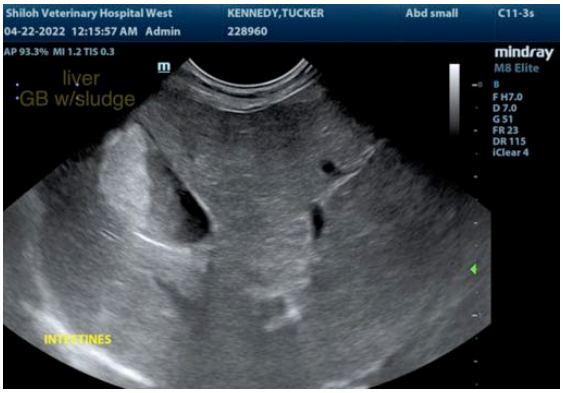

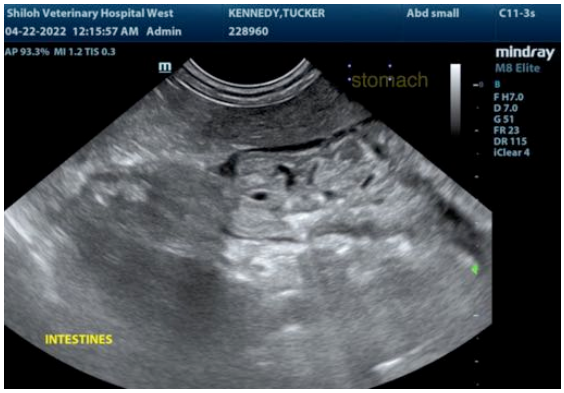

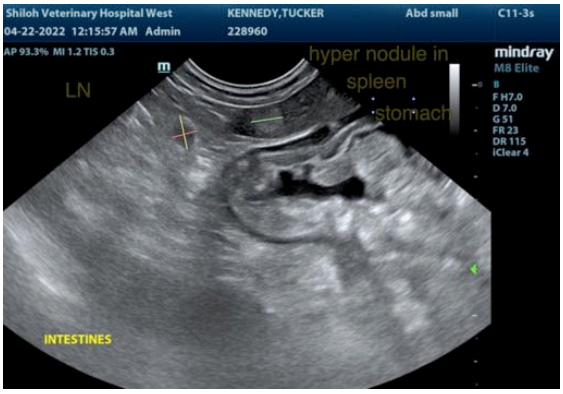

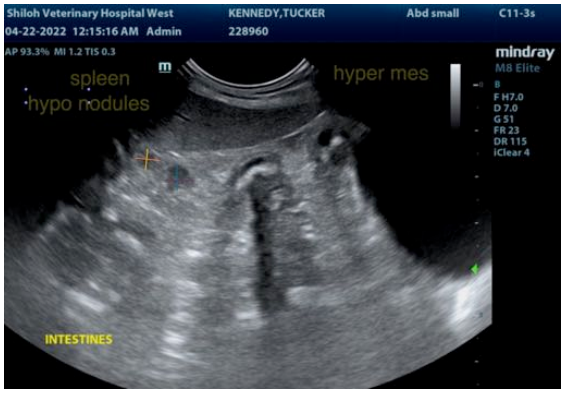

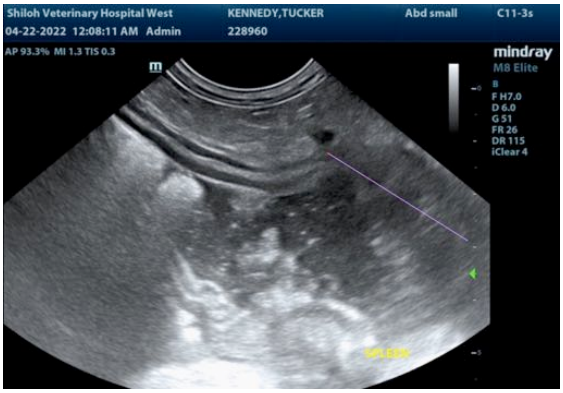

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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