



**PATIENT**

Jetta Schram

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

**WEIGHT**

78.4 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

30648

**DATE**

5/23/22

**PRESENTING CLINICAL SIGNS**

**History:** History of hyporexia. Abdominal rads unremarkable. Bloodwork unremarkable. Owner reported patient improved while on carprofen initially. She is also concerned of a SQ mass on the R caudal edge of rib margin

**Abnormal PE/Chem/CBC/UA Results:** Abdominal rads unremarkable. Bloodwork unremarkable. 4dx - negative FNA of SQ mass - fatty material obtained

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is inadequately filled, thereby affecting the ability to accurately measure wall thickness. However, the wall is mildly irregular. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of sediment, cystoliths, polyps, or a mass.

**Kidneys**

The **left** kidney measures 5.69 cm. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Small mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is very mildly hyperechoic.

The **right** kidney measures 5.32 cm. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.73 cm at the cranial pole. The rest of the gland is not well visualized due to gas in the surrounding GI tract. The cranial pole is at the high end of the normal reference range. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

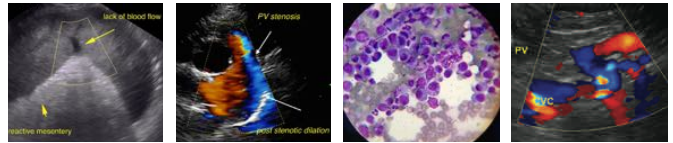
The **right** adrenal gland is not visualized due to gas in the surrounding GI tract. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.



<b>PATIENT</b>	<b>Liver</b>
Jetta Schram	There are no obvious signs of hepatomegaly. The liver's borders are smooth and sharp, however, some lobes are quite rounded. A diffuse, mildly coarse or granular echotexture is observed, which may be due to a reactive hepatopathy. No focal lesions are observed. No obvious abnormalities are noted with the hepatic vessels.
<b>SPECIES</b>	
Canine	The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
<b>BREED</b>	
Labrador	
	<b>Gastrointestinal</b>
<b>SEX</b>	A large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
Spayed Female	
<b>AGE</b>	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. The submucosa of multiple loops of jejunum located near the mildly enlarged jejunal lymph node is slightly hyperechoic and thicker than usual.
	The mesentery surrounding the GI tract is hyperechoic throughout the abdomen.
<b>WEIGHT</b>	Ingesta and gas in the transverse colon.
78.4 lbs	The colonic wall is not thickened and mural detail is considered normal. Formed stool is present within the colon.
<b>INTERPRETED BY</b>	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<b>Pancreas</b>
	The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no obvious signs of active pancreatitis or neoplasia.
<b>IMAGING PERFORMED BY</b>	
Dr. Waffle	<b>Other</b>
<b>HOSPITAL NAME</b>	<b>Mesentery</b>
Torch Lake VC	The mesentery surrounding the GI tract is hyperechoic throughout the abdomen.
<b>REFERRING VET</b>	
Dr. Waffle	<b>Lymph nodes</b>
	A jejunal lymph node, measuring 1.21 cm in diameter x 2.51 cm in length is noted in the caudal abdomen, a few centimeters cranial to the urinary bladder. It is rounded and slightly oblong, with a mildly irregular contour.
<b>INVOICE</b>	
30648	<b>Abdominal effusion</b> is not visualized.
<b>DATE</b>	
5/23/22	



**PATIENT**                      **ULTRASONOGRAPHIC FINDINGS**

Jetta Schram

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

**WEIGHT**

78.4 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

30648

**DATE**

5/23/22

- **Lymphadenomegaly** of a single lymph node with a diffusely hyperechoic mesentery. Minimal changes are observed with the **gastrointestinal tract**, however, mild inflammatory changes are present. Reactive hyperplasia of the lymph node secondary to inflammatory bowel disease is possible. Lymphoma, other round cell tumour, leiomyoma, as well as leiomyosarcoma, and infiltration of a jejunal lymph node, cannot be excluded.
- The presence of **sludge in the gallbladder** is 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. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.
- A **reactive hepatopathy** is suspected. There are no obvious signs of neoplasia.
- The **cranial pole of the left adrenal gland** is at the high end of the normal reference range. The rest of the gland and the right gland are not visualized. Differential diagnoses for the findings of the cranial pole include adrenal hyperplasia secondary to stress (chronic illness). A benign adenoma cannot be excluded. Unable to make comments regarding pituitary dependent hyperadrenocorticism without evaluating the contralateral gland.
- **Renal changes** are likely due to age-related degeneration. Pyelonephritis cannot be excluded despite the absence of classical sonographic signs.
- A **urinary tract infection** cannot be excluded.
- Note, panting artifact may have affected evaluation of some of the images.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following are suggested/recommended

- A urinalysis and urine culture and sensitivity to exclude possible pyelonephritis
- Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.
- A fine needle aspirate (FNA) of the enlarged jejunal lymph node (LN) in the caudal abdomen
- A FNA of peripheral LNs, other than the submandibulars, may be considered, if they are "plump".
- A rectal exam is suggested.
- Was the total calcium at the high end of the normal reference range? This may be suggestive of emerging lymphoma or other neoplastic process.
- Inflammatory bowel disease remains a differential diagnosis, therefore, deworming with fenbendazole and a trial with a hypoallergenic diet may be considered if the above tests are negative.



**PATIENT**

Jetta Schram

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

**WEIGHT**

78.4 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

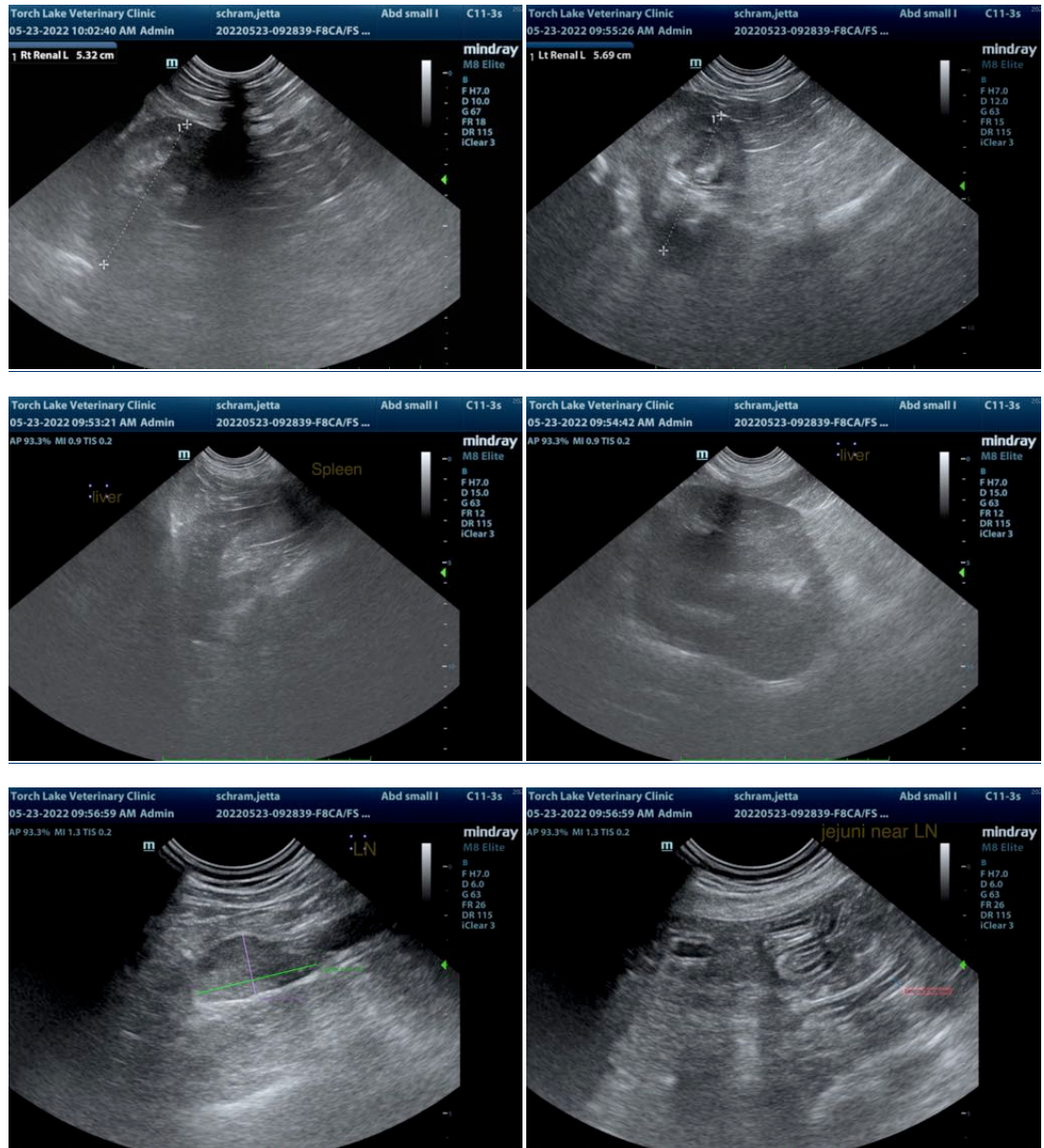
Dr. Waffle

**INVOICE**

30648

**DATE**

5/23/22





**PATIENT**

Jetta Schram

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

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.

**WEIGHT**

78.4 lbs

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

30648

**DATE**

5/23/22

