



PATIENT

Shelby Fersa

SPECIES

Canine

BREED

Pitbull

SEX

F/S

AGE

13 years

WEIGHT

61.5 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Gabriel

INVOICE

15887

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea Current meds: Cerenia, famotidine, metronidazole
Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the cranial pole and 0.79 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited primarily intact wall layering with mild to variable prominent wall layering present. The stomach contained a mild amount of nonshadowing ingesta / chyme. No overt evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.58 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

Pancreas

The left pancreatic limb exhibited isoechoic mild nonhomogeneous parenchyma compared to adjacent nonreactive left peripancreatic omentum.

Free Abdomen

Ill-defined, variable nonhomogeneous yet swollen gastric lymphadenopathy was present in the right cranial abdomen adjacent to the pylorus and within the area of the pancreas base. An example of a gastric lymph node measured 2.4 cm in diameter, exhibiting abnormal width: length ratio (\approx or $>$ 0.5). Regional hyperechoic omentum was noted. No evidence of perigastric, peripancreatic, or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective gastritis pattern with possible mild retained gastric ingesta / chyme
- Nonhomogeneous variably swollen gastric lymphadenopathy, possible pancreatic base nodular / mass lesions with regional hyperechoic omentum
- Overtly normal small bowel / colon with semi-formed / soft fecal matter
- Hepatic parenchymal remodeling
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology of the suspected gastric lymphadenopathy vs. potential pancreas base nodular to mass lesions for further assessment is recommended. Strong concern for underlying neoplastic criteria, although non-neoplastic etiology i.e., regional pancreas base inflammation, nodular hyperplasia, gastric lymphadenitis, etc., are possible.

Fresh fecal analysis to rule out parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate are recommended. Correlation with pending lab work is suggested. Pending additional diagnostics, a hydrolyzed diet trial, high colony count probiotic, empirical deworming, and as-needed gastrointestinal support are recommended. A guarded prognosis is indicated.



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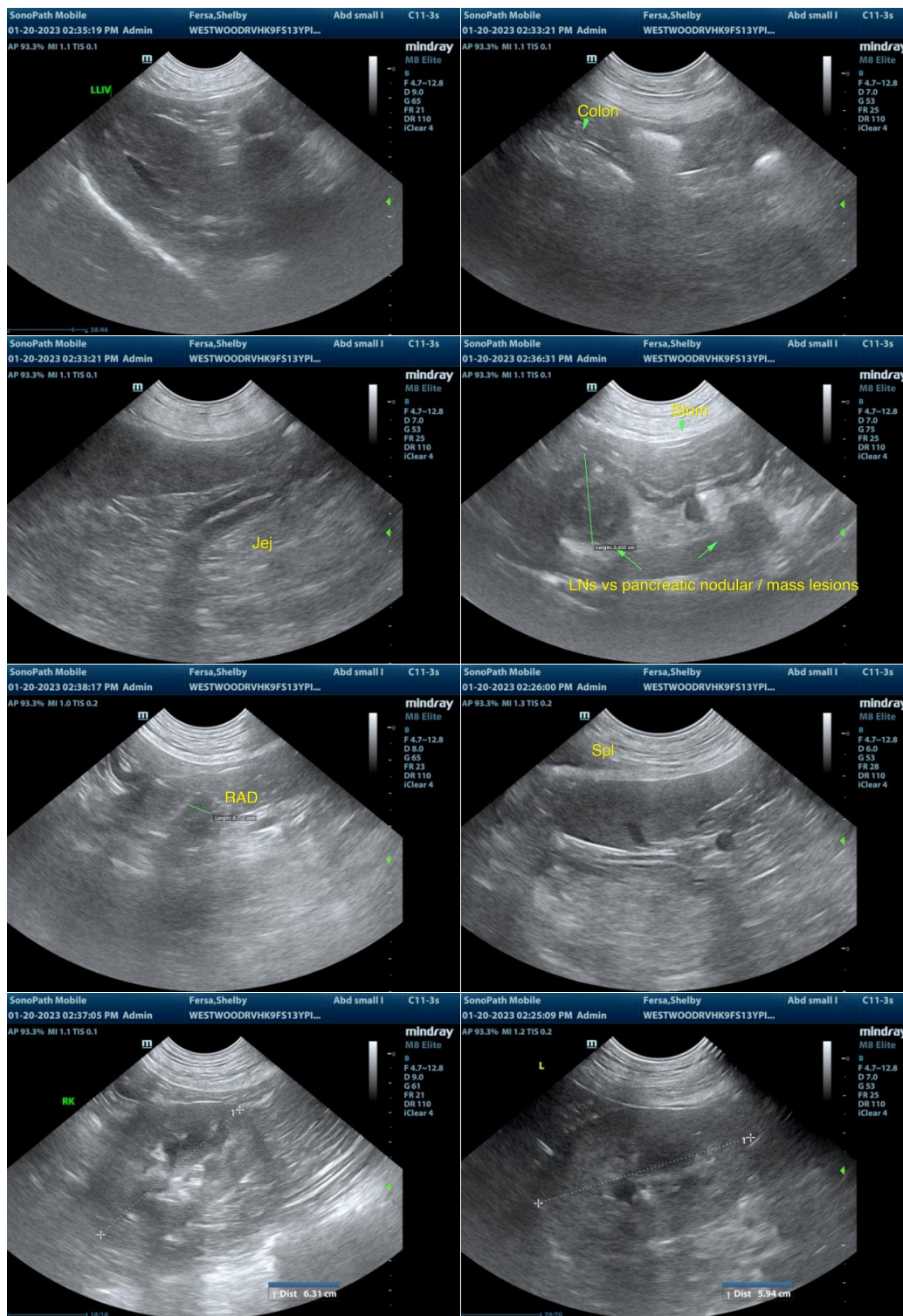
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com