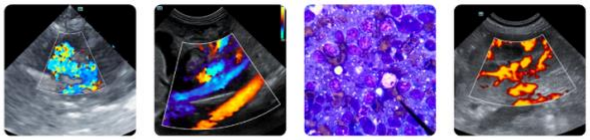

PATIENT

Phoebe Magnani

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.26 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Gabriella Iannuzzi

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PRESENTING CLINICAL SIGNS

Today vomited 3-4x (2x at GSIVS) and anorexic tonight Normal yesterday and ate this morning No c/s/d No PU/PD No CM Not UTD on vaccinations On HW/F/T prevention No dietary changes On HW/F/T prevention Historical colitis - once monthly will get bloody mucoid diarrhea then better O inherited Phoebe from her mother

PE: cranial abdominal pain, frank blood in rectum but formed stool within, dehydration, QAR-QDR CBC: WBC 1.19 (5.0-16.76), Neu 0.66 (2.95-11.64), Lym 0.36 (1.05-5.1), Mono 0.04 (0.16-1.12), PLT 77 (148-484) - clumping Chemistry: Chol 105 (110-320) TT4: 1.0 (1-4.0) BG: 72 mg/dL BP: 70 mmHg USG: 1.026 AXR: no overt obstruction, decreased detail cranial abdomen , feces in colon Pancreatic lipase: 115 (0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

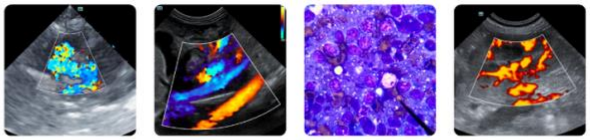
Spleen

The spleen presented normal in size with mild asymmetrical contour. Several variably sized to mildly expansive nonhomogenous cystic appearing nodules were visualized with an example measuring 1.4 cm in diameter.

Liver & Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent noncapsule deforming discrete hypoechoic intraparenchymal nodules were present with an example measuring 1.0 cm in diameter.

The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent



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with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Anechoic bile was present. The common bile duct was not visualized. The gallbladder wall measured 0.32 cm wall width.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was moderately distended with anechoic fluid, mild nonshadowing chyme and gas. No evidence of obstruction to pyloric or upper intestinal outflow.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Mild segmental duodenal corrugation and nonobstructive intestinal ileus to the level of the colon.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. A mild volume of peritoneal effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic liver with discrete parenchymal nodules- vacuolar changes, inflammation, hyperplasia, cholestasis, lipidosis, occult neoplasia are all potentials.
- Edematous gallbladder- inflammation, possible anaphylaxis given no subnormal albumin level.
- Nonspecific subjective acute gastroenteropathy with mild nonobstructive hypomotile stomach.
- Probable mild active to chronic active pancreatitis.
- Multiple variably expansive nonhomogenous cystic appearing splenic nodules- hyperplasia, hematopoiesis, hematomas, emerging tumors are possible.
- Mild volume peritoneal effusion.
- Normal visible colon containing semi formed fecal matter.

Secondary Findings

- Bilateral mild chronic renal changes.
- Borderline/mild adrenomegaly- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and splenic nodules FNA cytology could be considered for further clarification. Concurrent peritoneal effusion analysis, cytology +/- culture/sensitivity if evidence of effusion inflammation to assess for nonspecific peritonitis would be ideal. Occult to emerging multicentric neoplasia i.e. carcinomatosis or similar

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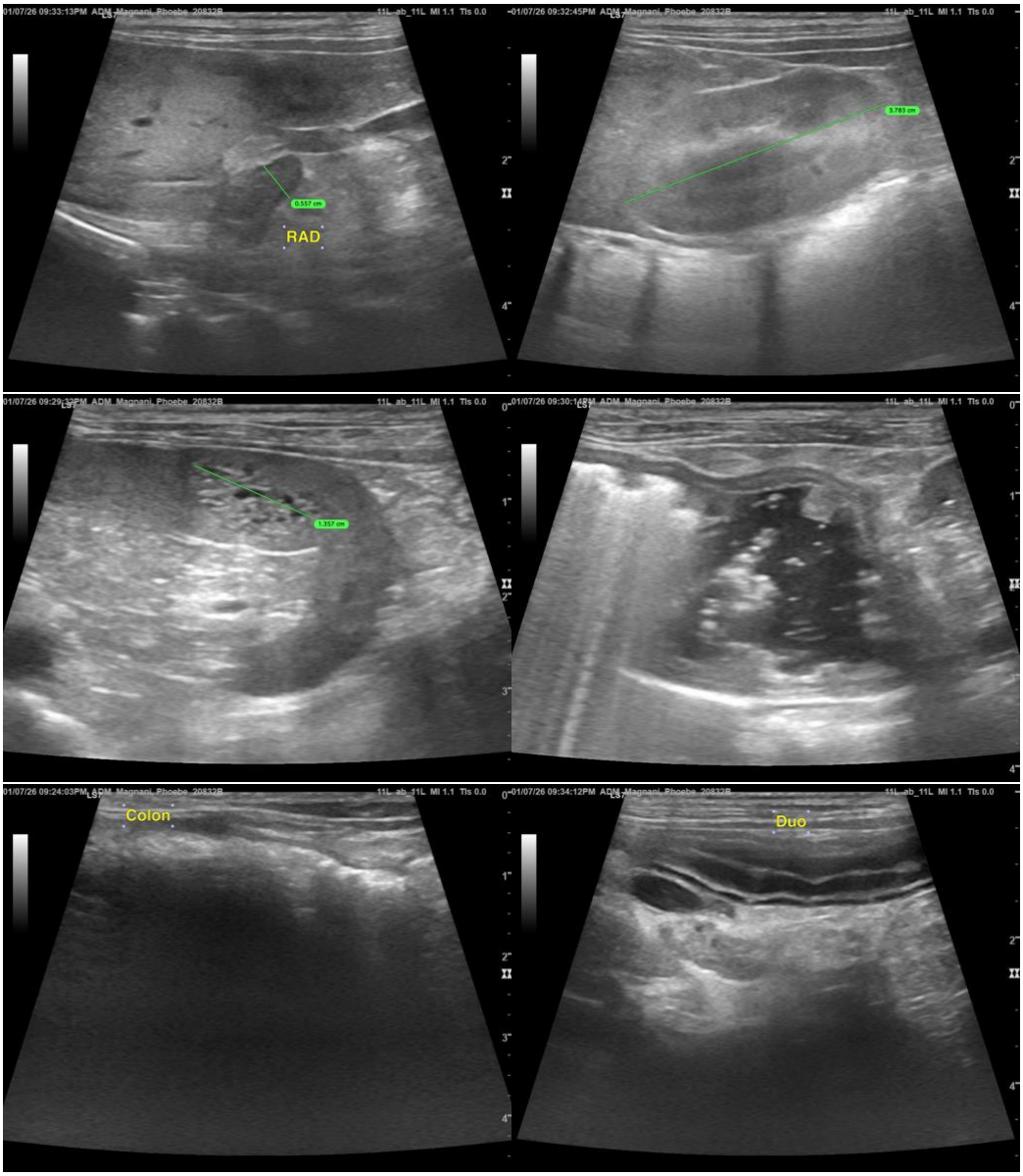
cannot be excluded. Hepatogastrointestinal support, empirical therapy for pancreatitis +/- coverage for anaphylaxis would be reasonable pending additional diagnostics.



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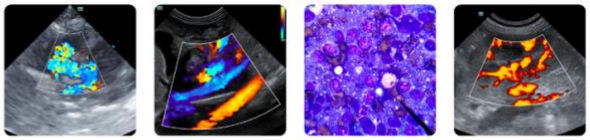

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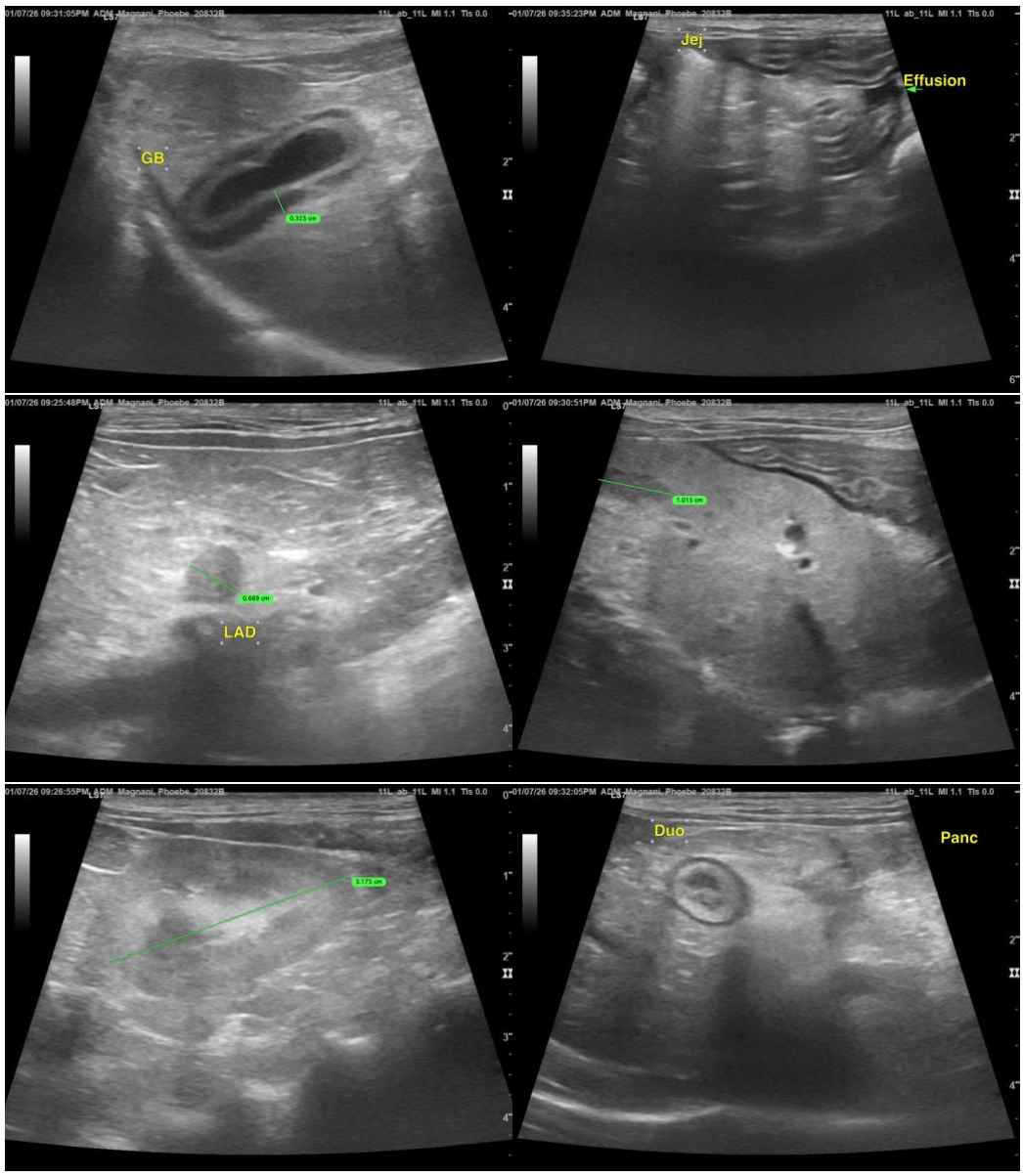

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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