



PATIENT PRESENTING CLINICAL SIGNS

Bella Thomas History: Chronic vomiting, weight loss, inappetence
Medication: Mirtazapine, Cerenia, Pepcid

SPECIES
Canine
Albumin - 2.0, Total protein - 4.6, CBC- mild neutrophilia

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Italian Greyhound **Urinary System**

SEX
FS
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE
11 years
The area of the aortic trifurcation was free of pathology.

WEIGHT
14.7 Pounds
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 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 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to regional omental artifact.

Spleen

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

REFERRING VET
Dr. DiBuono
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. Intermittent, thinly walled parenchymal cysts containing anechoic fluid were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Bella Thomas

Gastrointestinal

SPECIES

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.38 cm.

Canine

BREED

The small intestine exhibited segmental hypoechoic mural hypertrophy with indistinct wall layering in the upper duodenum as well as the segmental jejunum. The area of abnormal duodenum measured approximately 4.0-5.0 cm in length with wall width measuring 1.0-1.5 cm. The abnormal segment of jejunum measured 3.0-4.0 cm in length with wall width measuring 0.64 cm. Associated paralytic ileus was noted without evidence of obstruction associated with the abnormal areas of duodenum and jejunum. By comparison, normal-appearing jejunum with intact wall layering and maintained 1:3 muscularis/mucosa ratio measured 0.31 cm wall width.

Italian Greyhound

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AGE

Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

11 years

Pancreas

WEIGHT

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.

14.7 Pounds

Free Abdomen

INTERPRETED BY

Regional peri intestinal reactive to potentially Inflamed omentum, along with small pockets of scant peritoneal free fluid were present. Evidence of significant concurrent lymphadenopathy was not overtly noted.

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

Rebekah Jakum, CVT
ARDMS/RVT

- Segmental to possible generalized enteropathy with upper duodenal and segmental jejunal mural masses
- Pancreatitis - subjective mild active to chronic active
- Hepatic parenchymal remodeling with intermittent parenchyma cysts
- Hyperechoic splenic nodules - suggestive of benign myelolipomas, previous infarction, hyperplasia, or emerging mineralization
- Regional primarily peri intestinal to generalized reactive mesentery with small pockets of scant peritoneal free fluid - potential for peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling or biopsies are required for a definitive diagnosis, the duodenojejunal mural masses are suggestive of probable neoplasia such as lymphoma, mast cell neoplasia, carcinoma,

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stromal tumor, or other. Potential for severe segmental to generalized inflammatory or granulomatous process is possible yet considered less likely. Biopsies with potential for oncology consultation is needed for a definitive diagnosis. Three view chest radiographs are recommended if not done.

SPECIES

Canine

Assessment of serum cobalamin and folate levels may be considered. Empirical continued as-needed gastrointestinal support is indicated. A very guarded prognosis is warranted.

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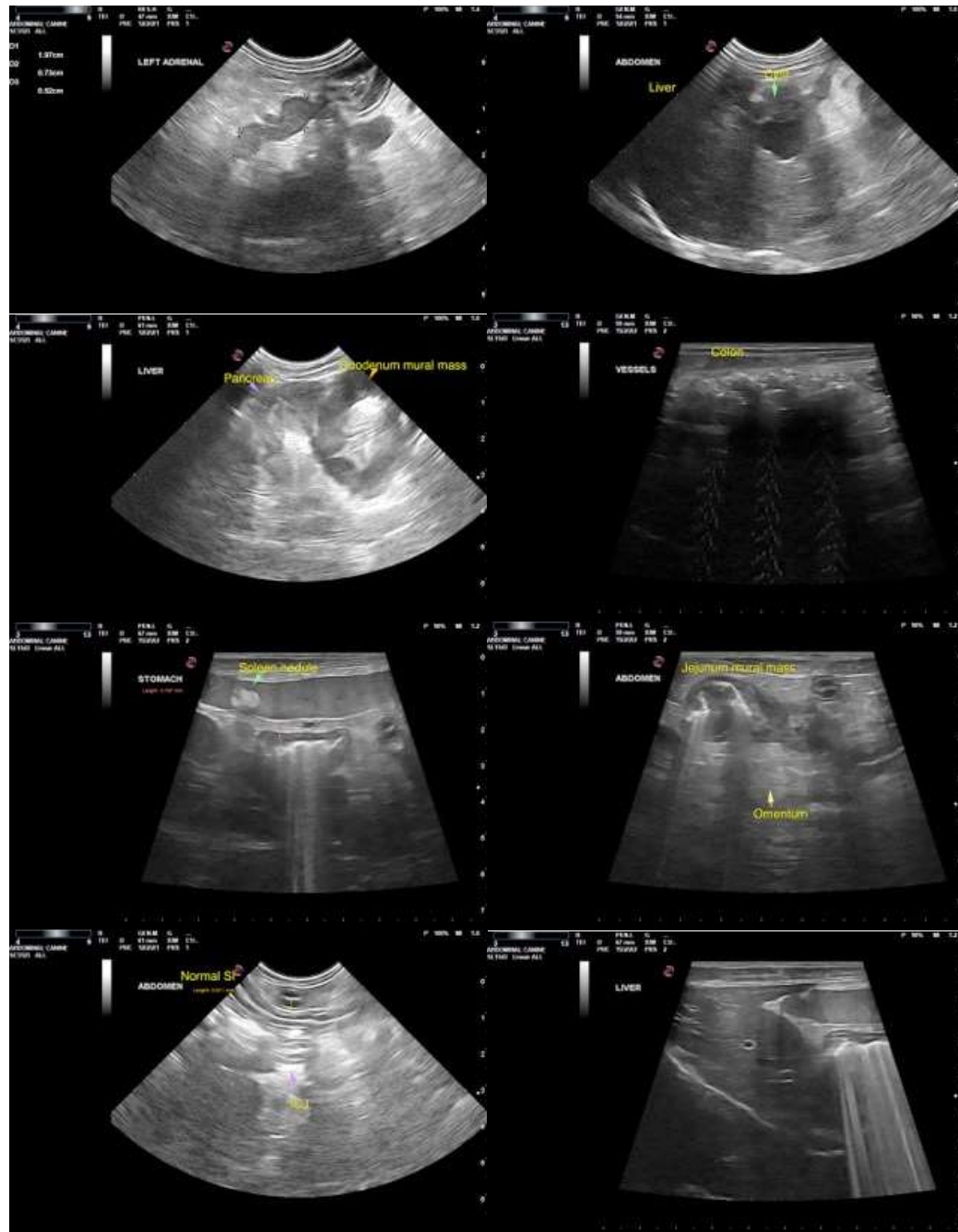
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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