



PATIENT

Thor Sawa

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered Male

AGE

8 Years

WEIGHT

57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

42880

DATE

11/20/22

PRESENTING CLINICAL SIGNS

Had a Mast Cell tumor (low grade, Type II) removed from ventral thoracic region, clean margins 7/22. Since then, has had moments of groaning, licking lips when gets up from lying down. Has had repeat 4Dx HWT done, all NEG x 4. Inconclusive BW and radiographs taken with barium study. Inconclusive AUS done end of OCT by Blue Pearl. O was told there is a mass effect on edge of stomach. Was advised by rDVM to go to AVIM or Upenn for diagnostic w/u.

Abnormal PE/Chem/CBC/UA Results: CBC:- WNL Chem:- elevated GGT (152), and tBILI (4.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

No overt pathology in the area of the residual prostate.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The kidneys measured 8.0 cm each.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm at the caudal pole. The right adrenal gland measured 0.54 cm at the caudal pole.

Spleen

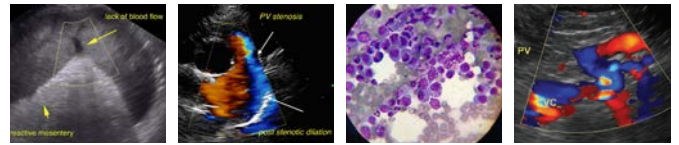
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. No masses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Gastrointestinal

The stomach exhibited primarily intact and sonographically unremarkable wall layering. Subjective mildly prominent to thickened caudal gastric wall, subjectively secondary to regional mildly prominent caudal gastric muscularis layer. Caudal gastric body wall including the prominent to mildly thickened muscularis layer measured 0.80 cm in width. By comparison, normal appearing gastric wall measured 0.35 cm. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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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 apparent formed feces in lumen.

SPECIES

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Mild anechoic peritoneal free fluid noted in the left lateral abdomen, adjacent to the cranial spleen. Normal appearing adjacent to generalized mesentery. No overt lymphadenopathy.

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Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- Intact, mildly prominent to thickened caudal gastric body wall (subjectively owing to mild prominent to thickened gastric muscularis), empty gastric lumen
- Normal small bowel / pancreas
- Normal spleen
- Normal liver / gallbladder
- Minor peritoneal / perisplenic free fluid left cranial abdomen adjacent to cranial spleen with normal regional omentum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild prominent to thickened caudal gastric wall, although nonspecific, may suggest regional gastritis. The maintained intact gastric wall layering was not overtly suggestive of neoplastic criteria. Empirical gastritis / esophagitis protocol could be considered. Sonographic monitoring of the caudal gastric wall for progression would be ideal. The mild peritoneal / perisplenic free fluid is nonspecific assuming normal albumin levels and without overt peritonitis. Although no evidence of splenic neoplastic / metastatic criteria given patient history, screening splenic FNA cytology assuming normal clotting status with 25 ga needle could be considered. No evidence of post-hepatic obstructive criteria. Ursodiol therapy could be considered if clinically indicated.

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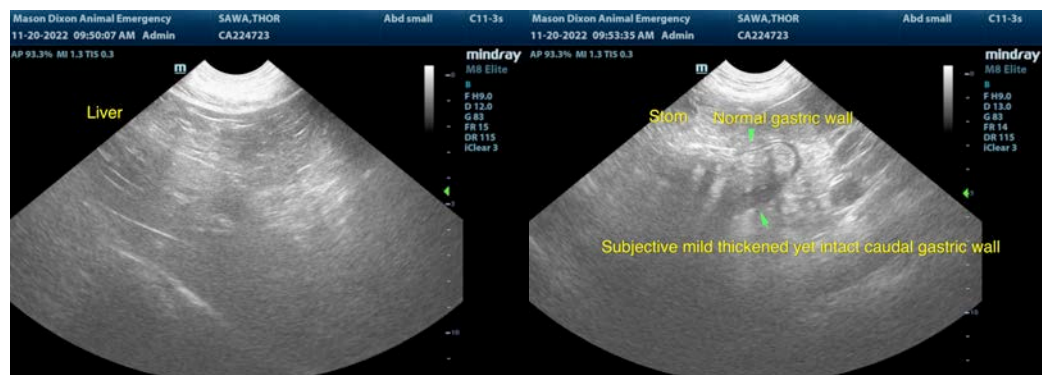
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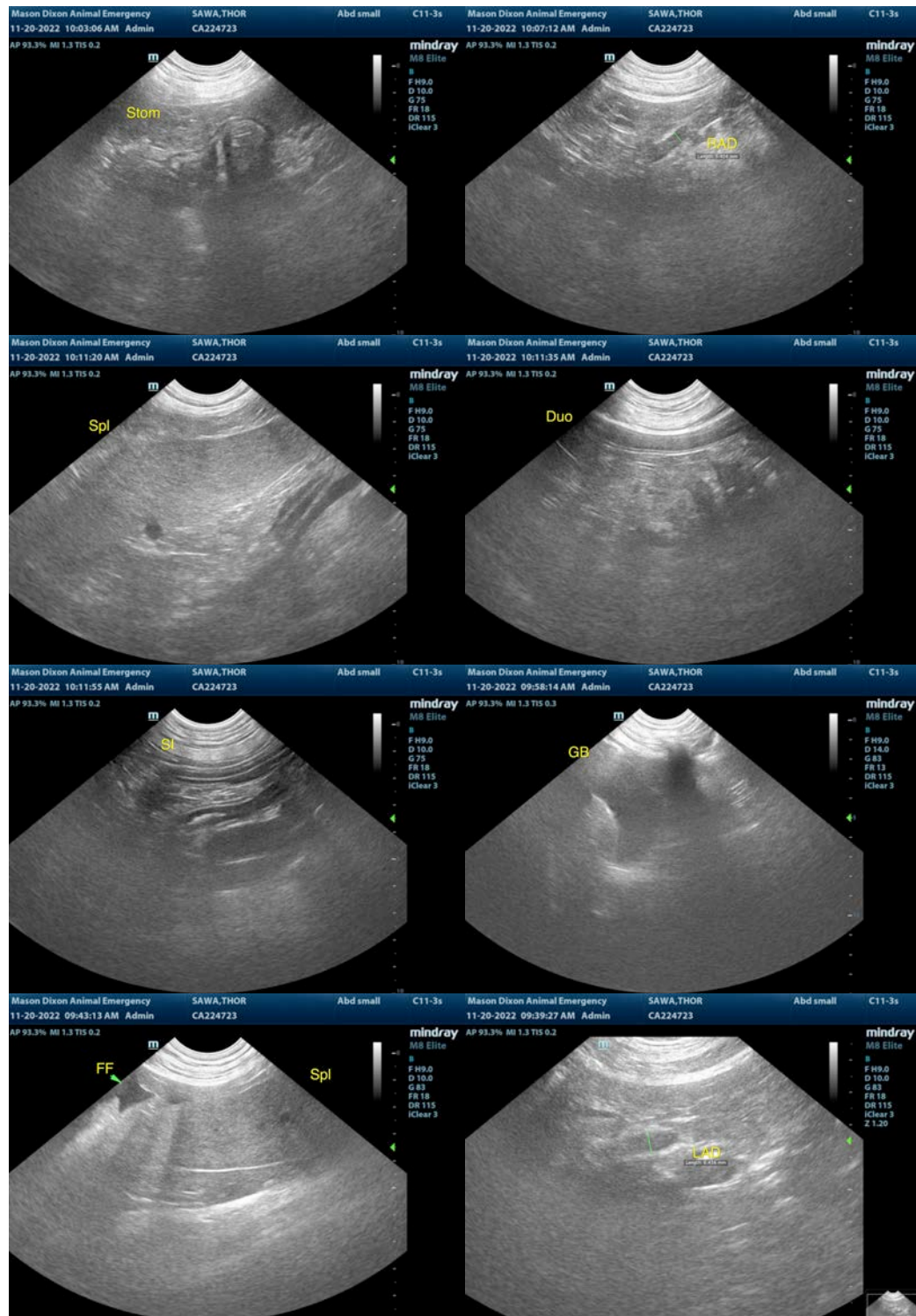
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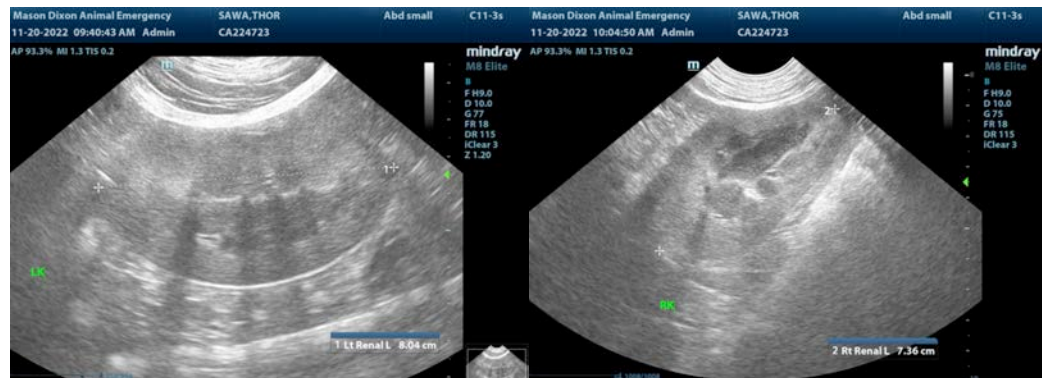
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com