



PATIENT

Bella Tarantino

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

10 years

WEIGHT

5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Alberto Fernandez,
DVM

INVOICE

12743

DATE

12/6/21

PRESENTING CLINICAL SIGNS

Presented for vomiting and bloody diarrhea. Blood work and radiographs were unremarkable. Had tense abdomen and back pain – started on gabapentin and cerenia. Vomited water this morning. On exam, liquid diarrhea, no blood noted. Grade III/VI murmur. Radiographs (radiologist review): normal thorax and abdomen. Medications: IVF, cerenia, pantoprazole, metronidazole, buprenorphine. Having bi-cavity ultrasound exams.

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.40 cm width at the cranial pole.

Spleen

The spleen exhibited overall normal size and contour with subtle generalized splenic parenchyma heterogeneity with solitary, subtly expansive, nonhomogeneous nodule, measuring 1.8 cm in diameter. The nodule was subjectively in the mid to cranial spleen. Concurrent, non-expansive, uniformly hyperechoic nodules were noted adjacent to the hilus, suggestive of benign myelolipomas.

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 mild, nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach with empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.40 cm.



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent mucosa. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.36 cm. Intermittent jejunal mucosal speckling was also present.

SPECIES

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The colon exhibited intact yet subjective mild prominent wall layering with segmental liquid feces consistent with diarrhea.

BREED

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic renal changes with mild pyelectasia
- Nonspecific splenic nodule
- Gastroenterocolitis - inflammatory bowel episode, infectious gastroenterocolitis, dietary indiscretion, dysbiosis, occult parasitism, or other

WEIGHT

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Secondary Findings

- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with an initial recheck in 3-4 weeks would be a more conservative approach.

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DVM

Fresh fecal analysis to assess for parasitic ova / Giardia +/- a GI panel, if previous or recurrent gastrointestinal signs, are recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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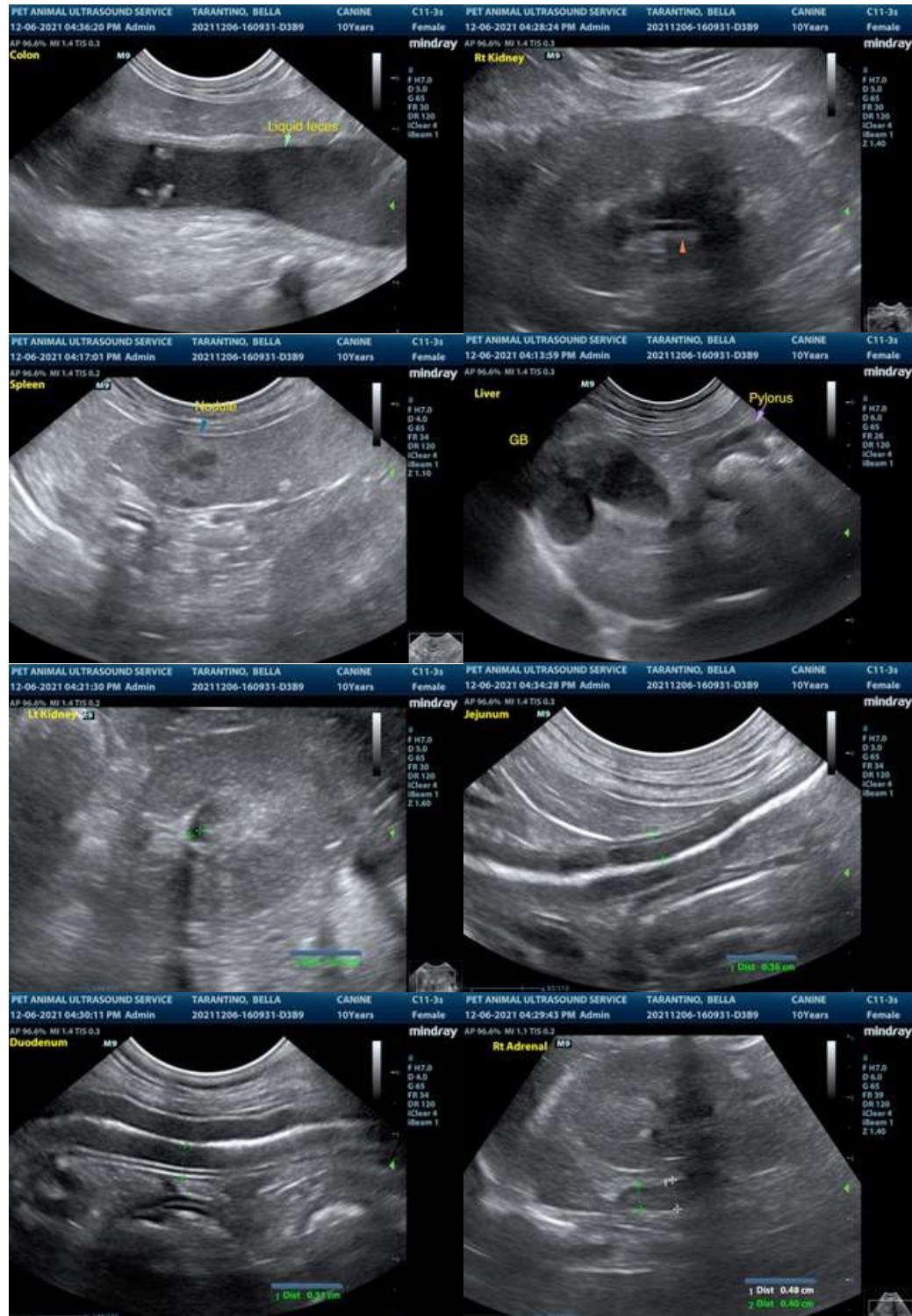
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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