

PATIENT PRESENTING CLINICAL SIGNS

Bella Corvaia JANUARY - FELL DOWN STEPS, ER VISIT, SEVERE HIP DYSPLASIA, OA, SPONDYLOSIS, PAIN, LAG MASS, WEIGHT LOSS, DECREASED APPETITE RIMADYL, GABAPENTIN, BAYTRIL, ENTYCE

SPECIES ALP 317, Chol 408, Calcium 9.1

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Vizsla

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.

SEX

Female

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy.

AGE

2010

No overt pathology in the area of the uterus or bilateral ovaries, if clinically applicable.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm. The right kidney measured 7.1 cm.

WEIGHT

43.7 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 0.83 cm at the cranial pole and 0.53 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was overall normal in size and contour with mild generalized splenic parenchyma heterogeneity and intermittent, primarily mid to caudal variably sized to echogenic nodules. Example of larger, mildly expansive splenic nodule exhibiting central hyperechogenicity with hypoechoic periphery measured 1.0 cm diameter. This nodule did not distort the splenic capsule. Smaller, uniform hypoechoic nodule also present in the spleen measured 0.50 cm diameter.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Lehigh Valley

REFERRING VET

Dr. Hersh

Gastrointestinal

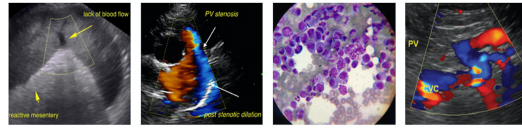
INVOICE

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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. Gastric body wall measured 0.40 cm.

DATE

3/1/22



PATIENT The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.51 cm.

Bella Corvaia

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Pancreas

Canine

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.

BREED

Vizsla

Free Abdomen

No omental masses, lymphadenopathy or effusion.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

AGE

2010

- Non-specific splenic nodules – atypical myelolipoma, lymphoid hyperplasia, focal hematopoiesis, splenitis, previous infarct, small hematoma possible. One nodule exhibiting potential for target lesion criteria, which, although non-specific, indicates that potential metastatic splenic nodules cannot be excluded.

WEIGHT

43.7 Pounds

- Vacuolar hepatopathy pattern

- Overtly normal gastrointestinal tract

- Sonographically unremarkable medial iliac and sublumbar lymph nodes – no evidence of metastatic lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the splenic nodules using 25-gauge needle warranted for screening cytology. Sonographic monitoring with initial recheck in 4 weeks would be a more conservative approach. Concurrent hepatic FNA could be considered if FNA of the spleen is elected. Hepatosupportive medications may prove beneficial. Further assessment of the weight loss, which may potentially be primarily secondary to severe musculoskeletal disease may include GI panel to include PLI, TLI, cobalamin and folate, as well as 3-view chest radiographs to rule out occult pathology as a contributing factor.

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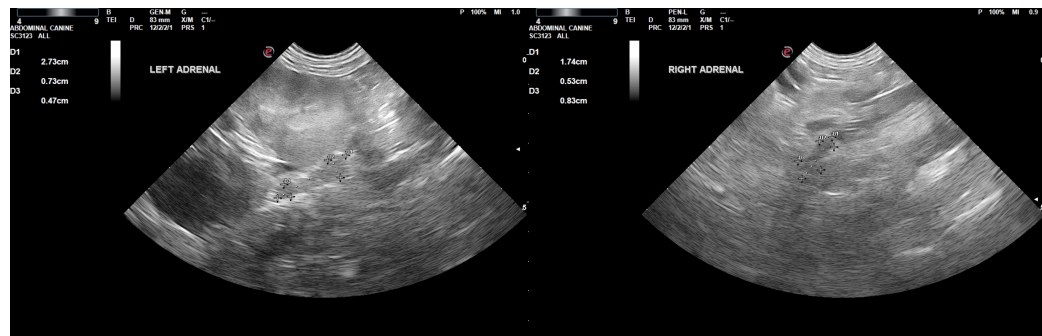
Dr. Hersh

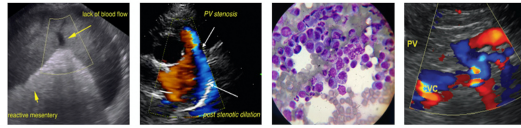
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PATIENT

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SPECIES

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BREED

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Female

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WEIGHT

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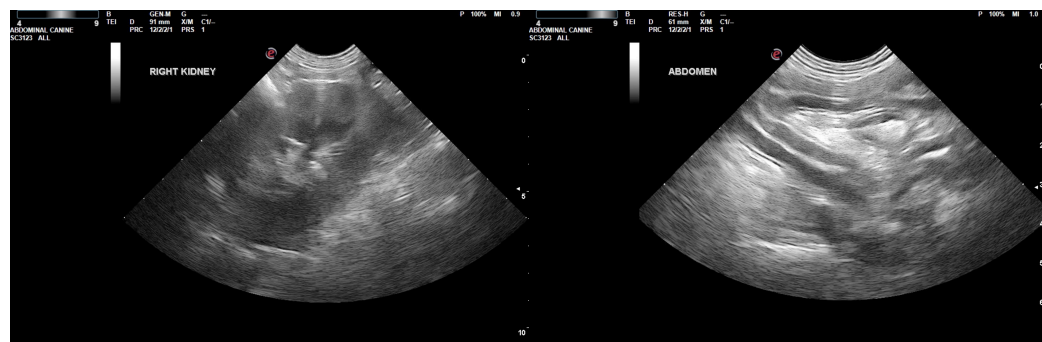
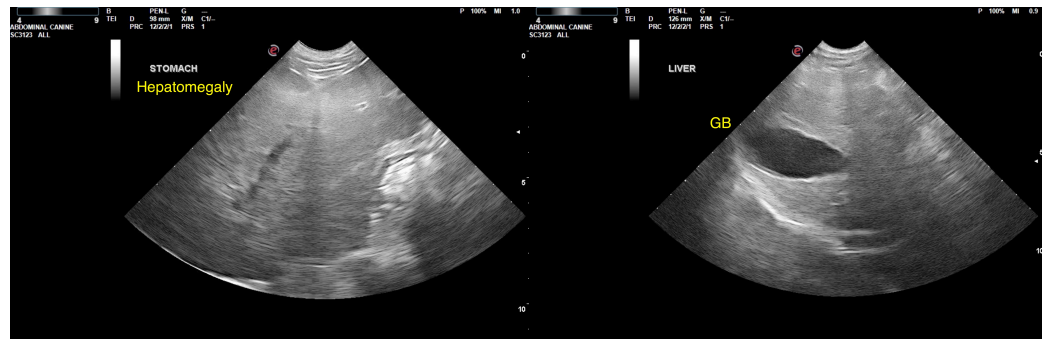
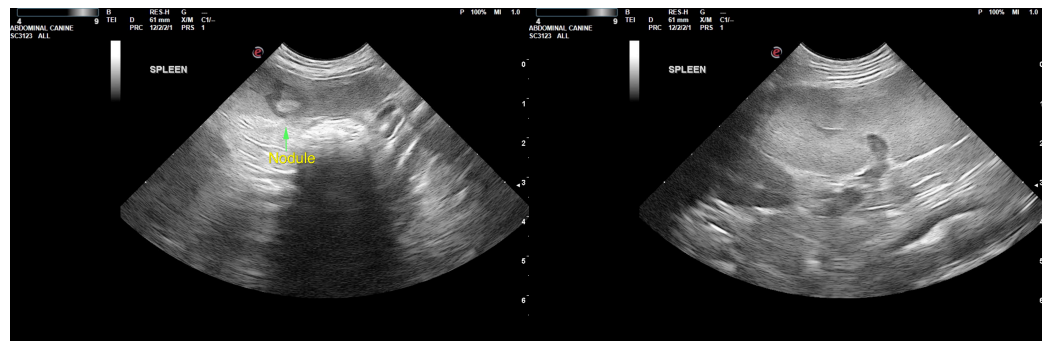
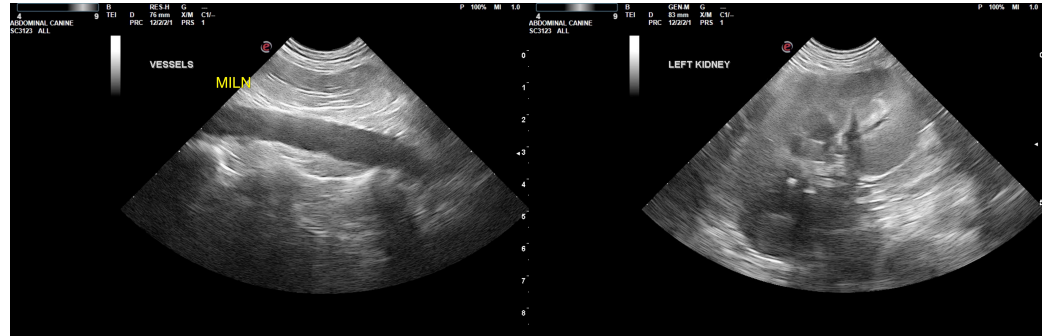
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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