



PATIENT PRESENTING CLINICAL SIGNS

Nala Barber History: Nala Barber. 9y FS GSD. 1m hx progressing intermittent lethargy, hyporexia, diarrhea (currently normal stools). Hx OA. Hx slowly progressing hindlimb ataxia, CP deficit (presumptive DM). Hx allergic dermatitis. CBC/CHEM unremarkable. Rads CF OA and lumbar spondylitis Otherwise unremarkable. Rx : Galliprant PRN, Adequan 1.4 ml Q4w. Cytopoint PRN

Canine Abnormal PE/Chem/CBC/UA Results: rectal exam normal

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

GSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. Aortic trifurcation was normal.

SEX

Spayed Female

AGE

9 Years

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 7.2 cm in length. The right kidney measured 7.4 cm in length.

WEIGHT Adrenal Glands

80 Pounds Both adrenal glands were normal to borderline subnormal in size. The left adrenal gland measured 0.40 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 0.43 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was normal in size and contour with primarily maintained, finely textured homogeneous parenchyma. Intermittent, discreet, uniform, hypoechoic, non-expansive parenchymal nodules, an example of nodule size measured 0.55 cm in diameter.

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Loetitia Saint-Jacques, RVT
LVT

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.

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The gallbladder was non distended in size with mild gallbladder debris, likely incidental, potentially owing to mild non-clinical cholestasis, yet not considered clinically significant. The cystic duct and common bile ducts were normal without evidence of dilation.

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Dr. India Vannini

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate gastric ingesta, exhibiting mild progressive distal acoustic shadowing. The stomach was otherwise normal.

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PATIENT

Nala Barber

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

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

Free Abdomen

GSH

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of medial iliac lymph node size measured 3.0 cm x 0.6 cm. No effusion noted.

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Spayed Female

AGE

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- Mild age-related kidneys
- Focal to intermittent, discreet, hypoechoic, non-expansive splenic nodules
- Gastric ingesta, overtly normal small bowel and colon
- Intermittent, subjectively benign reactive mesenteric and medial iliac lymph nodes

WEIGHT

80 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules are not overtly consistent with neoplastic criteria with focal mild areas of lymphoid hyperplasia or hematopoiesis suspected. No evidence of splenic masses or significant nodular changes. Sonographic monitoring of the discreet splenic nodules for evidence of progression would be reasonable.

No overt evidence of gastrointestinal or colonic mural pathology. The presence of gastric ingesta may indicate postprandial presentation, correlation with most recent meal ingestion is recommended. If documented NPO, some degree of gastric hypomotility or nonobstructive delayed gastric emptying could be possible. Technically, the potential for gastric foreign material cannot be definitively excluded yet thought less likely. If persistent gastrointestinal signs, structurally insignificant inflammatory gastrointestinal disease, dysbiosis, occult parasitism, metabolic disease or less likely gastrointestinal neoplasia could be possible.

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Further assessment, if clinically indicated, may include GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addisons disease.

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Given the patients history, some degree of musculoskeletal component to the anorexia may be possible.

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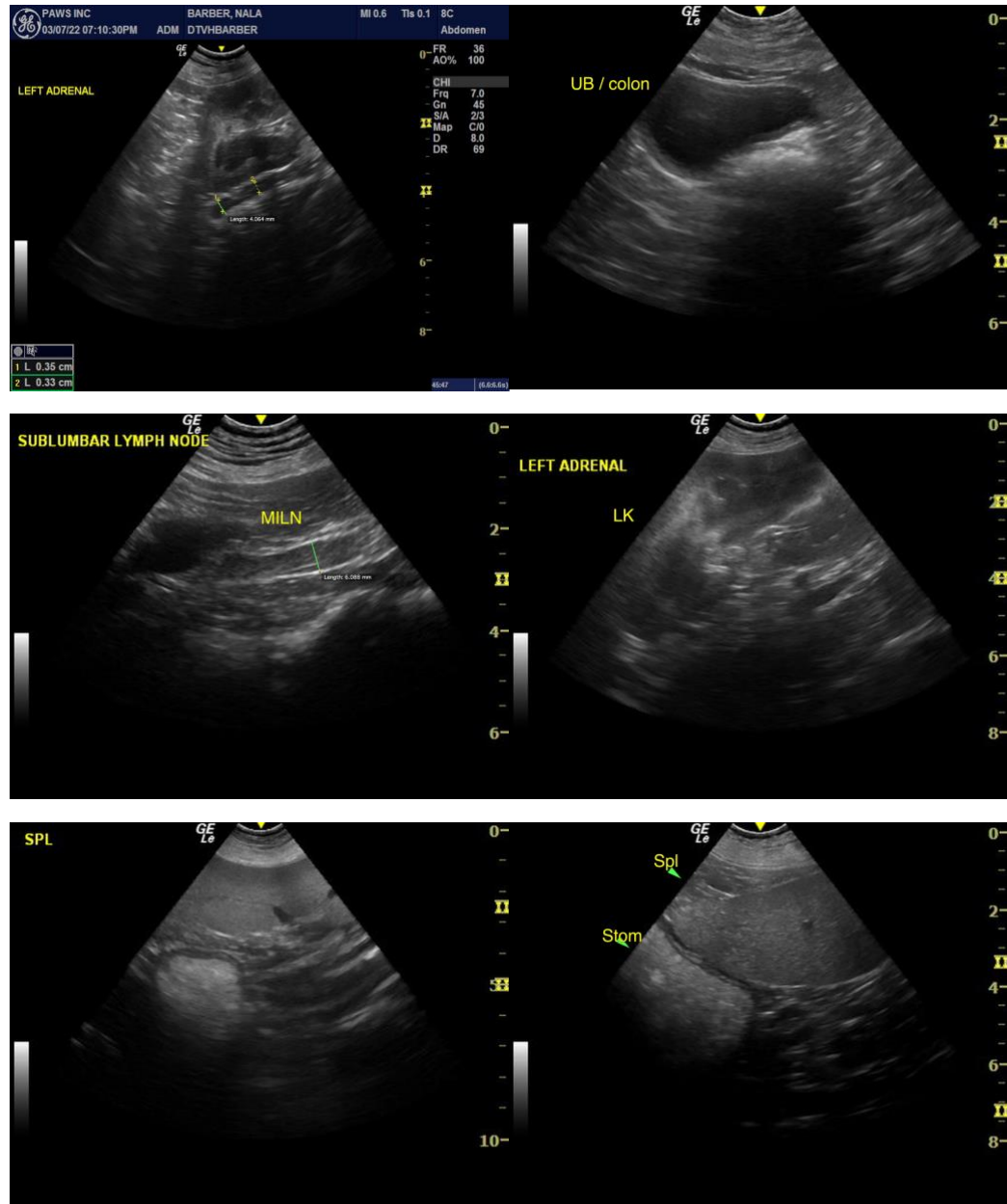
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PATIENT

Nala Barber

SPECIES

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BREED

GSH

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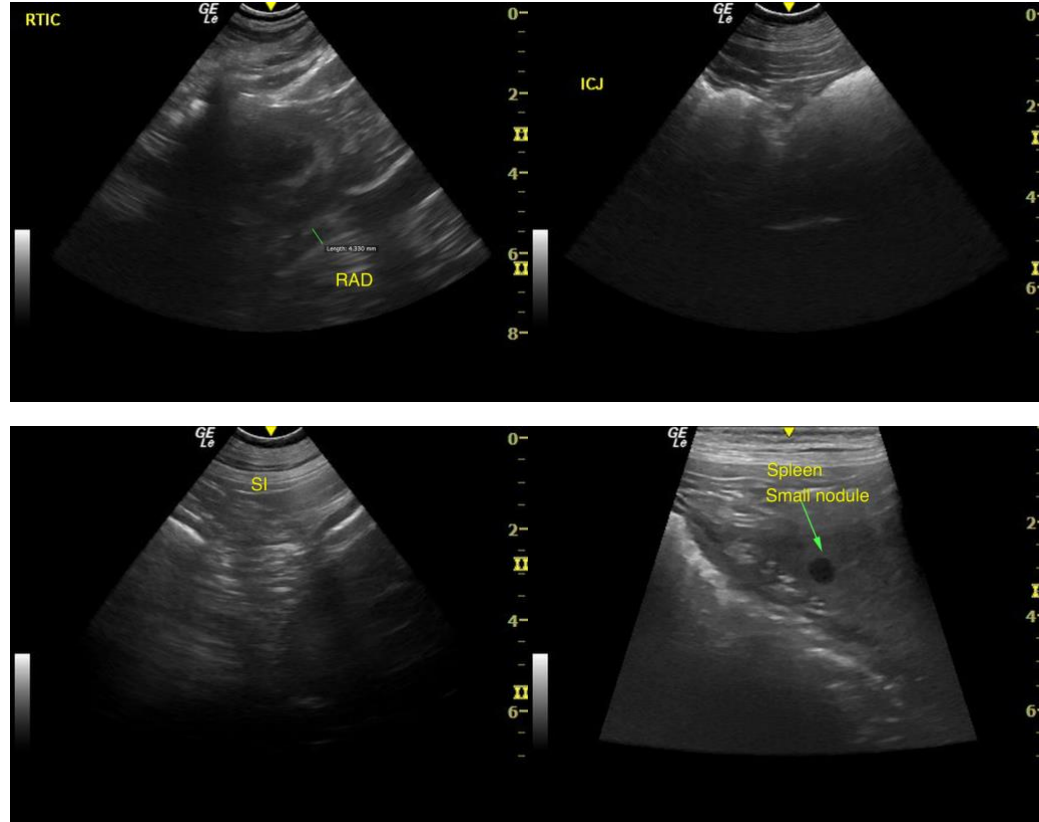
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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