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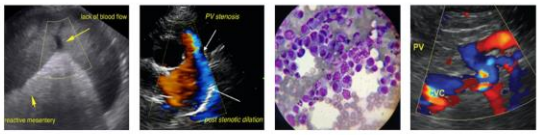

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bella Mastrianni

SPECIES

Canine

BREED

Hund Mix

SEX

F/S

AGE

2010

WEIGHT

38.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Gregory

INVOICE

14634

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Diarrhea, vomiting, history of SQ hemangiosarcoma Apoquel, Fortiflora, Metronidazole, Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. Mild asymmetrical luminal surface contour was present. The ventroapical urinary bladder wall thickness measured 0.47 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 6.1 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 2.1 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.68 cm width 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. 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/ Gallbladder

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 mildly distended in size containing anechoic content with moderate nondependent mildly hyperechoic nonorganized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present.

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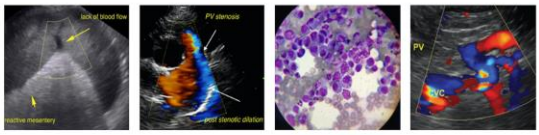

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and without signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.68 cm.

The small intestine presented intact yet generalized mildly prominent wall layering. The small intestine was primarily empty with minor segmental non-shadowing chyme. The small Intestinal wall width measured 0.44 cm.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.27 cm.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

A large, homogeneous subjective subcutaneous mass was visualized measuring approximately 10.0 cm in diameter, but potentially larger. The mass exhibited potential for fat echogenicity or potential subcutaneous lipoma. Additional etiologies Including neoplasia, given the patient's history, cannot be excluded. Ultrasound guided FNA is suggested for further assessment.

ULTRASONOGRAPHIC FINDINGS

- Possible mild cystitis
- Nonspecific chronic renal changes
- Vacuolar hepatopathy pattern
- Distended gallbladder with moderate mildly congealed yet nonorganized gallbladder debris - possible early gallbladder mucocele
- Inflammatory gastroenterocolonopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal exhibited mild intact yet prominent wall layering suggestive of underlying gastrointestinal inflammatory process. In patients with GI signs, considerations may include dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, IBD, low-grade to chronic pancreatitis, or less likely infiltrative neoplasia.

Fresh fecal analysis to rule out parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate are warranted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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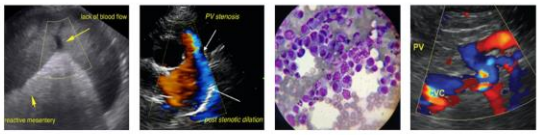

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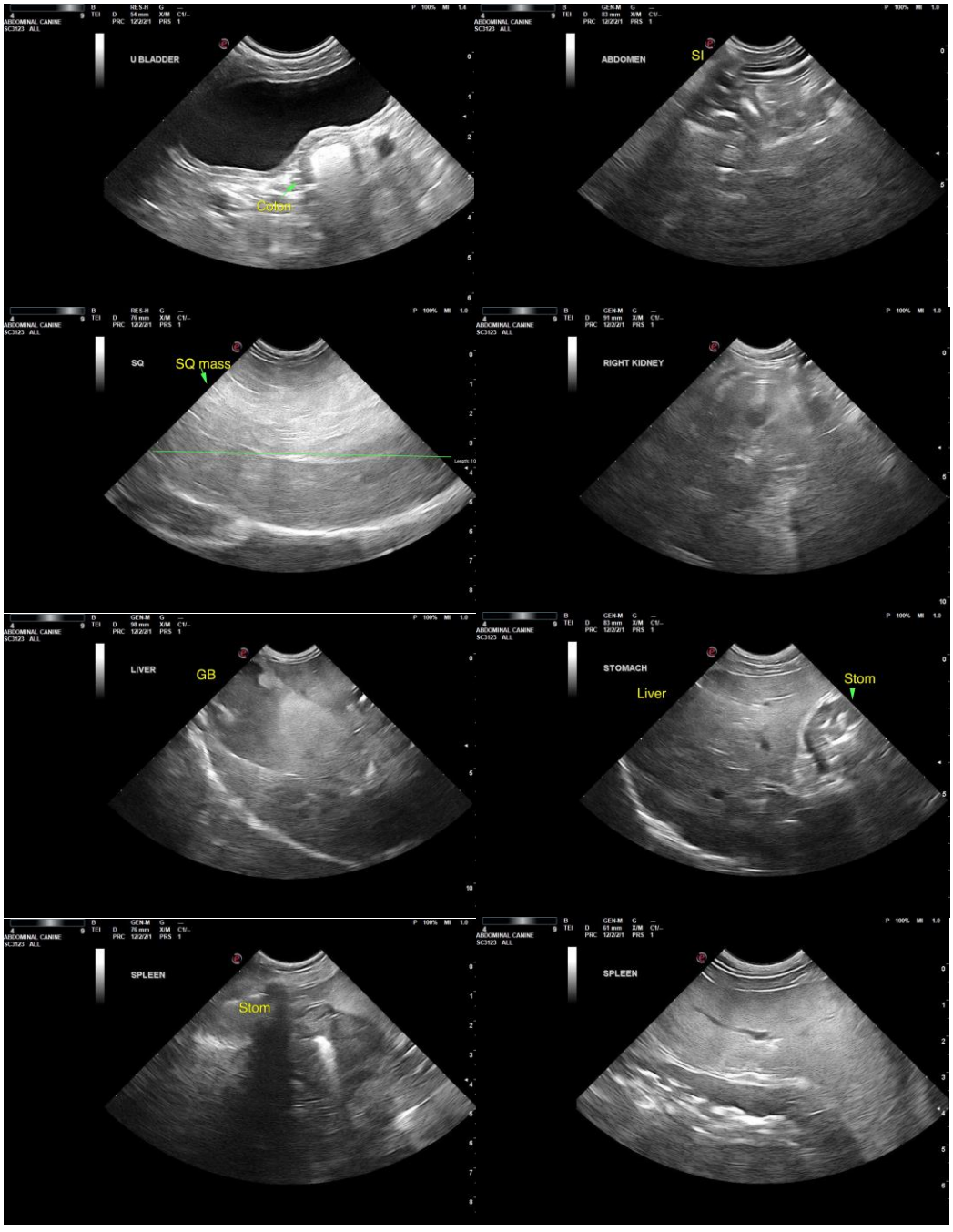
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial 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.

Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered If GI signs persist.



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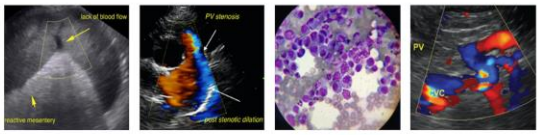

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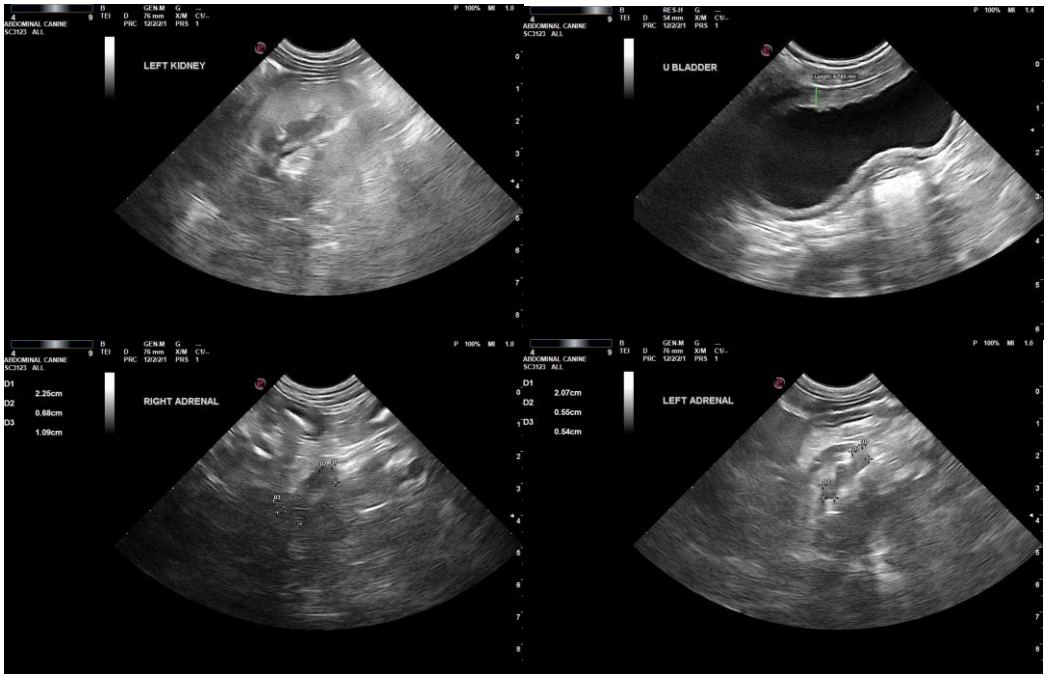

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com