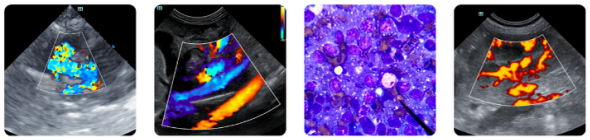


PATIENT

Jersey Foley

SPECIES

Canine

BREED

Labrador Mix

SEX

Male

AGE

8 years

WEIGHT

75 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Mike Delucia

INVOICE

71245

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Jersey presents with recurrent vomiting, decreased appetite, and intermittent loose stool, partially responsive to Cerenia, pumpkin, and metronidazole. Radiographs showed mild gas distension and slightly thickened small intestine. The referring vet seeks to rule out IBD, neoplasia, etc. The patient also experienced a sudden episode of pallor, concurrent with GI issues. Bloodwork revealed mild reticulocytosis and eosinophilia. Jersey was dewormed three weeks prior.
- MEDICATIONS: Cerenia 60mg 2PO SID, Gabapentin 100mg 1PO SID
- Retic = 138.5K/uL Eos 2.58K/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.1 cm, right measured 6.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

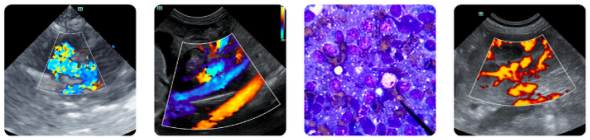
The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.19 cm in length x 0.56 cm and 0.56 cm in width. The right adrenal gland revealed a large, irregular, mottled echogenic mass that measured 2.93 cm in length x 1.58 cm and 1.0 cm in width. There was no obvious invasion of the visible periadrenal vasculature.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, hypoechogenic, parenchymal nodule in the tail of the spleen measuring 0.5 cm in size. The spleen measures 2.0 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal thickness and appearance of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Focal areas of gas accumulation was noted within the wall. Normal thickness of the small intestine with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass.
- Gastric ulceration.
- Enteropathy.
- Splenic nodule.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal mass would be a non-functional carcinoma and a pheochromocytoma.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

The most likely etiology for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia a less likely differential diagnosis.

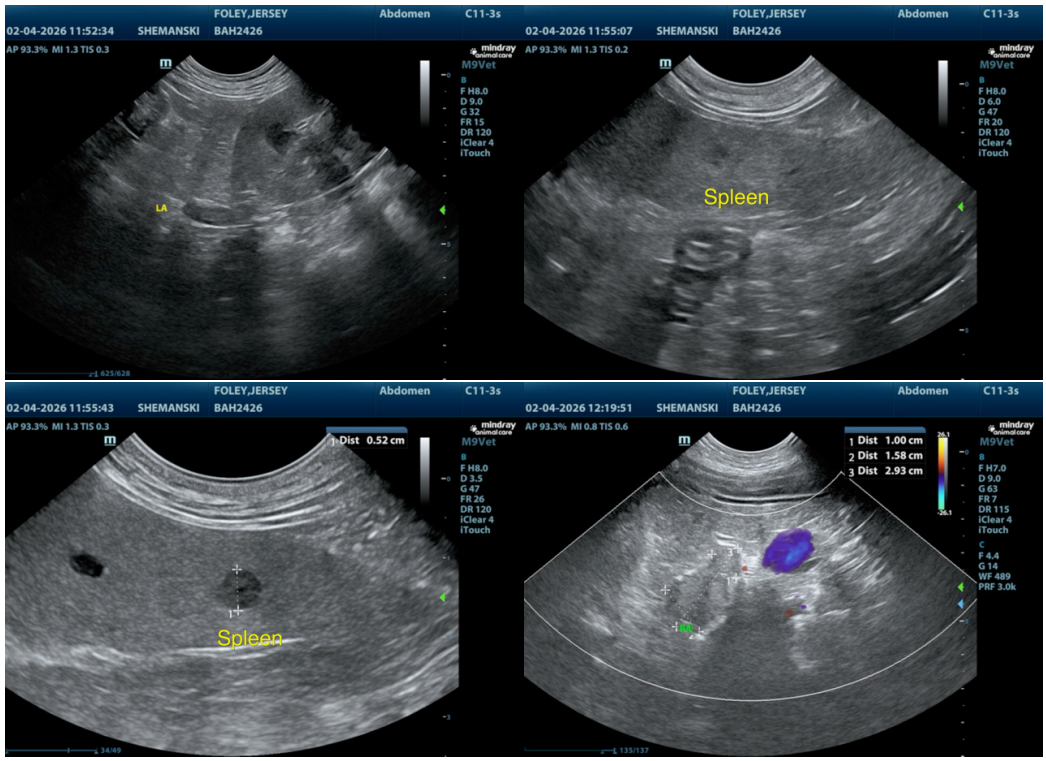
The gallbladder sediment can be considered an incidental finding.

Further assessment of the right adrenal mass would be three view thoracic radiographs, urine/plasma catecholamine assay, serial blood pressure and FNA cytology.

Further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered for the gastroenteropathy would be feeding small frequent meals of a novel protein/hypoallergenic diet, gastric protectants (Sucralfate, Omeprazole), cobalamin supplementation and a course of Fenbendazole.



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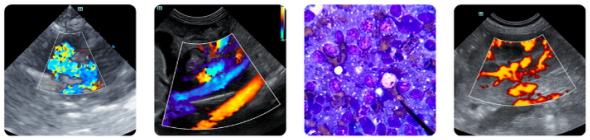

Clinical Sonography & Telecytology
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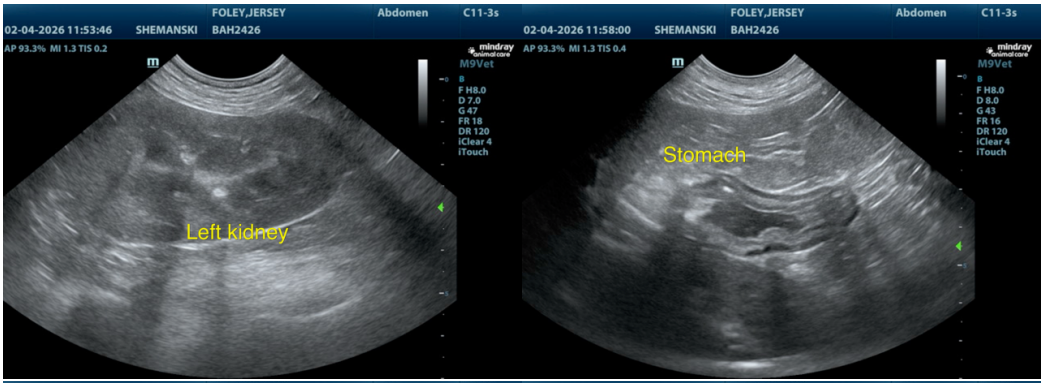

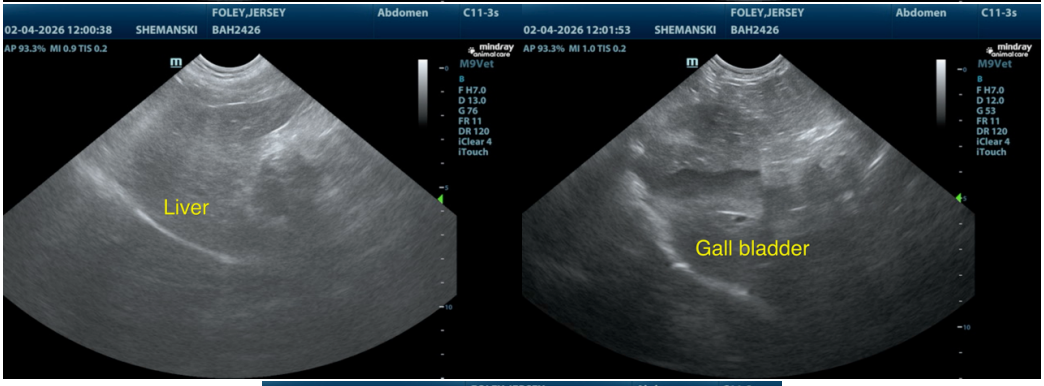

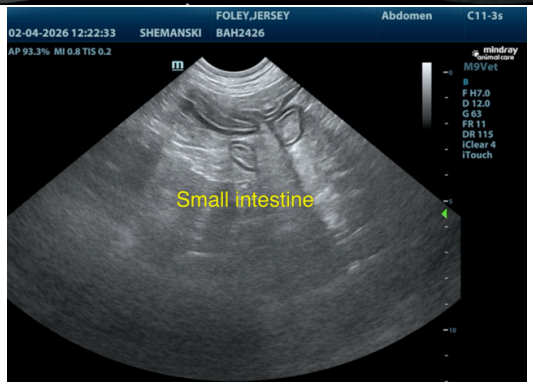

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com