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Clinical Sonography & Telecytology
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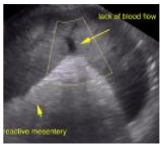

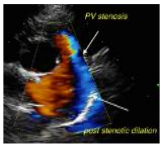

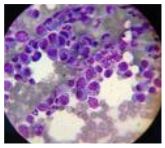
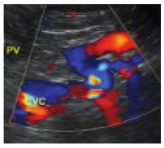

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winnie Donelli

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers DVM

HOSPITAL NAME

Banfield Oviedo

REFERRING VET

Nicklin

INVOICE

14073

DATE

8.12.23

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, referred from Melbourne Elevated liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder is full 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 (measuring 0.70 cm) and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (one of which measures 1.90 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 5.90 cm) (right kidney 7.90 cm), architecture, echogenic appearance, corticomedullary differentiation, maintaining a 1:3 cortex to medulla ratio and pelvis. Normal capsule of the left kidney. Irregular capsule of the right kidney. No infarcts, mineralization or renoliths evident.

Adrenal Glands
Normal shape, echogenic appearance, size (left 0.51 x 0.44 cm) (right 0.58 cm), position, and appearance of the visible peri-renal vasculature.

Spleen
Focal splenomegaly (3.50 cm) with an irregular shape, but maintaining normal echogenic appearance. Smooth parenchyma and regular curvilinear capsule. The rest of the spleen is of normal size (3.10 cm), echogenic appearance, smooth parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver
Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. FNA take with no obvious post-aspirate hemorrhage evident.

Gallbladder
The gallbladder is full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct 0.30 cm).

Gastrointestinal
Segmental thickening of the stomach (0.68 cm), duodenum (0.52 cm) and small intestine (0.48 cm) with no loss of layering, maintaining a normal 1:3 muscularis to mucosa ratio, normal peristaltic activity and no distention of the lumen. Normal appearance of the ileo-cecal junction, and colon (measuring 0.13 cm).

Pancreas
Normal size (left 1.10 cm / right 1.10 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
Mesenteric lymphadenomegaly (0.70 x 4.00 cm) with normal shape and echogenic appearance.

No ascites evident.

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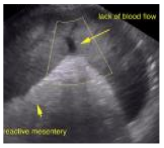

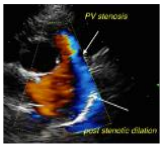

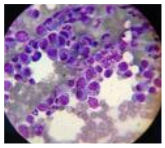
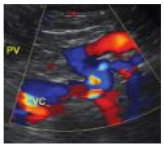

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenteropathy
- Hepatopathy
- Lymphadenomegaly
- Focal splenomegaly

Secondary Findings

- Right nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be nonspecific gastroenteritis (dietary indiscretion, viral toxins) parasitic enteritis, helicobacter gastritis, ulcerative disease, inflammatory bowel disease, and dietary hypersensitivity.

Etiologies for the hepatopathy would be reactive, vacuolar, early nodular hyperplasia, and chronic hepatitis, with Inflammatory a highly unlikely differential diagnosis.

The most likely etiology for the lymphadenomegaly would be secondary to the enteropathy, with lymphadenopathy and infiltrative neoplasia unlikely differential diagnoses.

Etiologies for the focal splenomegaly would be reactive hyperplasia and focal splenitis, with neoplasia an unlikely differential diagnosis.

The most likely etiology for the appearance of the right kidney would be previous bacterial nephritis or early chronic kidney disease.

Further assessment needs to be based on the pending cytology results, but could include fecal analysis, cobalamin assay, FNA cytology of the lymph nodes and focal splenomegaly, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the liver would be Ursodiol.

Symptomatic management of the gastroenteritis would be feeding a hypoallergenic/novel protein diet, course of Fenbendazole, cobalamin supplementation, and possibly prednisolone therapy.

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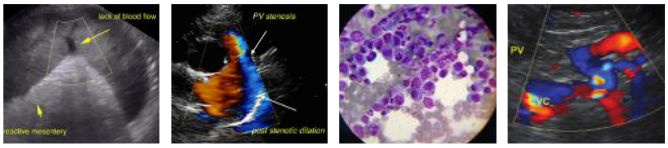

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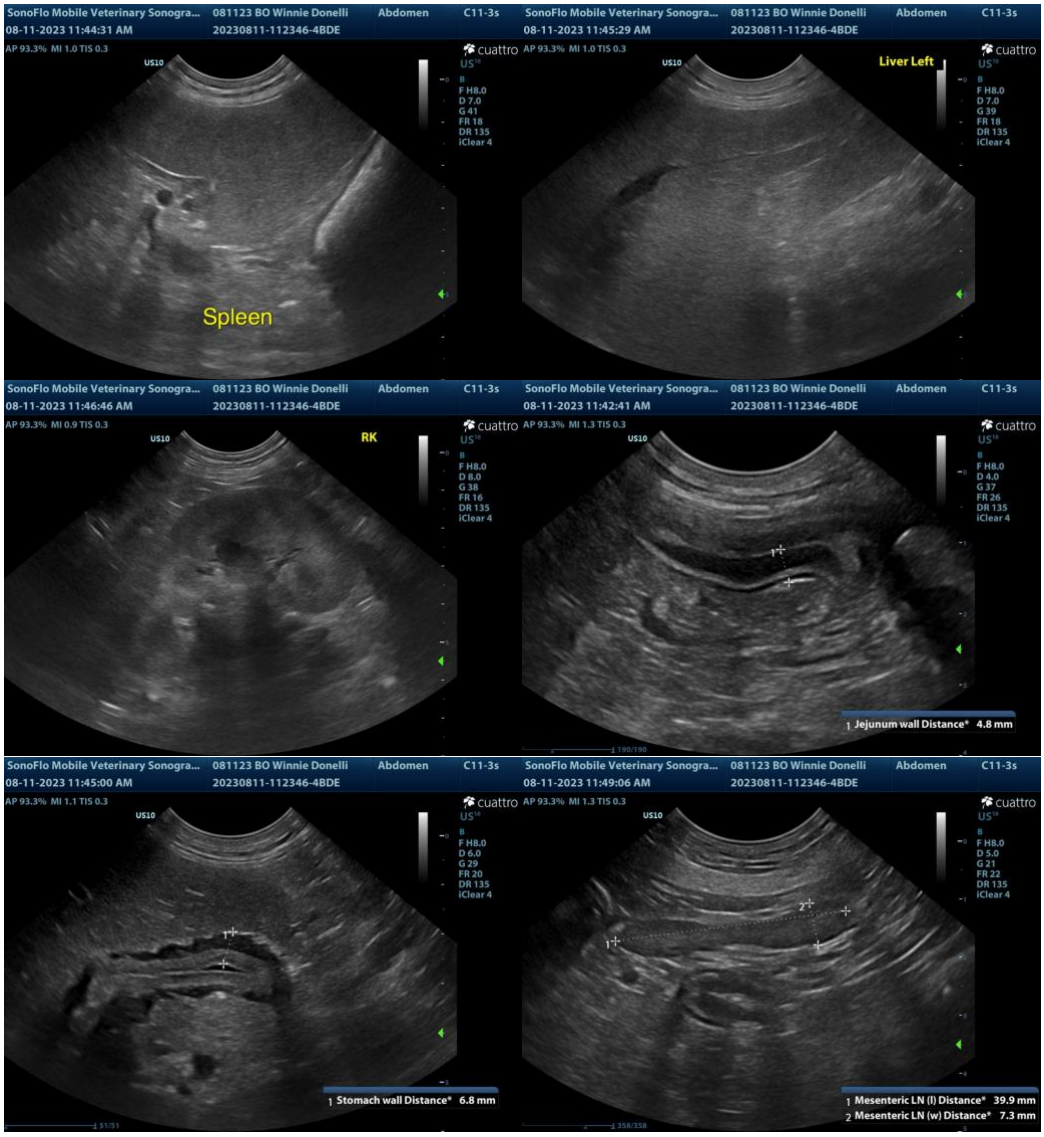

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com