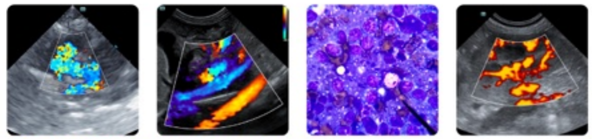


PATIENT

Bella Gallagher

SPECIES

Canine

BREED

Spaniel Mix

SEX

Spayed female

AGE

11 years

WEIGHT

32.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

69837

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Look for cause of constant GI issues, vomiting bile daily.
Abnormal PE/Chem/CBC/UA Results: None

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, 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 5.3 cm, right measured 5.7 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.89 cm in length x 0.5 cm and 0.42 cm in width. The right adrenal gland measured 2.01 cm in length x 0.57 cm and 0.75 cm in width.

Spleen

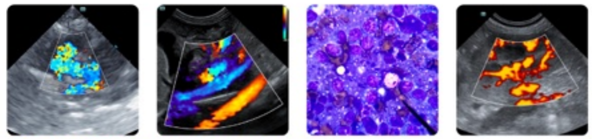
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, hypoechogenic parenchymal, non-vascularized nodule in the body of the spleen measuring 0.6 x 1.0 cm in size. The spleen measures 1.8 cm in width.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, 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

Two enlarged lymph nodes both with a hypoechogenic appearance and rounded shape. One was situated in the left cranial abdomen caudal to the liver and measured 0.8 x 1.5 cm in size. The other was ventral to the spleen measuring 0.8 x 1.4 cm in size. Hyperechogenic appearance of the mesentery surrounding the lymph nodes. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Focal lymphadenomegaly.
- Splenic nodule.

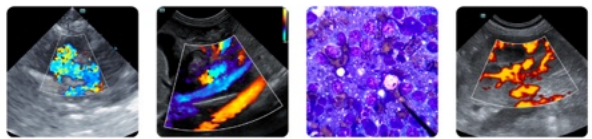
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the lymphadenomegaly would be reactive hyperplasia secondary to the chronic GI signs with lymphadenitis and infiltrative neoplasia an unlikely differential diagnosis.

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

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastroenteropathy such as chronic gastritis, Helicobacter gastritis, ulcerative disease, parasitic gastroenteritis, dietary hypersentivity and inflammatory bowel disease should still be considered.



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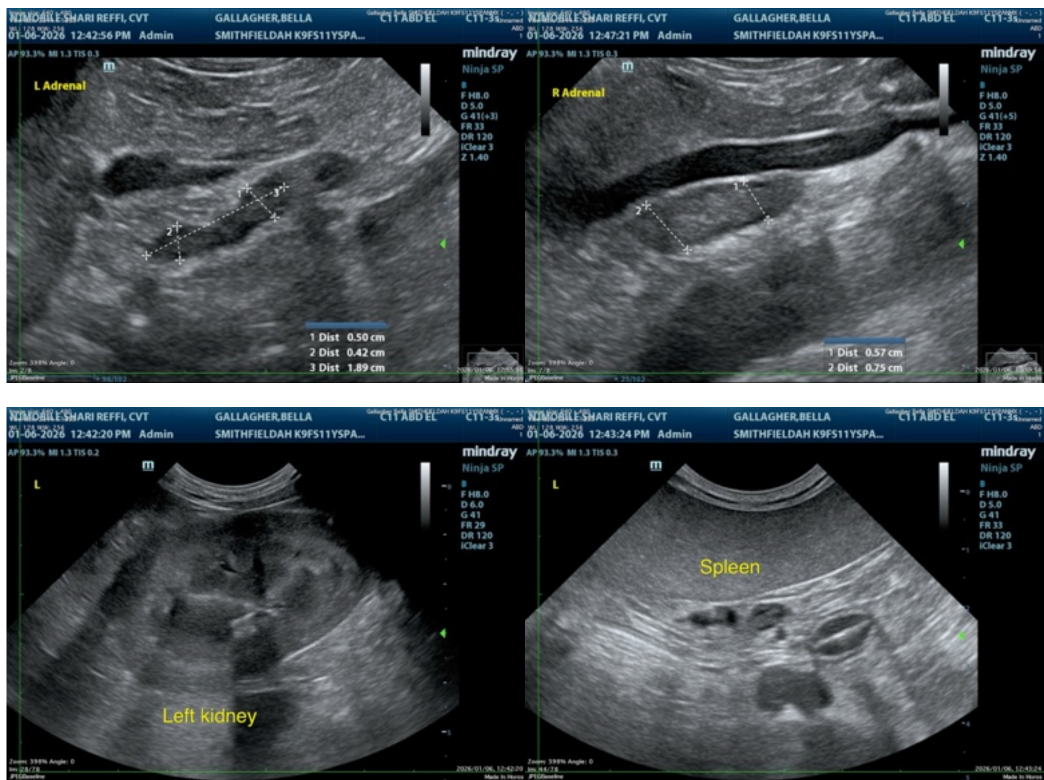
Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. FNA cytology of the enlarged lymph nodes can also be considered.

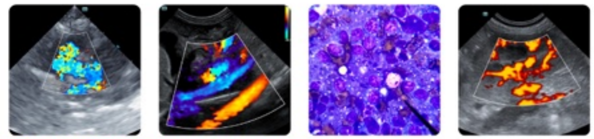
Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole and cobalamin supplementation.

If there is still not a satisfactory improvement then triple therapy for Helicobacter gastritis would then be indicated and if there is still not a satisfactory improvement hen a course of Prednisolone should then be considered.





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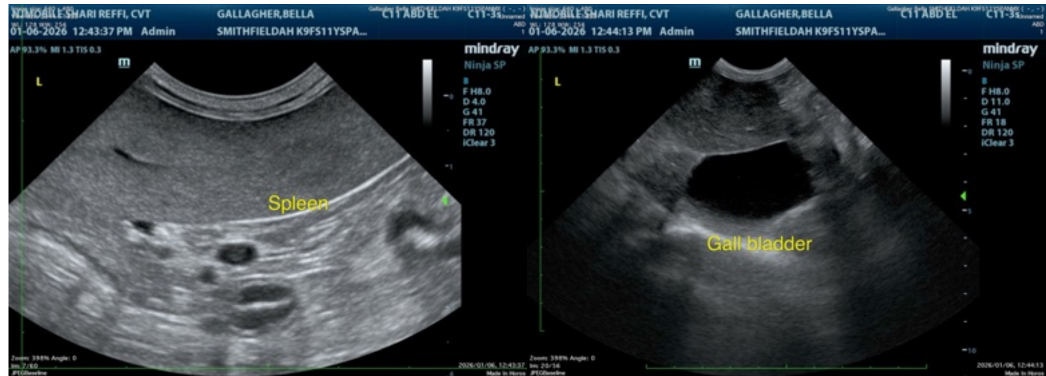

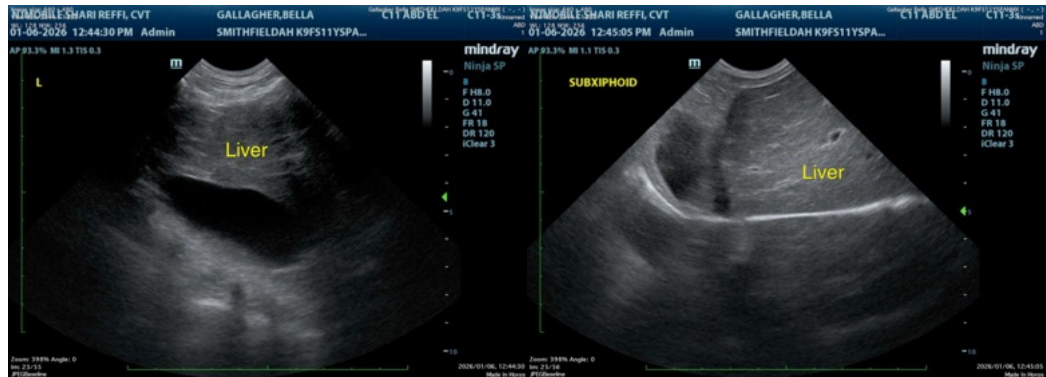

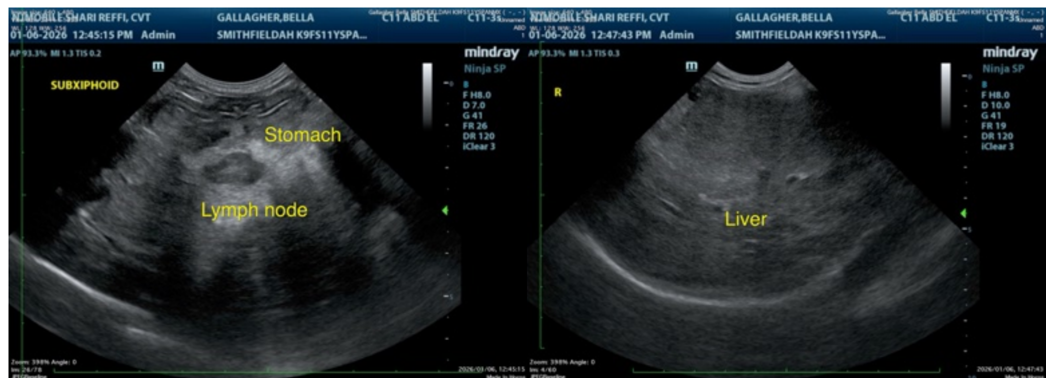

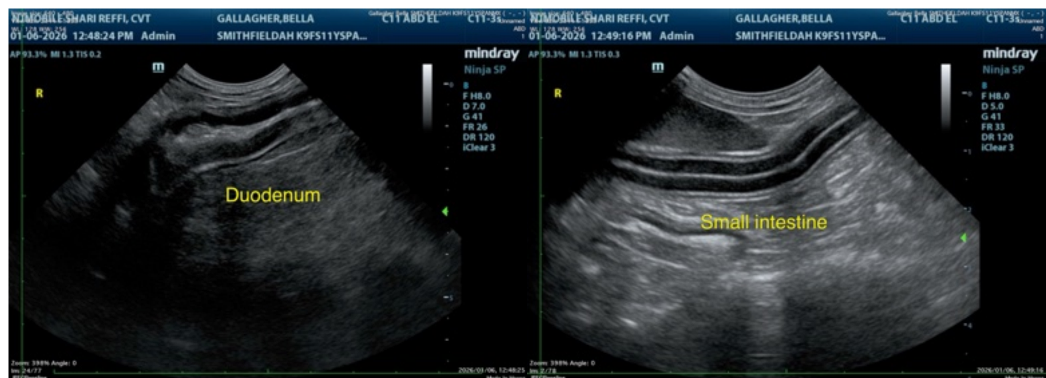

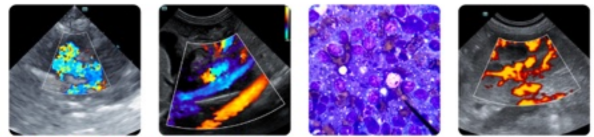

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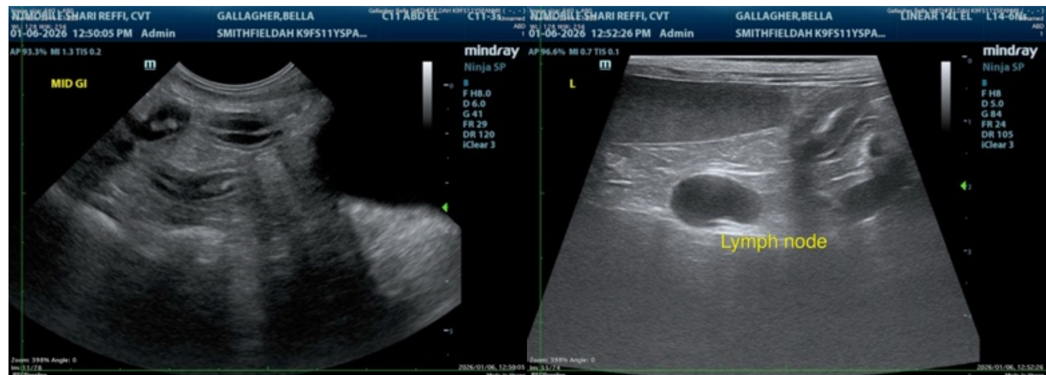

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com